

Certification of Beneficial Ownership

What is this form?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be used to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a future commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability Company, partnership, and any other similar business entity formed in the United States or a foreign country.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners): (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

Persons C)penin	g the accou	unt on b	ehalf o	of a lega	ıl entitv	v must i	provide t	he fo	llowing	inf i	ormation:

Α.	Name of Person opening account:
B.	Name of Legal Entity for which the account is being opened:

C. The following for each individual, if any, who owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity customer. If no one meets this definition please check "Beneficial Ownership Not Applicable" below and proceed to section D.

☐ Beneficial Ownership Not Applicable

- For a person with a Social Security Number (SSN) or Individual TaxPayer Identification Number (TIN), provide the SSN/TIN.
- For a foreign person without a SSN/TIN, provide a Passport Number and Country of Issuance.

Beneficial Owner #1 Information	☐% of ownersh	iip □ C	ontrolling
Name:	Street Address:		
Date of Birth:	Address Line 2:		
TIN type: □ SSN □ TIN □ Passport Number:	City:	State:	Country:
*COPY OF IDENTIFICATION	Zip/Postal Code:	1	1
Beneficial Owner #2 Information	□ % of ownersh	nip 🗆 C	ontrolling
Name:	Street Address:	•	
Date of Birth:	Address Line 2:		
TIN type: ☐ SSN ☐ TIN ☐ Passport Number:	City:	State:	Country:
*COPY OF IDENTIFICATION	Zip/Postal Code:		
Beneficial Owner #3 Information	\square % of ownersh	nip 🗆 C	ontrolling
Beneficial Owner #3 Information Name:	☐% of ownersh Street Address:	iip □ C	ontrolling
		iip □ C	ontrolling
Name:	Street Address:	state:	ontrolling Country:
Name: Date of Birth: TIN type: SSN TIN Passport	Street Address: Address Line 2:		
Name: Date of Birth: TIN type: SSN TIN Passport Number:	Street Address: Address Line 2: City:		
Name: Date of Birth: TIN type: SSN TIN Passport Number:	Street Address: Address Line 2: City:	State:	
Name: Date of Birth: TIN type: SSN TIN Passport Number: *COPY OF IDENTIFICATION	Street Address: Address Line 2: City: Zip/Postal Code:	State:	Country:
Name: Date of Birth: TIN type: SSN TIN Passport Number: *COPY OF IDENTIFICATION Beneficial Owner #4 Information	Street Address: Address Line 2: City: Zip/Postal Code:	State:	Country:
Name: Date of Birth: TIN type: SSN TIN Passport Number: *COPY OF IDENTIFICATION Beneficial Owner #4 Information Name:	Street Address: Address Line 2: City: Zip/Postal Code: % of ownersh Street Address:	State:	Country:

- D. REQUIRED (regardless if a beneficial owner is listed or not): The following information for one individual with significant responsibility for managing the legal entity listed above, such as:
 - An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating
 Officer, Managing Member, General Partner, President, Vice President or Treasurer)
 - Any other individual who regularly performs similar functions

An individual listed under section (C) above may be listed in this section (D).

Name:	Street Address	:	
Title:	Address Line 2	:	
Date of Birth:			
TIN type: ☐ SSN ☐ TIN ☐ Passport Number:	City:	State:	Country:
*COPY OF IDENTIFICATION	Zip/Postal Cod	e:	
*COPY OF IDENTIFICATION (name of natural pers			v. to the bes
vledge, that the information provided above	. •	• •	,,
NATURE			DATE