

## CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
_____	_____	_____	_____
4. Name and type of Legal Entity for Which the Account is Being Opened			
_____			
4a. Legal Entity Address	4b. City	4c. State/Country	4d. ZIP/Postal Code
_____	_____	_____	_____

### SECTION I

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here  if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of Birth
_____	_____	_____	_____
9. Address	10. City	11. State/Country	12. Zip Postal Code
_____	_____	_____	_____
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
_____	_____	_____	

15a. Country of issuance: \_\_\_\_\_  
 Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security 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.

### ADDITIONAL SECTION I - SECOND BENEFICIAL OWNER (IF REQUIRED)

16. Last Name	17. First Name	18. M.I.	19. Date of Birth
_____	_____	_____	_____
20. Address	21. City	22. State/Country	23. Zip Postal Code
_____	_____	_____	_____
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
_____	_____	_____	
		26a. Country of issuance: _____	

### ADDITIONAL SECTION I - THIRD BENEFICIAL OWNER (IF REQUIRED)

27. Last Name	28. First Name	29. M.I.	30. Date of Birth
_____	_____	_____	_____
31. Address	32. City	33. State/Country	34. Zip Postal Code
_____	_____	_____	_____
35. Country	36. SSN (U.S. Persons)	37. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
_____	_____	_____	
		37a. Country of issuance: _____	

**ADDITIONAL SECTION I - FOURTH BENEFICIAL OWNER (IF REQUIRED)**

38. Last Name	39. First Name	40. M.I.	41. Date of Birth
_____	_____	_____	_____
42. Address	43. City	44. State/Country	45. Zip Postal Code
_____	_____	_____	_____
46. Country	47. SSN (U.S. Persons)	48. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
_____	_____	_____	
		48a. Country of issuance: _____	

**SECTION II**

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, 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 and other individual who regularly performs similar functions.

49. Last Name	50. First Name	51. M.I.	52. Date of Birth
_____	_____	_____	_____
53. Address	54. City	55. State/Country	56. Zip Postal Code
_____	_____	_____	_____
57. Country	58. SSN (U.S. Persons)	59. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
_____	_____	_____	
		59a. Country of issuance: _____	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security 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.

By signing below the undersigned certifies, to the best of their knowledge, that the information provided above is complete and correct.

**Signature 1**

X

Print Name

Title (if applicable)

Date