



- The Ohio National Life Insurance Company
- Ohio National Life Assurance Corporation

One Financial Way  
 Cincinnati, OH 45242  
 P.O. Box 237  
 Cincinnati, OH 45201-0237

## USA PATRIOT Act Compliance Form

This form is required to be completed for each Annuitant/Insured; and if different than the Annuitant/Insured, for each owner, payor, trustee and assignee. This form is also required on all beneficiaries when a claim is filed.

**1. Contract/Policy Number**  Inforce/Active  Pending

**2. Insured/Annuitant**

**3. Name** (Check one)  Owner  Annuitant/Insured  Joint Owner  Payor  Assignee  Beneficiary

**Information in items 4. through 8. is based upon "Name" shown in 3. above.**

**4. Street Address** (Do not use P. O. Box) **City** **State** **Zip**

**5. Date of Birth**

**6. Taxpayer Identification Number** (SSN or TIN)

**7. Document Viewed**

- State Issued Driver's License  State Issued ID Card
- Military ID Card  Passport
- US Alien Registration Card  Other \_\_\_\_\_

**7a. Document Information**

Issuing State/Country \_\_\_\_\_  
 ID Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**8. Entity Verification**

For a Corporation, Partnership, LLC, Trust, Sole Proprietor, or other entity please indicate and attach a copy of the document reviewed.

- Articles of Incorporation  LLC Operating Agreement  Partnership Agreement  Corporate Resolution
- Organizing Documents  Trust Documents  Other \_\_\_\_\_

**Important Information about procedures for opening a new account or entering into a contract or policy or making a claim.**

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or applies for a contract or policy.

**What does this mean for you?**

When you open an account, apply for a contract or policy or make a claim, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We will also ask for a copy of your driver's license or other identifying documents.

**Certification:** Under penalties of perjury, I certify all of the following:

1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3.
  - a. I am a U.S. citizen or U.S. resident, alien, or
  - b. A partnership, corporation, company or organization created or organized in the United States or under the laws of the United States, or
  - c. An estate (other than a foreign estate), or
  - d. A domestic trust (as defined under Regulations section 301.7701-7), and
4. I am exempt from FATCA reporting.

**Signature**

I certify that I have reviewed and accurately recorded the documentation provided by the above-named individual.

**Agent Signature**

**Print Agent Name**

**This information must be recorded for all Owners, Annuitant/Insureds, Joint Owners, Payors, Trustees, Assignees and Beneficiaries.**