

BENEFICIAL OWNER FORM

Account Name _____

Tax ID _____

Account Address _____

Please provide the information below for each individual who owns, directly or indirectly, 10% or more of the equity interests of the legal entity customer. Attach additional sheets if necessary.

Name and Title of Natural Person Opening the Account on Behalf of the Legal Entity Customer:

1. _____		
Name _____		
Address _____		Date of Birth (mm/dd/yyyy) _____
Country of Citizenship _____	Percentage Ownership _____	Social Security Number (For Foreign Persons: Passport Number and Country of Issuance) _____

2. _____		
Name _____		
Address _____		Date of Birth (mm/dd/yyyy) _____
Country of Citizenship _____	Percentage Ownership _____	Social Security Number (For Foreign Persons: Passport Number and Country of Issuance) _____

If a beneficial owner of the customer (entity) is one or more entities, please fill in the information below. Complete additional copies of this form, if necessary, until you have reached the individual (personal) owners of all entities along with their percentage ownership at each level.

1. _____	
Full Legal Name of Entity _____	Business Purpose _____
Full Legal Business Address _____	
Percentage Ownership _____	Taxpayer ID Number (U.S. or foreign) _____

2. _____	
Full Legal Name of Entity _____	Business Purpose _____
Full Legal Business Address _____	
Percentage Ownership _____	Taxpayer ID Number (U.S. or foreign) _____

Provide 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, Treasurer); or
- Any other individual who regularly performs similar functions.

The individual listed here may also be listed as a beneficial owner above, but this section must still be completed.

_____	_____
Name	Date of Birth (mm/dd/yyyy)
_____	_____
Address	Country of Citizenship

Social Security Number (For Foreign Persons: Passport Number and Country of Issuance)	

PLEASE SIGN BELOW:

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

 _____ Signature	_____ Print Name	_____ Date
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