

Beneficial Owner Change Form



Reactivation Authorized Signer Add/Change Beneficial Owner Information Add/Change

Merchant Information

| | |
|--|---------------------------------|
| Merchant ID #: _____ | DBA or Legal Name: _____ |
| Taxpayer Identification Number: (Must be 9 digits) _____ | |
| Type of Taxpayer Identification: <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> Social Security Number Exempt Payee: <input type="checkbox"/> Yes <input type="checkbox"/> No 501(c)(3) Tax-exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Type of Ownership: (Note: Any change to Tax ID or Type of Ownership requires a new merchant application) | |
| <input type="checkbox"/> Sole Proprietorship, Date of Birth _____ <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Trust <input type="checkbox"/> Professional Association <input type="checkbox"/> Political Organization <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other: _____ | |

Add/Change Authorized Signer (leave blank if there are no changes)

| | |
|---|--|
| <input type="checkbox"/> This is a Non-profit organization | |
| <input type="checkbox"/> Update Authorized Signer Reason: _____ <input type="checkbox"/> Add Additional Signer Reason: _____ | New/Add'l Signer Signature: _____ New/Add'l Signer Name:(please print) _____ New/Add'l Signer SSN: _____ |

Beneficial Owner Information Add/Change (leave blank if there are no changes)

A. The following information for each individual, 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 or sole proprietorship for which the account is being opened.

| Name of Owner | U.S. Person: Social Security Number Non-U.S. Person: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹ | Date of Birth | Percent Owned (%) | Residential Address, City, State, Zip | Residential Phone Number |
|---------------|--|---------------|-------------------|---------------------------------------|--------------------------|
| | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person | | | | |
| | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person | | | | |
| | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person | | | | |
| | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person | | | | |

B. 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 A above may also be listed in this section B.)

| Name of Officer/Manager and Title | U.S. Person: Social Security Number Non-U.S. Person: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹ | Date of Birth | Percent Owned (%) | Residential Address, City, State, Zip | Residential Phone Number |
|-----------------------------------|--|---------------|-------------------|---------------------------------------|--------------------------|
| | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person | | | | |

¹ 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. Privacy Policy can be found at www.go-afs.com.

| | | |
|--|--------|-------|
| Name and Title of person Opening Account who by signing this page is certifying (i) that, to the best of his/her knowledge, the information provided in this section is complete and correct, and (ii) that the information provided about the legal entity for which the account is being opened is complete and correct. | Name: | _____ |
| | Title: | _____ |

The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant. By selecting "New Authorized Signer" authorized signer section, Merchant agrees that the authorized signer on the initial merchant application is no longer authorized. Merchant agrees to all existing fees listed on their merchant account.

Authorized Signer

| | |
|--|-------------|
| Merchant/Guarantor Signature: _____ | Date: _____ |
| <i>If a change is being made to the authorized signer, please provide the signature and printed name of the current authorized person in this section.</i> | |
| Printed Name: _____ | |

IMPORTANT: IF YOU ALSO ACCEPT AMERICAN EXPRESS ESA DIRECT YOU WILL NEED TO CONTACT AMERICAN EXPRESS (1-800-528-5200) TO UPDATE YOUR ACCOUNT INFORMATION.

THANK YOU FOR YOUR INFORMATION

If you have any questions, please call Customer Support at 888-708-8019.