

Certification of Beneficial Owner(s)

This form must be completed by the individual opening a new account on behalf of an entity.

A. Entity Information

Entity Name:		Entity Type:	
Street Address:			
City:	State:	Zip Code:	
Phone Number:		TIN:	

B. Significant Individual Information

The following information for one individual with significant responsibility for managing the entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (b) may also be listed in section (c))

Full Legal Name/Title	Date of Birth	Address <small>(Must be residential address PO Box not accepted)</small>	Social Security Number*

*If non-U.S. person, a legible copy of ID pages of their passport must be provided.

C. Legal Entity Beneficial Owner(s) Information

For the purposes of this section, a legal entity includes a corporation, a limited liability company, a trust entity operating as a business, a general or limited partnership structure or any similar business entity formed in the United States or a foreign country that is created by the filing of a public document with any state or federal office or equivalent.

Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Please provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please write "Not Applicable."

Full Legal Name	Date of Birth	Address (Must be residential address PO Box not accepted)	Social Security Number*	Percentage Entity Ownership

*If non-U.S. person, a legible copy of ID pages of their passport must be provided.

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided in this certification is accurate and complete. I further agree to notify Cambridge Savings Bank if there are any changes to this information.

Signature

Title

Printed Name

Date