

# GTO Information Collection Form



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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 under Federal law.

## Who is completing this form?

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

## Transactional Information

Property Address <i>(If multiple properties see NOTE below)</i>			
City	State	Zip	County
Date of Settlement	Total purchase price <i>(If multiple properties see NOTE below)</i> \$		
Type of Transaction: <input type="checkbox"/> Residential (1-4 family) <input type="checkbox"/> Commercial		Bank Financing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purchaser type: <input type="checkbox"/> Natural Person <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> 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 <i>(Use check boxes below)</i>	
<input type="checkbox"/> U.S. Currency (Paper money & coin)	
<input type="checkbox"/> Foreign Currency	Country:
<input type="checkbox"/> Cashier’s check(s)	<input type="checkbox"/> Money order(s)
<input type="checkbox"/> Certified check(s)	<input type="checkbox"/> Personal or Business check(s)
<input type="checkbox"/> Wire or other funds transfer(s)	<input type="checkbox"/> 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		Gov't ID Number	
Last Name		First Name			M.I.
Date of Birth	Occupation	Individual Taxpayer ID # <i>(if none write N/A)</i>		% of ownership	
Address		City		State	Zip

**Purchasing Entity Name & Address**

Name of Purchaser					
Taxpayer ID Number or EIN <i>(if none write N/A)</i>			Doing Business Name (DBA) <i>(if none write N/A)</i>		
Address		City		State	Zip

**Complete the information below 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** defined as an individual 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 own the equity interests of the Purchaser, provide information for each **BENEFICIAL OWNER**, of each legal entity in the series of 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 company.)**

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

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Type of ID		Issuing State or Country		Gov't 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		Gov't 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

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Last Name		First Name		M.I.
Date of Birth	Occupation	Individual Taxpayer ID # (if none write N/A)		% of ownership
Address		City		State   Zip

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Date of Birth	Occupation	Individual Taxpayer ID # (if none write N/A)		% of ownership
Address		City		State   Zip

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Last Name		First Name	M.I.
Date of Birth	Occupation	Individual Taxpayer ID # (if none write N/A)	% of ownership
Address		City	State Zip

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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: