

BENEFICIAL OWNERSHIP CERTIFICATION FORM

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 an 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 purposes 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 foreign 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 interests of the legal entity customer (e.g. each natural person who owns 25% or more of the shares of the corporation; and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g. 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 may be identified in 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)).

The financial institution may also ask to see or retain a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Certification of Beneficial Owner(s)

Persons opening an account on behalf of a leg		
a) Name & Title of Person Opening Account:b) Name & Type of Legal Entity for which acc		
c) The following information for each individ relationship or otherwise, owns 25 percent or definition, please write "not applicable."	ual, if any, who, directly or indirectly, throug	h any contract, arrangement, understanding, ity listed above. <i>If no idividual meets this</i>
Name (Last, First, Middle)	Social Security Number	/
Primary Identification Number	/	Expiration Date
Percentage Ownership Curre	nt Street Address (City, State, ZIP)	
Name (Last, First, Middle)	Social Security Number	Date of Birth
Primary Identification Number	Issue Date	Expiration Date
Percentage Ownership Curre	nt Street Address (City, State, ZIP)	
Name (Last, First, Middle)	Social Security Number	/
Primary Identification Number	Issue Date	Expiration Date
Percentage Ownership Curre	nt Street Address (City, State, ZIP)	
Name (Last, First, Middle)	Social Security Number	Date of Birth
Primary Identification Number	Issue Date	Expiration Date
Percentage Ownership Curre	nt Street Address (City, State, ZIP)	
☐ An executive officer or senior ma☐ Any individual who regularly perf	ual with significant responsibility for managing nager (e.g., CEO, CFO, managing member, presforms similar functions. Is sted under section (c) above may also be listed	sident, tresurer); or
Name (Last, First, Middle)	Company Title	Date of Birth
Social Security Number Current Stre	eet Address (City, State, ZIP)	
I, (name of person opening account), herby certify, to the best of my knowledge, that information provided above is complete and correct. Signature Date		