## **CERTIFICATION OF BENEFICIAL OWNER(S)**

Perso	ons opening an account	on behalf	of a legal e	ntity must p	rovide the	following	information:	
a.	Name and Title of Natural F	Person Openin	ng Account:					
b.	Name, Type, and Address of FIRST COMMUNITY MORT	•		e Account is Be	eing Opened:			_
C.	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		Ownership %	Date of Birth	Address (Res.	or Bus. Stree	t Address)	For U.S. Persons <sup>1</sup>	For Non-U.S. Persons <sup>2</sup>
		•		,		•		
								_
	(If no individual meets this definition, please write "Not Applicable.")							
	☐ Any other individual who (If appropriate, an individual				e listed in this	s section (c	I)).	
Name	/Title	Date of Birth	Address (Re	s. or Bus. Stree	t Address)	Fo	r U.S. Persons <sup>1</sup>	For Non-U.S. Persons <sup>2</sup>
	edge, that the information proial institution of any change i		is complete a				, hereby certify, to IMUNITY MORTGA	
X_	Natural person opening accou	ınt		Date				
<sup>1</sup> U.S.	Persons must provide a Soci	al Security Nu	ımber.					
a pass	U.S. Persons must provide a port number, Non-U.S. Person ce of any other government-i	ons may also p	provide a Soci	al Security Nun	nber, an alien	identificati	on card number, or	number and country of
Legal	Entity Identifier:					(Optional)		

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