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

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| Advocus File No.: | | | | |  | | | | | |  | | |  | | | | |
| Advocus National Title Insurance Company (the “Company”) 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@advocustitle.com or fax to 312.237.4774. Advocus 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 | | | | | | | |

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| **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. | | | | | | | | | | | | | | | | | | |

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| ***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: | |  | | |
| 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.”* | | | | | | | | | | | | | | | |
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| ***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.”* | | | | | | | | | | | | | | | | | | | |
| I declare that, to the best of my knowledge, the information I have furnished is true, correct, and complete. I understand that Advocus 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) | | | | | | | | | |  |  | | | | | | | | |
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| Title | | | | | | | | | |  |  | | | | | | | | |