



**CUSTOMER VERIFICATION FORM**

**FOR OUR NEW CUSTOMERS** - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all institutions to obtain, verify, and record information that identifies each person (whether an individual or organization) that opens an account. We will ask for the organization's name, physical address, tax identification number and other information that will help us to identify the organization. We may also ask for a certificate of Incorporation or similar document (corporations), an Assumed Name certificate of Partnership or similar document (for general partnerships) or other pertinent identifying documentation for your type of Organization.

**SECTION I - GENERAL INFORMATION**

<b>Client Name (s):</b>							
<b>Entity Name (if any):</b>							
<b>Street Address:</b>							
<b>City:</b>							
<b>State:</b>		<b>Zip:</b>		<b>Country:</b>			
<b>Individuals:</b>	Date of Birth			Social Security #			
<b>Entities:</b>	Disregarded for Tax Purposes?			EIN #			
<b>ENTITIES ADDITIONAL INFORMATION</b>							
Persons with Authority or Control: (officers, trustees, etc.)							
<b>Name</b>		<b>Title</b>		<b>Date of Birth</b>	<b>State/Country Residence</b>		
<b>Nature of Business:</b>							
<b>Date &amp; Place of Formation:</b>							
<b>Website:</b>							
<b>Key Business Locations:</b>							

**SECTION II - DOCUMENTATION**

**PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS:**

- 1 Government issued photo identification (Driver's license, identification card, passport)
- 2 Trust Documents
- 3 Articles of Incorporation, Articles of Organization (LLC, Partnership or similar entity formation documents)

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein immediately. In case any of the above information is found to be false, untrue, misleading or misrepresenting, I am/we are aware that I/We may be held liable.

Name & Signature of the Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_



We appreciate your business and look forward to working with you on your 1031 Tax-Deferred Exchange. Please complete as much information as possible and **e-mail to [orders@exeterco.com](mailto:orders@exeterco.com)** or **fax to (619) 822-1571** to open your exchange. An Administrator will be assigned to your transaction as the primary contact. You will receive an e-mail with the Administrator's contact information shortly. Please contact us at (866) 393-8370 if you should have any questions.

**Please include a copy of your government issued identification, i.e., driver's license or passport. If the exchange is for an entity, please also provide copies of the entity documents, i.e., Trust Agreement, LLC or LP documents.**

**TYPE OF EXCHANGE: FORWARD  REVERSE  BUILD TO SUIT/CONSTRUCTION**

CLIENT INFORMATION		
Name:		Home Phone:
Company/Entity Name: <small>If exchange is for an entity</small>		Mobile Phone:
Address:		Other Phone:
City:		Fax:
State:	Zip:	E-Mail:
Taxpayer ID #: <small>(Individual or Entity)</small>		Date of Birth:
How were you referred to Exeter or by whom?		
Who have you been speaking with at Exeter?		
RELINQUISHED/SALE PROPERTY INFORMATION		
Address:		
Settlement/Closing Contact (Escrow, Attorney, Title)		
Name:		Phone:
Company:		Fax:
Address:		
E-Mail:		File #:
Additional Information:		Estimated Closing Date:
REPLACEMENT/PURCHASE PROPERTY INFORMATION		
Address:		
Settlement/Closing Contact (Escrow, Attorney, Title)		
Name:		Phone:
Company:		Fax:
Address:		
E-Mail:		File #:
Additional Information:		Estimated Closing Date:

If you have multiple sale or purchase properties, please include a second sheet with the additional property address and contact information.