Certification of Beneficial Owners of Legal Entities

Financial Institution Name:	Financial Institution Location
River City Bank	Main Office
	2485 Natomas Park Drive
	Sacramento, CA 95833

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (*i.e.*, the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

Name of Natural Person Opening Accounts:	Title of Natural Person Opening Account:
Type of Legal Entity for Which the Account is Being Opened:	Legal Entity Identifier (Optional):
Name of Legal Entity for Which the Account is Being Opened:	
Physical Address of Legal Entity for Which the Account is Being Opened:	

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:

Name (Beneficial Owner)	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number ¹
First		Street		Number
Last		City State & ZIP		Country of Issuance
First		Street		Number
Last		City State & ZIP		Country of Issuance
First		Street		Number
Last		City State & ZIP		Country of Issuance
First		Street		Number
Last		City State & ZIP		Country of Issuance

☐ If checked, Beneficial Owner listing requirement is Not Application	able
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Provide the following information for one individual with significant responsibility for managing the legal 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.

Name	Date of	Address (Reside	ntial or	For U.	.s.	For No	n-U.S. Persoi
	Birth	Business Street A		Person Social Sec Numb	ns: curity	Social S Passpo countr	Security Numbort Numbort Number and yof issuance, ther similar ication numbe
rst		Street				Number	
ast		City				Country	of Issuance
itle		State & ZIP					
		may also provide a Social Securit ent evidencing nationality or res					
l,		(name of natural	person openi	ing accoun	t), her	eby certi	fy, to the best
of my knowled	ge, that the informa	tion provided above is	complete and	d correct a	nd the	bank wil	I be notified
promptly of an	y change of the info	rmation provided in thi	s Certification	n.			
Signature:			Date:				
FOR INSTITUTIO	n lise Only:		R	acaived hy			
For Institutio	n Use Only:		R	eceived by:		Emplo	yee Name
FOR INSTITUTIO	Type of Documen	t Document ID	Place of Is			Emplo	yee Name Expiration
		nt Document ID Number	<u>, </u>		Dat	Emplo	
Owner 1			<u>, </u>		Dat	Emplo te of	Expiration
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Owner 1			<u>, </u>		Dat	Emplo te of	Expiration
Owner 1 Owner 2			<u>, </u>		Dat	Emplo te of	Expiration
Owner 1 Owner 2 Owner 3			<u>, </u>		Dat	Emplo te of	Expiration
Owner 1 Owner 2 Owner 3 Owner 4			<u>, </u>		Dat	Emplo te of	Expiration
Owner 1 Owner 2 Owner 3 Owner 4 Control Person	Type of Documen		<u>, </u>		Dat	Emplo te of	Expiration
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Owner 1 Owner 2 Owner 3 Owner 4 Control Person Werbal Confirma The below named be name, current addres used to initially ident	Type of Document o	Number Number	Place of Is	k, whose acco	Dat Issu unts were naging sys	subject to 0 tem. The pro-	Expiration Date CIP. The customer's rimary identification

Employee Name/Initials