

GEOGRAPHIC TARGETING ORDER INFORMATION COLLECTION FORM

Please complete the following questionnaire. ATG will rely on the answers provided to meet its reporting obligations.

ATG File No.: _____

Attorneys' Title Guaranty Fund, Inc., (ATG®) is required by Federal law to collect certain information from you regarding your purchase of real property. United State Code Title 31 Section 5326 authorizes the U.S. Department of the Treasury to collect information about certain transactions in specified geographic areas in order to carry out the purposes or prevent evasion of the Bank Secrecy Act.

Please complete the following questionnaire and return it using a secure method, as the information collected contains non-public personal information. You may send an encrypted email to bsa@atgf.com or fax to 312.237.4774. ATG will rely on the answers provided to meet its reporting obligations.

WHO IS COMPLETING THIS FORM?

Name: _____ Position/Title: _____

Company/Law Firm: _____

Postal Address: _____

City, State, Zip: _____

EIN: _____ License No.: _____

Phone: _____ Fax: _____

Email: _____

TRANSACTIONAL INFORMATION

Property Address*: _____

City, State, Zip: _____ County: _____

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: _____

* 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: \$ _____

Type of Monetary Instruments Used:

U.S. Currency (Paper money and coin)

Foreign Currency – Country: _____

Cashier's Check(s)

Money Order(s)

Certified Check(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.)

ID Type: _____ ID No.: _____ Issuing State or Country: _____

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Occupation: _____

Taxpayer ID No. or EIN*: _____ Ownership Interest: _____ %

Address: _____

City, State, Zip: _____

** If none, enter "N/A."*

PURCHASING ENTITY'S NAME AND ADDRESS

Name of Purchasing Entity: _____

Taxpayer ID No. or EIN*: _____ Doing Business As (DBA) Name*: _____

Address: _____

City, State, Zip: _____

** If none, enter "NA."*

Complete the following pages if the real estate purchase is being made by a corporation, LLC, partnership, other legal entity or trust.

For **Corporations, LLCs, Partnerships, and Other Entities**, provide the information for:

- **Each Beneficial Owner** who, directly or indirectly, owns 25% or more of the equity interests of the Purchaser. If a legal entity or 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: _____ No.: _____ Issuing State or Country: _____
Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Occupation: _____
Taxpayer ID No. or EIN*: _____ Ownership Interest: _____ %
Address: _____
City, State, Zip: _____

** If none, enter "N/A."*

Attach legible copy of government-issued identification (i.e., passport, driver's license, etc.)

Type of ID: _____ No.: _____ Issuing State or Country: _____
Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Occupation: _____
Taxpayer ID No. or EIN*: _____ Ownership Interest: _____ %
Address: _____
City, State, Zip: _____

** If none, enter "N/A."*

Attach legible copy of government-issued identification (i.e., passport, driver's license, etc.)

Type of ID: _____ No.: _____ Issuing State or Country: _____
Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Occupation: _____
Taxpayer ID No. or EIN*: _____ Ownership Interest: _____ %
Address: _____
City, State, Zip: _____

** If none, enter "N/A."*

Attach legible copy of government-issued identification (i.e., passport, driver's license, etc.)

Type of ID: _____ No.: _____ Issuing State or Country: _____
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Date of Birth: _____ Occupation: _____
Taxpayer ID No. or EIN*: _____ Ownership Interest: _____ %
Address: _____
City, State, Zip: _____

** If none, enter "N/A."*

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** If none, enter "N/A."*

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Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Occupation: _____
Taxpayer ID No. or EIN*: _____ Ownership Interest: _____ %
Address: _____
City, State, Zip: _____

** If none, enter "N/A."*

I declare that, to the best of my knowledge, the information I have furnished is true, correct, and complete. I understand that ATG 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

Name (Print)

Title