

### CERTIFICATION OF BENEFICIAL OWNERS

#### 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 abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who 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 futures commission merchant; or (v) an introducing broker in commodities.

For the purpose of this form, a **legal entity** includes a corporation, limited liability company or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

## 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 Non-U.S. Persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., each natural person that owns 25% 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).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25% equity holders under section (i)).

We will ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.



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iı	provide the following					
a	Name and Title of Natural Person Opening/Maintaining Account:  Name of Legal Entity for Which the Account is Being Opened/Maintained:					
b						
c	. Type of Legal Entity:					
<ul> <li>d. Physical Address of Legal Entity. If multiple addresses, please attach a separate sheet with all locations listed:</li> <li>e. Tax Identification Number of the Legal Entity:</li> </ul>						
a: ir	ny contract, arrangemen	ormation for each individuant, understanding, relations at its listed above. (If no its listed above.)	l or entity, if any, who hip or otherwise, own	, directly or indirectly, thras 25% or more of the e		
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residence and bearing a photograph or similar safeguard.



## **CERTIFICATION OF BENEFICIAL OWNERS**

- 3. Provide the following information for **one individual with significant responsibility** for managing the legal entity listed on page 1, such as:
  - o An executive officer or section manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President Vice President, Treasurer); or
  - o Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (2) may also be listed in this section (3).

Name	Date of Birth	Physical Address	Social Security Number*
If this box is checke	d, additional pages ar	e attached. Number of addit	ional pages:
I,	my knowledge, that t	he information provided abo	ve is complete and correct.
Printed Name:			
Signature:		Da	te: