ALLIANT NATIONAL TITLE INSURANCE COMPANY

ALTA
INFORMATION COLLECTION FORM

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

Please complete the below questionnaire. This Company will rely on the answers provided to meet its reporting obligations.

Who is completing this form?

The Person completing this form - signing it at the end - should be either the purchaser's representative, attorney, or its real estate agent. This individual's contact information should be provided in the fields shown below.

Name	Position/Title		Company/Law Firm	
Postal Address (Headquarters)	City	State	Zip	EIN Number
Phone	E-Mail		Fax	License #

Transactional Information

Property Address (*If multiple properties see NOTE below*):			
City	State	Zip	County
Date of Settlement	Total purchase price *(If multiple properties see NOTE below)* $		
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: $	
Which type 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	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A*)		
Address		City	State	Zip

Purchaser's Name & Address

Name of Purchaser			
Taxpayer ID Number or EIN (*if none write N/A*)	Doing Business 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, or other legal entity. (Do not report trusts).

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		Issuing State or Country	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A*)		
Address		City	State	Zip

ALTA
INFORMATION COLLECTION FORM

Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)				
Type of ID		Issuing State or Country	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A)*		
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	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A)*		
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	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A)*		
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	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A)*		
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	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A*))		
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	% of ownership interest	
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (*if none write N/A*)		
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: