

**BACKGROUND**

Federal law requires that certain residential real estate transactions purchased with all cash or without institutional lender financing, where at least one buyer/transferee is a legal entity, LLC, corporation, partnership, trust, trustee or other non-natural person, be reported to United States Treasury Department's Financial Crimes Enforcement Network (FinCEN). This form requests information necessary to meet the reporting requirements. *For more information about FinCEN's Real Estate Report and what transactions are covered go to [alta.org/fincen](https://alta.org/fincen).*

**COMPLETING THIS COLLECTION FORM**

This collection form has 4 parts:

- *Part 1* - information about the person completing this collection form.
- *Part 2* - information about potential exempt transactions
- *Part 3* – information about the seller in a covered real estate transaction – *Part 3 is broken into three sections, (a) for individual transferors (b) for transferor entities and (c) for transferor trusts.*
- *Part 4* - certification of the accuracy of the information provided on behalf of the seller/transferor. Note that the terms “seller” and “transferor” are interchangeably used in this collection form.

**WHY DID I RECEIVE THIS FORM?**

If a transaction is subject to the rule described above, then the settlement agent is required to report some limited information about the seller.

**ARE THERE ANY EXEMPTIONS?**

Transactions do not have to be reported if (a) the buyer is obtaining some mortgage financing from a licensed mortgage lender or (b) the buyers are natural persons. Additionally, there are some transactional exemptions for transfers incident to a divorce, dissolution of civil union, death of the seller or court order. If you think an exemption applies please reach out to us at [insert settlement company email].

| Transaction Data                                                                                           |  |
|------------------------------------------------------------------------------------------------------------|--|
| Address of property being acquired by the <b>Transferee Entity</b> or <b>Transferee Trust</b> ("Property") |  |
| Anticipated settlement date for the Property acquisition                                                   |  |
| Sale Price                                                                                                 |  |
| Settlement Agent/Reporting Person File Number                                                              |  |

**Part 1: INFORMATION ABOUT THE PERSON COMPLETING THIS FORM**

|   |                                                                                       |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
|---|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Full Legal Name (First, M.I., Last)                                                   |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
| 2 | Physical Mailing Address - Street Address, City, State ZIP (do not list a P.O. Box)   |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
| 3 | Phone Number                                                                          |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
| 4 | Email                                                                                 |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
| 5 | Relationship to the <b>Seller/Transferor</b>                                          | <input type="checkbox"/> Individual Seller<br><input type="checkbox"/> Accountant<br><input type="checkbox"/> Attorney<br><input type="checkbox"/> Real Estate Agent<br><input type="checkbox"/> Other _____                                                                                      |                                                                                                                                                                                                                                                                       |
| 6 | If Seller is a Trust or Entity- Relationship to the <b>Transferor Entity or Trust</b> | <b>Transferor Entity</b><br><input type="checkbox"/> Owner/LLC Member<br><input type="checkbox"/> Corporate Officer/LLC Manager<br><input type="checkbox"/> Accountant<br><input type="checkbox"/> Attorney<br><input type="checkbox"/> Real Estate Agent<br><input type="checkbox"/> Other _____ | <b>Transferor Trust</b><br><input type="checkbox"/> Trustee<br><input type="checkbox"/> Beneficiary<br><input type="checkbox"/> Accountant<br><input type="checkbox"/> Attorney<br><input type="checkbox"/> Real Estate Agent<br><input type="checkbox"/> Other _____ |

## Part 2: Reporting Exemptions

*If an exemption applies, complete this page and sign the certification in part 4. If none, skip to part 3.*

|   |                                                                                                                                |                                                                                                                                                                                                                                                                                                                          |
|---|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Does an EXEMPTION from FinCEN reporting apply?                                                                                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes a <b>transactional</b> exemption (must complete box 2 below)                                                                                                                                                                                                 |
| 2 | Which of the following <b>TRANSACTIONAL</b> exemptions is the reason you are selling the property? (see 31 CFR 1031.320(b)(2)) | <input type="checkbox"/> Death of an individual including transfer pursuant to the terms of a will or trust<br><input type="checkbox"/> Divorce or dissolution of a marriage or civil union<br><input type="checkbox"/> Transfer to a bankruptcy estate<br><input type="checkbox"/> Court order or supervised by a court |

### Part 3(a) –TRANSFEROR - Individual Information

(Skip to Part 3(b) if the transferor is an entity or Part 3(c) if transferor is a trust)

|   |                                                                                                                                                                                                          |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | Full Legal Name (First, MI, Last)                                                                                                                                                                        |  |
| 2 | Date of Birth                                                                                                                                                                                            |  |
| 3 | Residential Street Address after settlement (do not list a P.O. Box)                                                                                                                                     |  |
| 4 | Unique ID:<br><br><b>For U.S. Persons:</b><br>Taxpayer ID Number<br>(commonly Social Security Number)<br><b>For Non-U.S. Persons:</b><br>Unique ID, Passport Number and Country of Issuance <sup>a</sup> |  |

### Part 3(b) –TRANSFEROR ENTITY INFORMATION

|   |                                                                                                                                                                           |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | Full Legal Name of Entity                                                                                                                                                 |  |
| 2 | Trade name or “doing business as” name (if none, write N/A)                                                                                                               |  |
| 3 | Street Address for Principal Place of Business (do not list a P.O. Box)                                                                                                   |  |
| 4 | Unique ID:<br><br><b>For U.S. entities:</b> Taxpayer ID Number<br><b>For Non-U.S. Entities:</b> Foreign Tax ID number or entity registration and name of the jurisdiction |  |

<sup>a</sup> In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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.

### Part 3(c) –TRANSFEROR TRUST INFORMATION

|   |                                                                                                                                                                                  |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | Full Legal Name of Trust<br>(as listed on trust instrument)                                                                                                                      |  |
| 2 | Date Trust instrument was executed<br><br>(this is commonly the date on the trust document)                                                                                      |  |
| 3 | Unique ID:<br><br><i>For US trusts, IRS TIN</i><br><br><i>For foreign trusts, a tax identification number issued by a foreign jurisdiction and the name of such jurisdiction</i> |  |

#### TRANSFEROR TRUST – Trustee Information

List each individual or entity who is a trustee of the transferor trust

| Full Legal Name<br>(for trustees who are legal entities, include Trade/Doing Business Name) | Address – residential street address for individuals;<br><br>Principal place of business for legal entities (must be a US address) | <b>For U.S. Persons:</b> IRS TIN (usually Social Security Number)<br><b>For Non-U.S. Persons:</b> Unique ID, Passport Number and Country of Issuance <sup>b</sup> |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                             |                                                                                                                                    |                                                                                                                                                                   |
|                                                                                             |                                                                                                                                    |                                                                                                                                                                   |
|                                                                                             |                                                                                                                                    |                                                                                                                                                                   |
|                                                                                             |                                                                                                                                    |                                                                                                                                                                   |
|                                                                                             |                                                                                                                                    |                                                                                                                                                                   |

<sup>b</sup> In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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.

## Part 4 – CERTIFICATION

I hereby certify, to the best of my knowledge, that the information provided in this document is complete and correct. I acknowledge that the settlement agent or other reporting person will rely upon the information provided on this form to (a) determine whether the transaction is reportable and (b) submit the required report to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). I agree to indemnify, defend and hold harmless the settlement agent or other reporting person against any and all losses, liabilities, damages, claims, fines, causes of action related to the reporting of information contained in this form to FinCEN under this regulation.

Signature: \_\_\_\_\_

Type Name: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)

## **BACKGROUND**

Federal law requires that certain residential real estate transactions purchased with all cash or without institutional lender financing, where at least one buyer/transferee is a legal entity, LLC, corporation, partnership, trust, trustee or other non-natural person, be reported to United States Treasury Department's Financial Crimes Enforcement Network (FinCEN). This form requests information necessary to meet the reporting requirements. *For more information about FinCEN's Real Estate Report and what transactions are covered go to [alta.org/fincen](https://alta.org/fincen).*

## **COMPLETING THIS COLLECTION FORM**

This collection form has 5 parts:

- *Part 1* - information about the person completing this collection form.
- *Part 2* - information about possible exemptions to reporting.
- *Part 3* - information about the buyer/transferee in a covered real estate transaction – *Part 3 is broken into 2 parts: (a) for transferee entities and (b) for transferee trusts.*
- *Part 4* - information about the origin of the funds used to acquire the subject real estate.
- *Part 5* - certification of the accuracy of the information provided on behalf of the buyer/transferee. Note that the terms “buyer” and “transferee” are interchangeably used in this collection form.

## **TRANSFEEER ENTITIES AND TRUSTS**

The regulation applies to purchases by:

- **Transferee entity** - any person other than a transferee trust or an individual. A transferee entity may be a corporation, partnership, estate, association, or limited liability company. Certain regulated entities are exempt from the reporting.
- **Transferee trust** - any legal arrangement created when a person places assets under the control of a trustee for the benefit of one or more persons or for a specified purpose, as well as any legal arrangement similar in structure or function, whether formed under the laws of the United States or a foreign jurisdiction.

## **TRANSFEEER ENTITY INFORMATION REQUIRED**

This form collects information necessary to comply with the rule including information about the transferee entity including their legal name, current address, IRS taxpayer identification number if available (if not available other identifying information is required).

It also requires reporting of EACH **beneficial owner** of the transferee entity. Per the federal regulations, a **beneficial owner** of a transferee entity is someone who (i) exercises substantial control over the transferee entity, or (ii) owns or controls at least 25% of the transferee entity's ownership interests. This includes: full legal name, date of birth, complete current residential street address, citizenship and IRS taxpayer identification number if available (if not available other identifying information is required).

## **TRANSFEEER TRUST INFORMATION REQUIRED**

This form collects information necessary to comply with the rule including information about the transferee trust including its legal name, date trust instrument executed, IRS taxpayer identification number if available (if not available other identifying information is required) and whether trust is revocable.

It also requires reporting of EACH **beneficial owner** of a transferee trust which includes (i) the trustee, (ii) a beneficiary of the trust who has the right to demand a distribution of, or withdraw, substantially all of the assets of the transferee trust, and (iii) a grantor or settlor who has the right to revoke the transferee trust. See Part 3(b) of this collection form for a complete list of who are beneficial owners of a transferee trust.

## **TRANSACTION EXEMPTIONS**

Transactions do not have to be reported if (a) the buyer is obtaining some mortgage financing from a licensed mortgage lender or (b) the buyers are natural persons. Additionally, there are some transactional exemptions for transfers incident to a divorce, dissolution of civil union, death of the seller or court order.

| Transaction Data                                                                                           |  |
|------------------------------------------------------------------------------------------------------------|--|
| Address of property being acquired by the <b>Transferee Entity</b> or <b>Transferee Trust</b> ("Property") |  |
| Anticipated settlement date for the Property acquisition                                                   |  |
| Sale Price                                                                                                 |  |
| Settlement Agent/Reporting Person File Number                                                              |  |

**Part 1: INFORMATION ABOUT THE PERSON COMPLETING THIS FORM**

|   |                                                                                                          |                                                                                                                                                                                                                                                                       |
|---|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Full Legal Name (First, M.I., Last)                                                                      |                                                                                                                                                                                                                                                                       |
| 2 | Physical Mailing Address - Street Address, City, State ZIP (do not list a P.O. Box)                      |                                                                                                                                                                                                                                                                       |
| 3 | Phone Number                                                                                             |                                                                                                                                                                                                                                                                       |
| 4 | Email                                                                                                    |                                                                                                                                                                                                                                                                       |
| 5 | <b>Relationship to the Transferee Entity</b><br>(if you complete box 5 you don't need to complete box 6) | <input type="checkbox"/> Owner/LLC Member<br><input type="checkbox"/> Corporate officer/LLC Manager<br><input type="checkbox"/> Accountant<br><input type="checkbox"/> Attorney<br><input type="checkbox"/> Real Estate Agent<br><input type="checkbox"/> Other _____ |
| 6 | <b>Relationship to the Transferee Trust</b><br>(if you complete box 6 you don't need to complete box 5)  | <input type="checkbox"/> Trustee<br><input type="checkbox"/> Beneficiary<br><input type="checkbox"/> Accountant<br><input type="checkbox"/> Attorney<br><input type="checkbox"/> Real Estate Agent<br><input type="checkbox"/> Other _____                            |

## Part 2: Reporting Exemptions

*If an exemption applies, complete this page and sign the certification in part 5. If none, skip to part 3.*

|   |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Does an EXEMPTION from FinCEN reporting apply?                                                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes a <b>transactional</b> exemption (must complete box 2 below)<br><input type="checkbox"/> Yes an <b>entity</b> exemption (must complete box 3 below)<br><input type="checkbox"/> Yes a <b>trust</b> exemption (must complete box 4 below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2 | The reason for the transfer is one of the following <b>TRANSACTIONAL</b> exemptions? (see 31 CFR 1031.320(b)(2)) | <input type="checkbox"/> Death of an individual including transfer pursuant to the terms of a will or trust<br><input type="checkbox"/> Divorce or dissolution of a marriage or civil union<br><input type="checkbox"/> Transfer to a bankruptcy estate<br><input type="checkbox"/> Court order or supervised by a court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3 | The Transferee <b>ENTITY</b> is one of the following exempt entities? (including a wholly owned subsidiary)      | <input type="checkbox"/> <b>Securities reporting issuer</b> defined in 31 CFR 1010.380(c)(2)(i)<br><input type="checkbox"/> <b>Governmental authority</b> defined in 31 CFR 1010.380(c)(2)(ii)<br><input type="checkbox"/> <b>Bank</b> defined in 31 CFR 1010.380(c)(2)(iii)<br><input type="checkbox"/> <b>Credit union</b> defined in 31 CFR 1010.380(c)(2)(iv)<br><input type="checkbox"/> <b>Depository institution holding company</b> defined in 31 CFR 1010.380(c)(2)(v)<br><input type="checkbox"/> <b>Money service business</b> defined in 31 CFR 1010.380(c)(2)(vi)<br><input type="checkbox"/> <b>Broker or dealer</b> in securities defined in 31 CFR 1010.380(c)(2)(vii)<br><input type="checkbox"/> <b>Securities exchange or clearing agency</b> defined in 31 CFR 1010.380(c)(2)(viii)<br><input type="checkbox"/> <b>Exchange Act registered entity</b> defined in 31 CFR 1010.380(c)(2)(ix)<br><input type="checkbox"/> <b>Insurance company</b> defined in 31 CFR 1010.380(c)(2)(xii)<br><input type="checkbox"/> <b>State-licensed insurance producer</b> defined in 31 CFR 1010.380(c)(2)(xiii)<br><input type="checkbox"/> <b>Commodity Exchange Act registered entity</b> defined in 31 CFR 1010.380(c)(2)(xiv)<br><input type="checkbox"/> <b>Public utility</b> defined in 31 CFR 1010.380(c)(2)(xvi)<br><input type="checkbox"/> <b>Financial market utility</b> defined in 31 CFR 1010.380(c)(2)(xvii)<br><input type="checkbox"/> <b>Investment company</b> as defined 15 U.S.C. 80a-3(a) |
| 4 | The Transferee <b>TRUST</b> is one of the following exempt trusts?                                               | <input type="checkbox"/> A trust that is a <b>securities reporting issuer</b> defined in 31 CFR 1010.380(c)(2)(i)<br><input type="checkbox"/> A trust in which the <b>trustee is a securities reporting issuer</b> defined in 31 CFR 1010.380(c)(2)(i)<br><input type="checkbox"/> A <b>statutory trust</b> - defined as any trust created or authorized under the Uniform Statutory Trust Entity Act or as enacted by a State<br><input type="checkbox"/> Estate planning trust where (1) the transfer is for no consideration and (2) the transferor/seller (and/or their spouse) is the also the settlor or grantor of the trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Part 3(a) – TRANSFEREE ENTITIES – Entity Information**

(Skip to Part 3(b) if the transferee is a trust)

|   |                                                                                                                                                                                                   |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | Full Legal Name of Entity                                                                                                                                                                         |  |
| 2 | Trade name or “doing business as” name (if none, write N/A)                                                                                                                                       |  |
| 3 | Street Address for Principal Place of Business (do not list a P.O. Box)                                                                                                                           |  |
| 4 | Unique ID:<br><br><i>For US entities:</i> use Taxpayer ID Number<br><br><i>For non-US entities:</i> use foreign Taxpayer ID Number or foreign entity registration number and name of jurisdiction |  |

### TRANSFeree ENTITY – Beneficial Owner Information

- List each individual who exercises substantial **control** over a reporting company, including executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer) as defined in 31 CFR 1010.380(d)(1).
- List each individual, if any, who on the date of closing, 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 as defined in 31 CFR 1010.380(d).
- List each individual who expects to **sign** documents on behalf of the transferee entity AND the signer's capacity. *Must have at least one person listed as a signor.*

*\*If beneficial owner is a minor child and you are a parent/guardian please add "parent/guardian" in Full Legal Name*

| Full Legal Name | Date of Birth | Residential Street Address | Country of Citizenship | <b>For U.S. Persons:</b><br>Taxpayer ID Number<br><i>(commonly Social Security Number)</i><br><b>For Non-U.S. Persons:</b> Foreign Tax ID number or, Passport Number and Country of Issuance <sup>a</sup> | <b>Reason for Reporting Individual</b><br>Control, Own or Sign<br>(if signer, include signer's capacity) – select all that apply |
|-----------------|---------------|----------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
|                 |               |                            |                        |                                                                                                                                                                                                           | <input type="checkbox"/> Control<br><input type="checkbox"/> Owns<br><input type="checkbox"/> Sign: _____                        |
|                 |               |                            |                        |                                                                                                                                                                                                           | <input type="checkbox"/> Control<br><input type="checkbox"/> Owns<br><input type="checkbox"/> Sign: _____                        |
|                 |               |                            |                        |                                                                                                                                                                                                           | <input type="checkbox"/> Control<br><input type="checkbox"/> Owns<br><input type="checkbox"/> Sign: _____                        |
|                 |               |                            |                        |                                                                                                                                                                                                           | <input type="checkbox"/> Control<br><input type="checkbox"/> Owns<br><input type="checkbox"/> Sign: _____                        |
|                 |               |                            |                        |                                                                                                                                                                                                           | <input type="checkbox"/> Control<br><input type="checkbox"/> Owns<br><input type="checkbox"/> Sign: _____                        |
|                 |               |                            |                        |                                                                                                                                                                                                           | <input type="checkbox"/> Control<br><input type="checkbox"/> Owns<br><input type="checkbox"/> Sign: _____                        |
|                 |               |                            |                        |                                                                                                                                                                                                           | <input type="checkbox"/> Control<br><input type="checkbox"/> Owns<br><input type="checkbox"/> Sign: _____                        |

<sup>a</sup> In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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.

**Part 3(b) –TRANSFEREE TRUST – Trust Information**

|   |                                                                                                                                                                                  |                                                             |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1 | Full Legal Name of Trust<br>(as listed on trust instrument)                                                                                                                      |                                                             |
| 2 | Date Trust instrument was executed<br><br>(this is commonly the date on the trust document)                                                                                      |                                                             |
| 3 | Unique ID:<br><br><i>For US trusts, IRS TIN</i><br><br><i>For foreign trusts, a tax identification number issued by a foreign jurisdiction and the name of such jurisdiction</i> |                                                             |
| 4 | Is the Trust revocable?                                                                                                                                                          | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

**TRANSFeree TRUST – Beneficial Owner Information**

List each individual who, on the date of closing, is any of the following of the transferee trust:

- a. An individual who is a trustee of the transferee trust
- b. An individual other than a trustee with the authority to dispose of transferee trust assets
- c. A beneficiary who is the sole permissible recipient of income and principal from the transferee trust or who has the right to demand a distribution of, or withdraw, substantially all of the assets from the transferee trust
- d. A grantor or settlor who has the right to revoke the transferee trust or otherwise withdraw the assets of the transferee trust
- e. A beneficial owner of a legal entity or trust that is a trustee or the transferee trust
- f. A beneficial owner of a legal entity or trust with authority to dispose of transferee trust assets in a manner other than as a trustee of a transferee trust
- g. A beneficial owner of a legal entity or trust that is the sole permissible recipient of income and principal from the transferee trust or who has the right to demand a distribution of, or withdraw, substantially all of the assets from the transferee trust
- h. A beneficial owner of legal entity or trust that is a grantor or settlor with the right to revoke the transferee trust or otherwise withdraw the assets of the transferee trust
- i. An individual who expects to sign documents on behalf of the transferee trust

*\*If beneficial owner is a minor child and you are a parent/guardian please add "parent/guardian" in Full Legal Name*

| <b>Full Legal Name</b><br>(for trustees who are legal entities, include Trade/Doing Business Name) | <b>Date of Birth</b><br>(N/A if trustee is a legal entity) | <b>Address – residential street address for individuals;</b><br><br>Principal place of business for legal entities (must be a US address) | <b>Country of Citizenship</b><br>– for individuals, N/A for legal entities | <b>For U.S. Persons:</b><br><i>IRS TIN (usually Social Security Number)</i><br><b>For Non-U.S. Persons:</b> Unique ID, Passport Number and Country of Issuance <sup>b</sup> | <b>Reason for Reporting Individual</b><br>using the categories in a-i above<br>(if signer, include <u>signer's capacity</u> ) – include all that apply |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |
|                                                                                                    |                                                            |                                                                                                                                           |                                                                            |                                                                                                                                                                             |                                                                                                                                                        |

<sup>b</sup> In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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.

### Part 4 – FUNDS USED FOR ACQUISITION OF THE PROPERTY

Complete this section with information about each account that has or is expected to transmit funds on behalf of the buyer/transferee to the settlement agent to complete the acquisition of the Property. Please include any amounts not transmitted to the Settlement Agent's/Reporting Person's escrow/trust account (paid outside of closing).

If this is a gratuitous transfer that is not an exempt transfer, then indicate N/A in the first box below.

| Originating financial institution name | Account number | Payor (name listed on account) | Method of payment (wire, check, other) | Dollar amount of payment | Funds transmitted to Settlement Agent escrow/trust account  |
|----------------------------------------|----------------|--------------------------------|----------------------------------------|--------------------------|-------------------------------------------------------------|
|                                        |                |                                |                                        |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                        |                |                                |                                        |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                        |                |                                |                                        |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                        |                |                                |                                        |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                        |                |                                |                                        |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                        |                |                                |                                        |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## Part 5 – CERTIFICATION

I acknowledge on behalf of the buyer/transferee that:

- ☐ No funds have been, or will be, transferred or paid outside of the control of the Settlement Agent/Reporting Person who is facilitating the acquisition of the Property.
- ☐ Any funds that have been or will be transferred between the parties outside of the control of the Settlement Agent/Reporting Person who is facilitating the acquisition of the Property have been reported in Part 4.

**I hereby certify, to the best of my knowledge, that the information provided in this document is complete and correct. I acknowledge that the settlement agent or other reporting person will rely upon the information provided on this form to (a) determine whether the transaction is reportable and (b) submit the required report to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). I agree to indemnify, defend and hold harmless the settlement agent or other reporting person against any and all losses, liabilities, damages, claims, fines, causes of action related to the reporting of information contained in this form to FinCEN under this regulation.**

Signature: \_\_\_\_\_

Type Name: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)