# CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

| All persons                                  | opening an account on be   | half c   | of a legal entity   | must provide th       | e following inf   | ormation:                |  |
|--|--|--|---|-----------------------|-------------------|--------------------------|--|
| Last Name and Title of Natural Person Openir |  |  | ng Account  | 2. First Name         |                   | 3. Middle Initial        |  |
| 4. Name and                                  | type of Legal Entity for Whic  | h the  | Account is Bein   | g Opened              |                   | '                        |  |
| 4a. Legal Entity Address                     |  |  | 4b. City  |                       | 4c. State         | 4d. ZIP/Postal Code      |  |
|  | (То а  | add ad   | SECTION<br>ditional individua   | l<br>als, see page 3) |                   |                          |  |
|  | de the following information for the following information for the following, relationship ck here for if no individual for the following in the following information for the fol | , or ot  | herwise owns 2  |                       | equity interests  |                          |  |
| 5. Last Name                                 | 5. Last Name   |  | 6. First Name   |                       | 7. M.I.           | 8. Date of birth         |  |
|  |  |  |   |                       |                   | (MM/DD/YYYY)             |  |
| 9. Address                                   |  | 10   | 10. City 11   |                       | 11. State         | 12. ZIP/Postal Code      |  |
| 13. Country                                  | 14. SSN (U.S. Persons)   | 15.  | 15. For Non-U.S. persons (SSN, Passport Number or other similar identification number |                       |                   |                          |  |
|  |  | 15   | a. Country of iss   | suance:               |                   |                          |  |
|  | passport number, Non-U.S. Person<br>ssuance of any other government-i  |  |   |                       |                   |                          |  |
|  |  |  | SECTIO  | N II                  |                   |                          |  |
| entity, includ<br>Operating O                | de the following information for<br>ing, an executive officer or se<br>fficer, Managing Member, Ger<br>y performs similar functions.   | nior m   | anager (e.g., Cl  | hief Executive Office | cer, Chief Financ | cial Officer, Chief      |  |
| 16. Last Nam                                 | ne   | 17   | . First Name  |                       | 18. M.I.          | 19. Date of birth        |  |
| 20. Address                                  |  | 21   | . City  |                       | 22. State         | 23. ZIP/Postal Code      |  |
| 24. Country 25. SSN (U.S. Persons)           |  | 26. For Non-U.S. persons (SSN, Passport Number or other similar identification number) |   |                       |                   |                          |  |
| 26a. Co                                      |  |  | 26a. Country of issuance:   |                       |                   |                          |  |
|  |  |  |   |                       |                   |                          |  |
| I,   | (n<br>e, that the information pr   |  |   | _                     | •                 | to the best of my        |  |
| C  | e, mat me mormanon pr  | oviue  |   | •                     |                   |                          |  |
| Signature:                                   |  |  | Date:   |                       | 1536 Rive         |                          |  |
| Legal Enti                                   | Legal Entity Identifier (Optional)   |  | (MM/DD/YYYY)  |                       | S William         | S Williamsport, PA 17702 |  |

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

#### Additional Section 1 - Second Beneficial Owner (If required)

| 5. Last Name |                        | 6. First Name   | 7. M.I.   | 8. Date of birth    |
|--------------|------------------------|---|-----------|---------------------|
|              |                        |   |           | (MM/DD/YYYY)        |
| 9. Address   |                        | 10. City  | 11. State | 12. ZIP/Postal Code |
| 13. Country  | 14. SSN (U.S. Persons) | 15. For Non-U.S. persons (SSN, Passport Number or other similar identification number |           |                     |
|              |                        | 15a. Country of issuance:   |           |                     |

## Additional Section 1 - Third Beneficial Owner (If required)

| 5. Last Name |                        | 6. First Name   | 7. M.I.   | 8. Date of birth    |
|--------------|------------------------|---|-----------|---------------------|
|              |                        |   |           | (MM/DD/YYYY)        |
| 9. Address   |                        | 10. City  | 11. State | 12. ZIP/Postal Code |
|              |                        |   |           |                     |
| 13. Country  | 14. SSN (U.S. Persons) | 15. For Non-U.S.persons (SSN, Passport Number or other similar identification number) |           |                     |
|              |                        |   |           |                     |
|              |                        | 15a. Country of issuance:   |           |                     |

### Additional Section 1 - Fourth Beneficial Owner (If required)

| 5. Last Name |                        | 6. First Name   | 7. M.I.   | 8. Date of birth    |
|--------------|------------------------|---|-----------|---------------------|
|              |                        |   |           | (MM/DD/YYYY)        |
| 9. Address   |                        | 10. City  | 11. State | 12. ZIP/Postal Code |
|              |                        |   |           |                     |
| 13. Country  | 14. SSN (U.S. Persons) | 15. For Non-U.S. persons (SSN, Passport Number or other similar identification number |           |                     |
|              |                        | 15a. Country of issuance:   |           |                     |

# **Unlawful Internet Gambling Notice and Acknowledgement:**

The Unlawful Internet Gambling Enforcement Act of 2006 ("UIGEA") and the Federal Reserve's Regulation GG prohibits Wyrope Williamsport Federal Credit Union (the Credit Union) from conducting or processing transactions that are related, directly or indirectly, to unlawful internet gambling. The term "unlawful internet gambling", as used in this Notice, shall have the meaning set forth in 12 C.F.R. Section 233. Restricted transactions generally include, but are not limited to, those in which credit, electronic funds transfer, checks, or drafts are knowingly accepted by gambling businesses in connection with the participation by others in unlawful internet gambling. It is the policy of the Credit Union to strictly prohibit the use of your account or business relationship with the Credit Union for such unlawful purpose. If you have any questions, please contact us at (570) 323-5188 or questions@wyrope.org.

| Signature: | Date: _ |                        |
|------------|---------|------------------------|
|            |         | Revised April 13, 2020 |