



CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is the purpose of this form?

To help the government fight financial crime, federal regulation requires 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 ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening or updating an account on behalf of a legal entity. For the purposes of this form, a 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 individuals opening or updating 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.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each individual that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). 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). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

You may also be asked to provide a copy of a driver's license or other identifying document for each beneficial owner and controlling party listed on this form.

Note regarding updating information: From time to time the information provided in this form may need to be updated due to changes in the ownership or controlling party of the legal entity customer or its beneficial owners. Further, from time to time PNC may be required to verify the continued accuracy of the information provided.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening or updating an account on behalf of a legal entity must provide the following information:

- a. Name, Type, Address and Taxpayer Identification Number (TIN) of Legal Entity for Which the Account is Being Opened or Updated (i.e., the customer):

Entity Name: The Arc of Northeast Indiana, Inc.

Entity Type (e.g. Corporation, Partnership, etc.): Corporation

Entity Address: 4919 Coldwater Rd., Fort Wayne, IN 46825

Entity TIN: 35-0998711



b. Name and Title of Person Opening or Updating Account:

Name: Lichelle Boyd

Title: CFO

- c. **Beneficial Owner(s):** The following information for each individual, if any, who, 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.

If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and continue to section (d).

☒ **Beneficial Owner Not Applicable**

For U.S. Persons: Select citizenship status and provide Social Security Number (SSN); For Non-U.S. Persons: Select citizenship status (if applicable) and provide SSN, Individual Taxpayer Identification Number (ITIN), Passport or Other Acceptable ID Information

Name:			% of Ownership:
Date of Birth:			SSN / ITIN #:
Residential Street Address:			
Citizenship:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Resident Alien	<input type="checkbox"/> Immigrant Refugee
For Non-U.S. Persons:	ID Type:	ID #:	Country of Issuance:

Name:			% of Ownership:
Date of Birth:			SSN / ITIN #:
Residential Street Address:			
Citizenship:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Resident Alien	<input type="checkbox"/> Immigrant Refugee
For Non-U.S. Persons:	ID Type:	ID #:	Country of Issuance:

Name:			% of Ownership:
Date of Birth:			SSN / ITIN #:
Residential Street Address:			
Citizenship:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Resident Alien	<input type="checkbox"/> Immigrant Refugee
For Non-U.S. Persons:	ID Type:	ID #:	Country of Issuance:

Name:			% of Ownership:
Date of Birth:			SSN / ITIN #:
Residential Street Address:			
Citizenship:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Resident Alien	<input type="checkbox"/> Immigrant Refugee
For Non-U.S. Persons:	ID Type:	ID #:	Country of Issuance:

Entity TIN: 35-0998711



d. **Controlling Party:** 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, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

For U.S. Persons: Select citizenship status and provide Social Security Number (SSN); **For Non-U.S. Persons:** Select citizenship status (if applicable) and provide SSN, Individual Taxpayer Identification Number (ITIN), Passport or Other Acceptable ID Information

Name: Lichelle Boyd		Title: CFO
Date of Birth: 08/28/1979		SSN / ITIN #: 295-76-2287
Residential Street Address: 1920 Hunters Ridge Dr., Huntington, IN 46750		
Citizenship:	<input checked="" type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Immigrant Refugee
For Non-U.S. Persons: ID Type:	ID #:	Country of Issuance:

I, Lichelle Boyd,

hereby certify that I am authorized to disclose the information provided above and, to the best of my knowledge, the information provided is complete and correct. Further, I authorize PNC to share the information provided with any individual authorized to open or update accounts on behalf of the legal entity customer.

Signature:

Lichelle Boyd CFAO

Date

11/30/2023

Entity TIN: 35-0998711

