

In order to assist the government in fighting crimes that utilize the U.S. financial system, such as money laundering or terrorist financing, federal regulations require financial institutions collect detailed information about the individuals who own and control legal entity customers. This form must be completed by the person authorized to open an account or provide information on behalf of the legal entity. Individuals named on this form may be asked to provide a physical form or photocopy of unexpired government identification. An individual who is named as an Ultimate Beneficial Owner in Section B and also meets the definition of a Customer Level Controlling Party need only be named in Section B with the notation that the individual meets both definitions. M&T may request additional and/or updated information in the future, including more comprehensive ownership information.

DEFINITIONS

Name:	Customer Level Controlling Pa	rty 4				
Address 2:	Name:			Date of Birth:		
Address 3: City: State: Zip: Country: Citizenship: Social Security Number (if U.S. Citizen): Role at Company: For Bank Use Only Identification Type	Address 1 (either Residential o	r Business):				
City: State: Zip: Country: Citizenship: Social Security Number (if U.S. Citizen): Role at Company: For Bank Use Only Identification Type	Address 2:					
City: State: Zip: Country: Citizenship: Social Security Number (if U.S. Citizen): Role at Company: For Bank Use Only Identification Type	Address 3:					
For Bank Use Only Identification Type						
For Bank Use Only Identification Type	Sitizenship: Social Security Number (if U.S. Citizen):					
Identification Type Identification State (if U.S.)/ Country of Issuance: SECTION D. CERTIFICATION I,	Role at Company:					
Identification Type Identification State (if U.S.)/ Country of Issuance: SECTION D. CERTIFICATION I,			5 5 111 01			
SECTION D. CERTIFICATION I,		ŀ	For Bank Use Only			
SECTION D. CERTIFICATION I,						
I,	Presented:	Number <u>:</u>		Country of Issuance:		
I,						
information), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.	SECTION D. CERTIFIC	ATION				
information), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.		,				
		,	•		е	
SIGNATURE: DATE:	, ,	,		,		
	SIGNATURE:			DATE:		