

Under 31 U.S.C. § 5326(a), the Treasury Department’s Financial Crimes Enforcement Network (FinCEN) issued a Geographic Targeting Order (GTO) to title insurance companies requiring the collection of beneficial ownership information for certain real estate transactions.

**The form below was designed solely to assist you in collecting information necessary to meet the GTO reporting requirements. Please use this form as you find helpful. CATIC does not require you to fill out this form and you do not need to return it to CATIC.**

**Who is completing this form?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position/Title | | Company/Law Firm | |
| Postal Address (headquarters) | City | State | Zip | EIN # |
| Phone | Fax | | Email | |

**Transactional Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Property Address\* | | | | | |
|  | | | | | |
| City | | State | Zip | | Country |
|  | |  |  | |  |
| Date of Settlement | Total Purchase Price\* | | | | |
|  |  | | | | |
| Type of Transaction:  Residential (1-4 family)  Commercial | | | | Bank Financing:  Yes  No | |
| Purchaser type:  Natural Person  Corporation  LLC  Partnership  Other | | | | | | |

**\*NOTE:** *If more than one property is purchased, list each address and purchase price on an addendum.*

**Purchase Funds Information**

|  |  |
| --- | --- |
| Total Amount paid by below instruments: $0.00 | |
| Which type(s) of Monetary Instruments were used? (*Use check boxes below*) | |
| U.S. Currency (Paper money & coin) | |
| Foreign Currency | Country |
| Cashier’s check (s) | Money orders(s) |
| Certified checks(s) | Personal or Business check(s) |
| Wire or other funds transfer(s) | Virtual Currency |

**Individual Primarily Representing Purchaser**

*(Defined as the individual authorized by the entity to enter into legally binding contracts).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

**Purchasing Entity’s Name & Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Purchasing Entity | | | | |
| Taxpayer ID Number or EIN (*if none, write N/A*) | | Doing Business As Name (DBA) (*if none, write N/A*) | | |
| Address | City | | State | Zip |

***Complete the following pages if the real estate purchase is being made by a corporation, LLC, partnership, other legal entity. You do not need to report purchases made through trusts.***

Provide the information for each**BENEFICIAL OWNER** who, directly or indirectly, owns 25% or more of the equity interests of the Purchaser. If a series of legal entities is the beneficial owner of the Purchaser, provide information for the ultimate beneficial owner of all the legal entities.

**(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID submitted to the title underwriter.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attach legible copy of government-issued identification (*i.e., passport, driver’s license, etc.*) | | | | | | |
| Type of ID | | Issuing State or Country | ID Number | | | |
| Last Name | | First Name | | | M.I. | |
| Date of Birth | Occupation | Individual Taxpayer ID # (*if none, write N/A*) | | % of ownership | | |
| Address | | City | | State | | Zip |

I declare that to the best of my knowledge, the information I have furnished is true, correct and complete. I understand that this Title Company will rely on this information for the purposes of completing any reports made pursuant to an obligation under 31 U.S.C. § 5326(a).

|  |  |
| --- | --- |
| Signature | Date |
| Type or Print Name | Title |