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Under 31 U.S.C. § 5326(a), the Treasury Department's Financial Crimes Enforcement Network (FinCEN) issued a Geographic Targeting Order to title insurance companies requiring the collection of beneficial ownership information for certain real estate transactions.

Please complete the below questionnaire. This Company will rely on the answers provided to meet its reporting obligations.

## Who is completing this form?

Name	Position/Title		Company/Law Firm	
Postal Address (Headquarters)	City	State	Zip	EIN Number
Phone	E-Mail		Fax	License #

### Transactional Information

Transactional information					
Property Address (If multiple properti	ies see NOTE bei	low):			
City		State	Zip		County
Date of Settlement	Total purchase \$	price (I)	f multi	ple pro	perties see NOTE below)
Type of Transaction: $\square$ Residential (	1-4 family) 🗌	Commer	cial	Bank F	Financing: 🗆 Yes 🗆 No
Purchaser type:   Natural Person	☐ Corporation		□ Pa	ırtnersh	nip 🗆 Trust 🗆 Other
NOTE: If more than one property is pur	chased, list each	address	and p	ourchas	e price on an addendum.
Purchase Funds Information					

Total Amount paid by below instruments: \$			
Which type of Monetary Instruments were used (U	se check boxes below)		
☐ U.S. Currency (Paper money & coin)			
☐ Foreign Currency	Country:		
☐ Cashier's check (s)	☐ Money orders(s)		
☐ Certified checks(s)	☐ Personal or Business check(s)		
☐ Wire or other funds transfer(s) ☐ Virtual Currency			

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Title Association
Protecting the American Dream Since 190

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## **Individual Primarily Representing Purchaser**

(Defined as the individual authorized by the entity to enter into legally binding contracts).

Attach Legible co	py of governme	nt issued ident	tification (i	.e. passport, driver's	license, et	c.)
Type of ID		Issuing State or Country %		% of ownership interest		
Last Name Firs		st Name			M.I.	
Date of Birth	Occupation	1	Taxpayer ID Number or EIN (if none write N/A)			
Address City		у		State	Zip	
Purchaser's N		ress				
Taxpayer ID Number or EIN (if none write N/A)			Doing Business Nar	me (DBA) (	If none write N/A)	
Address		Cit	:У		State	Zip
						•
TRUSTS ONLY –	Indicate who co	nducted the tr	ransaction:	☐ Trustee ☐ Sett	tlor 🗆 Ot	her
Complete the follo	owing nages if	the real estate	e nurchase	is heina made hy a	cornoratio	on IIC

Complete the following pages if the real estate purchase is being made by a corporation, LLC, partnership, other legal entity or trust.

For Corporations, LLCs, Partnerships and Other Entities provide the information for:

• Each **BENEFICIAL OWNER** who, directly or indirectly, owns 25% or more of the equity interests of the Purchaser. If a legal entity or a series of legal entities is the beneficial owner of the Purchaser, provide information for the ultimate beneficial owner of all the legal entities.

#### For Trusts provide the information for:

Trustee, settlor and EACH beneficiary of the trust. If the trustee, settlor or a beneficiary is a
legal entity, provide information for the entity and the ultimate beneficial owner that directly or
indirectly owns 25% or more of that entity.

(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID submitted to the title underwriter.)



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11/00 Ot 111		January Challer of Carret		ense, etc.)	
Type of ID		Issuing State or Country	%	of owne	ership interes
Last Name		First Name	•		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none write N/A)	Taxpayer ID Number or EIN (if none write N/A)		
Address		City		State	Zip
Attach Legible o	opy of government issu	ued identification (i.e. passport, driver	's lice	nse, etc.	.)
Type of ID				ownership interest	
Last Name		First Name	First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN none write N/A)	Taxpayer ID Number or EIN (if none write N/A)		
Address		City		State	Zip
Attach Legible c	opy of government issu	ued identification (i.e. passport, driver	's lice	nse, etc	.)
Attach Legible o	opy of government issu	led identification (i.e. passport, driver			.) ership interes
	opy of government issu				•
Type of ID	Occupation	Issuing State or Country	%		ership interes
Type of ID  Last Name		Issuing State or Country  First Name  Taxpayer ID Number or EIN	%		ership interes
Type of ID  Last Name  Date of Birth  Address	Occupation	Issuing State or Country  First Name  Taxpayer ID Number or EIN (if none write N/A)  City	% N	of owne	M.I. Zip
Type of ID  Last Name  Date of Birth  Address	Occupation	Issuing State or Country  First Name  Taxpayer ID Number or EIN (if none write N/A)  City  Ted identification (i.e. passport, driver	% N	State	M.I. Zip
Type of ID  Last Name  Date of Birth  Address	Occupation	Issuing State or Country  First Name  Taxpayer ID Number or EIN (if none write N/A)  City	% N	State	M.I. Zip
Type of ID  Last Name  Date of Birth  Address	Occupation	Issuing State or Country  First Name  Taxpayer ID Number or EIN (if none write N/A)  City  Ted identification (i.e. passport, driver	% N	State	M.I. Zip
Type of ID  Last Name  Date of Birth  Address  Attach Legible of Type of ID	Occupation	Issuing State or Country  First Name  Taxpayer ID Number or EIN (if none write N/A)  City  Ted identification (i.e. passport, driver Issuing State or Country	%  's lice %	State	M.I.  Zip  ership interes



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Signature:

Type or Print Name:

Type of ID		Issuing State or Country	% of owne	f ownership interes	
Last Name		First Name		M.I.	
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none write N/A)			
Address		City	State	Zip	
		l			
Attach Legible copy	of government issued i	dentification (i.e. passport, driver's	license, etc	.)	
Type of ID		Issuing State or Country	% of owne	of ownership interes	
Last Name		First Name	M.I.		
Date of Birth	Occupation	Taxpayer ID Number or EIN (			
Address		City	State	Zip	
			l .	l	
Attach Legible copy	of government issued i	dentification (i.e. passport, driver's	license, etc	.)	
Type of ID		Issuing State or Country	% of owne	ership interes	
Last Name		First Name	M.I.		
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none write N/A)			
Address		City	State	Zip	
		- 4		15	

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Date:

Title:

completing any reports made pursuant to an obligation under 31 U.S.C. § 5326(a),