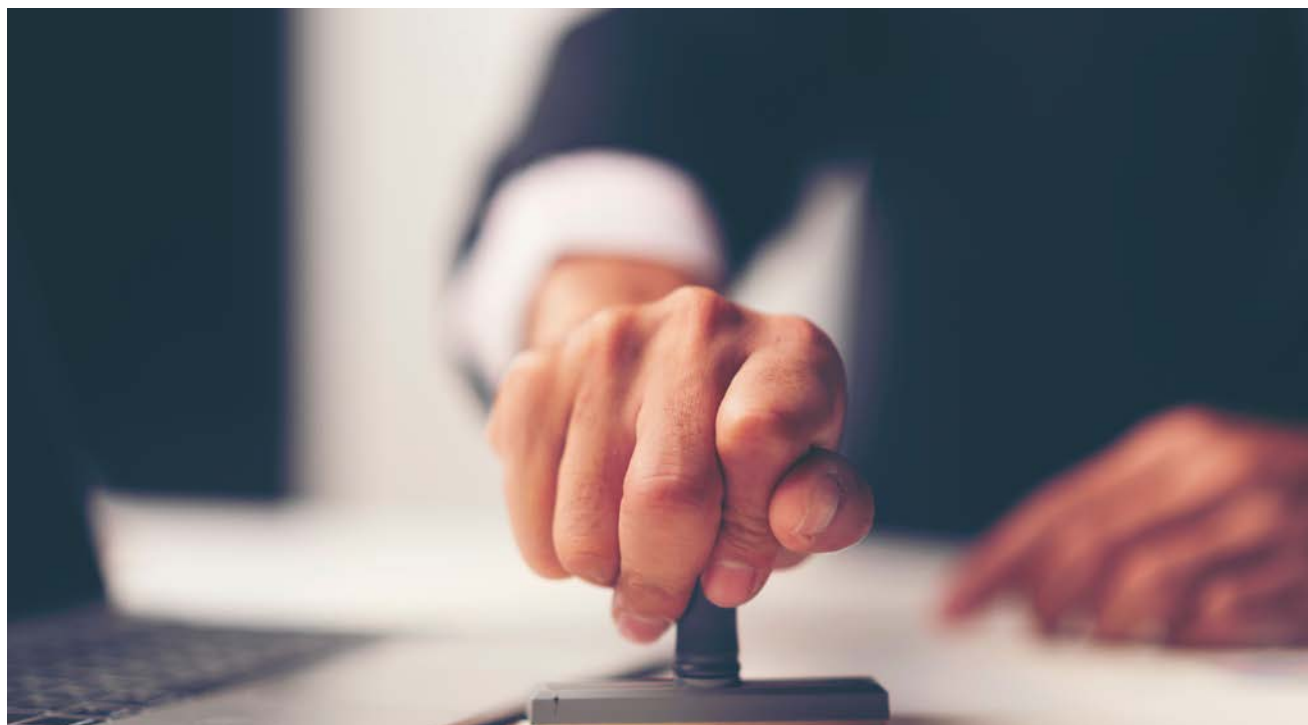


Beneficial Owner(s) (10% or More) and Key Controller Certification



Beneficial Owner(s) above 10%

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 and/or control a legal entity helps law enforcement investigate and prosecute these crimes.



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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 and/or control a legal entity 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**, this is a requirement by U.S. financial institutions, including **Digital International Bank**.

For the purposes of this form:

- **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) Each individual, if any, who owns, directly or indirectly, 10% or more of the equity interests of the legal entity customer - the **Beneficial Owners** (e.g., each natural person that owns 10% or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer - the **Controlling Person** (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. Depending on the factual circumstances, up to four individuals (but as few as none) may need to be identified. Regardless of the number of individuals identified as defined in section (i) above, you must provide the identifying information of one individual as defined in section (ii) above. 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). Additionally, in some circumstances, based on the type of legal entity, the need for information as defined in section (i) may vary. A completed form will contain the identifying information of at least one individual as defined in section (ii), and up to four individuals as defined in section (i).

The Bank will ask for 2 identifying document (Passport, Driver's License, or Government Issued ID) for each person listed on this form and a proof of address within no more than 90 days of the account opening with DIB.



Legal Representative

The person opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:

- * Name of Individual Opening Account
- * Position
- * Name of Legal Entity
- * Legal Entity Type

*** Legal Entity Address information**

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country

The following information must be filled for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10% or more of the equity interests of the legal entity listed above.

If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip this section.

Beneficial Owner Not Applicable

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave the Primary ID Type, Number, and Issuing Location blank.
- For a non-U.S. person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu of passport number, a non-U.S. person may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



Beneficial Owner(s)

Beneficial Owner 1 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country

Beneficial Owner 2 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country



Beneficial Owner(s) (cont'd)

Beneficial Owner 3 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country

Beneficial Owner 4 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country



Beneficial Owner(s) (cont'd)

Beneficial Owner 5 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country

Beneficial Owner 6 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country



Beneficial Owner(s) (cont'd)

Beneficial Owner 7 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country

Beneficial Owner 8 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country



Beneficial Owner(s) (cont'd)

Beneficial Owner 9 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country

Beneficial Owner 10 Information: ____% of ownership

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country



Key Controller and Certification

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. If appropriate, an individual listed under section (D) above may also be listed in this section.

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave the Primary ID Type, Number, and Issuing Location blank.
- For a non-U.S. person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu of passport number, a non-U.S. person may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Controlling Person Information:

* First Name(s)	Second Name
* Last Name	Second Last Name
* Date of Birth (mm/dd/yyyy)	* Tax Identification Number (TIN)
* Position	
* Type of identification	
ID Number	Issue Date (mm/dd/yyyy)
Expiration Date (mm/dd/yyyy)	Country of Issuance

Address information

Address Line 1	State/Province/Region
Address Line 2	ZIP/Postal Code
City	Country

Certification

* I, _____ (name of individual listed in Section 2 above), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

(Date)

(Legal Entity Tax Identification Number (TIN))

(Signature)

