

CERTIFICATION OF BENEFICIAL OWNER(S)

Complete this form for Limited Liability Companies, Partnerships, and Corporations

I. General Instructions

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 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 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).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (iii), 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 (iii), you must provide the identifying information of one individual under section (iv). 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 (iv)), and up to five individuals (i.e., one individual under section (iv) and four 25 percent equity holders under section (iii)).

PLEASE ATTACH A COPY OF A DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENT FOR EACH BENEFICIAL OWNER LISTED ON THIS FORM.

II. Business Account Member

F	ersons or	penina	an account	on ber	nalt ot a	legal entit	v must	provide the	following	intormati	on

Member Number (to be completed by Member Service):					
Name of Natural Person Opening Account:		Title:			
Name of Legal Entity for Which the Account is Being Opened:					
Street Address of Legal Entity:	City:	State:	Zip:		

III. Beneficial Owners

Complete the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, specify "Not Applicable."

Note: Non-Profits do not have to complete this section.

Name:	% of Ownership:	SSN*:	DOB:
Street Address:	City:	State:	Zip:
Type of ID:	ID#:	Exp. Date:	State of Issue:
Name:	% of Ownership:	SSN*:	DOB:
Street Address:	City:	State:	Zip:
Type of ID:	ID#:	Exp. Date:	State of Issue:
Name:	% of Ownership:	SSN*:	DOB:
Street Address:	City:	State:	Zip:
Type of ID:	ID#:	Exp. Date:	State of Issue:
Name:	% of Ownership:	SSN*:	DOB:
Street Address:	City:	State:	Zip:
Type of ID:	ID#:	Exp. Date:	State of Issue:

IV. Controlling Person

Complete the following information for <u>one</u> 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, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (iii) above may also be listed in this section (iv)).

Name:	Title:	SSN*:	DOB:
Street Address:	City:	State:	Zip:
Type of ID:	ID#:	Exp. Date:	State of Issue:
I, (na knowledge, that the information provided agrees to notify the Financial Institution Certification.	d above is complete ar		ty named above also
knowledge, that the information provided agrees to notify the Financial Institution	d above is complete ar	nd correct. The Legal Enti	ty named above also

^{*}In lieu of a social security number, foreign persons may provide a passport number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.