

## **BENEFICIAL OWNERSHIP FORM**

		Account Number				
Documents required from Beneficial Owners:  Copy of unexpired government issued photo id						
Part I: All persons opening an account	_	-	_			
Last Name and Title First Name				Aiddle Initial		
Name and type of Legal Entity for Whicl						
Legal Entity Address:		= -				
Please check the following boxes that a				2'P		
☐ This individual owns 20% or			d named above			
☐ This individual has significar						
Last Name First Name				лiddle Initial		
Address						
City Sta						
SSN For No			dentification number			
Please check the following boxes that a						
☐ This individual owns 20% or		= -				
☐ This individual has significar	nt responsibility for m	nanaging or directing the er	ıtity 			
Last Name						
First Name			N	/liddle Initial		
Address				_		
City Sta						
SSN For No			dentification number			
Please check the following boxes that a						
☐ This individual owns 20% or		= -				
This individual has significar	nt responsibility for m	nanaging or directing the er	ntity			

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

Part II. Please complete the requested information below for any individual(s) who either a) own 20% or more of equity interests, b) have significant responsibility for managing or directing the entity, or c) both.

				Middle Initial
				DOB
				dentification number
	wing boxes that apply to			
			ests of the legal entity listed	l above.
			anaging or directing the en	
		·		•
Last Name				
				Middle Initial
				DOB
SSN	For Non-US p	ersons (SSN, P	assport # or other similar id	dentification number
Please check the follow	wing boxes that apply to	the individual a	above:	
☐ This indivi	dual owns 20% or more o	of equity intere	ests of the legal entity listed	l above.
☐ This indivi	dual has significant respo	nsibility for ma	anaging or directing the en	tity
Last Name				
First Name				Middle Initial
Address				
City	State	Zip	Country	DOB
SSN	For Non-US p	ersons (SSN, P	assport # or other similar io	dentification number
Please check the follow	wing boxes that apply to	the individual a	above:	
		of aguity intora	ests of the local antity listes	Lahove
☐ This indivi	dual owns 20% or more of	or equity intere	ists of the legal entity lister	above.