

| BENEFICIAL OWNERS   | SHIP CERTIFICATION                                     | ON Acco                                     | ount Nur                      | mber:                                    |                     |               |         |       |      |
|---|--|---|-------------------------------|--|---------------------|---------------|---------|-------|------|
| This form must be completed by Name of Legal Entity   | the person opening a new                               | account on behalf                           |                               | entity. Attach additio<br>f Legal Entity | nal she             | eets as n     | ecessa  | ry.   |      |
| Legal Address of Legal Entity   |  | City  | St                            | tate                                     | ZI                  | ZIP Code      |         |       |      |
| Name of Natural Person Openin   | g the Account  | Title of Natural Person Opening the Account |                               |  |                     |               |         |       |      |
| <b>EQUITY INTEREST OWNER</b> Provide the following information understanding, relationship or continuous and continu | ·  | -   | -                             |  | _                   |               |         |       |      |
| Ownership Percentage %  | Name of Natural Person  Address  Residential  Business |   | Social Security Number/Tax ID |  |                     | Date of Birth |         |       |      |
| Trading Authority  ○ No ○Limited ○ Full   |  |   | Address 2                     |  |                     |               | .I      |       |      |
| Identification<br>(required for non-US persons)<br>O Passport<br>O Other Government-issued ID   | City   | State                                       | ZIP Code                      | Foreign Postal (                         | Foreign Postal Code |               | Country |       |      |
|   | PLACE/COUNTRY OF ISSUANCE                              | ID No:                                      | Issu                          | JE DATE (MM/DD/YYYY)                     | Expir               | ATION DA      | ге (мм/ | DD/YY | (YY) |
| Ownership Descentage 9/   | Name of Natural Person                                 |   | Social Se                     | ecurity Number/Tax ID                    | Date of Birth       |               |         |       |      |

State

State

ID No:

ID No:

Address 2

ISSUE DATE (MM/DD/YYYY)

ISSUE DATE (MM/DD/YYYY)

ISSUE DATE (MM/DD/YYYY)

Social Security Number/Tax ID

Address 2

Social Security Number/Tax ID

Address 2

Foreign Postal Code

Foreign Postal Code

Foreign Postal Code

Country

EXPIRATION DATE (MM/DD/YYYY)

Date of Birth

Country

EXPIRATION DATE (MM/DD/YYYY)

Date of Birth

Country

EXPIRATION DATE (MM/DD/YYYY)

ZIP Code

ZIP Code

ZIP Code

Address ( ) Residential ( ) Business

Address  $\bigcirc$  Residential  $\bigcirc$  Business

Address O Residential OBusiness

PLACE/COUNTRY OF ISSUANCE

Name of Natural Person

PLACE/COUNTRY OF ISSUANCE

Name of Natural Person

PLACE/COUNTRY OF ISSUANCE

Attach additional pages for additional Equity Interest Owners if needed

City

City

City

**CONTINUED NEXT PAGE** 

State

ID No:

Ownership Percentage %\_\_\_\_\_

 $\bigcirc$  No  $\bigcirc$ Limited  $\bigcirc$  Full

(required for non-US persons)

O Other Government-issued ID

Ownership Percentage %

 $\bigcirc$  No  $\bigcirc$ Limited  $\bigcirc$  Full

(required for non-US persons)

O Other Government-issued ID

Ownership Percentage %

○ No ○Limited ○ Full

(required for non-US persons)

O Other Government-issued ID

Trading Authority

Identification

O Passport

**Trading Authority** 

Identification

O Passport

**Trading Authority** 

Identification

O Passport



| CONTROL PERSON  |  |   |                               |                               |                      |                   |                                  |                             |          |          |  |
|---|--|---|-------------------------------|-------------------------------|----------------------|-------------------|----------------------------------|-----------------------------|----------|----------|--|
| dentify individuals with signific   | ant responsibility in managin            | g the legal entit                           | ty such as,                   | but not                       | limited <sup>1</sup> | to:               |                                  |                             |          |          |  |
|   | enior manager (Chief Executiv            |   |                               |                               |                      |                   | Office                           | er; Mana                    | aging M  | 1ember;  |  |
| General Partner; Pres   | ident; Vice President; Treasu            | rer) OR any oth                             | er individu                   | ıal who r                     | egularly             | perfori           | ms sim                           | nilar fund                  | ctions.  |          |  |
| Title   | Name of Natural Person                   |   | Social Security Number/Tax ID |                               |                      |                   |                                  | Date o                      | of Birth |          |  |
| Trading Authority   | Address \( \) Residential \( \) Business |   |                               | Address 2                     |                      |                   |                                  |                             |          |          |  |
| ○ No ○Limited ○ Full  | City                                     | State                                       | ZIP Code                      |                               | Foreign Postal Code  |                   |                                  | Country                     |          |          |  |
| Identification (required for non-US persons)  | PLACE/COUNTRY OF ISSUANCE                | ID No:                                      |                               | ISSUE DAT                     | E (MM/DI             | o/YYYY)           | EXPIR                            | RATION DA                   | ATE (MM  | /DD/YYYY |  |
| O Passport O Other Government-issued ID   |  |   |                               |                               | , .                  | ,                 |                                  |                             | •        |          |  |
| Title   | Name of Natural Person                   | Socia                                       | Social Security Number/Tax ID |                               |                      |                   | Date of Birth                    |                             |          |          |  |
| Trading Authority   | Address Residential Business             |   |                               | Address 2                     |                      |                   |                                  |                             |          |          |  |
| ○ No ○Limited ○ Full  Identification (required for                                  | City                                     | State                                       | ZIP Co                        | ZIP Code Foreign Postal       |                      | Code Country      |                                  |                             |          |          |  |
| non-US persons)<br>O Passport   | PLACE/COUNTRY OF ISSUANCE                | ID No:                                      |                               | ISSUE DATE (MM/DD/YYYY) EXI   |                      | EXPIR             | <br> XPIRATION DATE (MM/DD/YYYY) |                             |          |          |  |
| O Other Government-issued ID Title  | Name of Natural Person                   | lame of Natural Person Social Security Numb |                               | / Numbe                       | r/Tax ID             |                   | Date of Birth                    |                             |          |          |  |
|   | Address ( ) Residential ( ) Business     |   |                               | Address 2                     |                      |                   |                                  |                             |          |          |  |
| Trading Authority  ○ No ○Limited ○ Full   | Address ( Nesidential                    |   |                               |                               |                      |                   |                                  |                             |          |          |  |
| Identification (required for  | City                                     | State                                       | ZIP Code Foreign              |                               | n Postal             | al Code   Country |                                  | ry                          |          |          |  |
| non-US persons) O Passport O Other Government-issued ID                             | PLACE/COUNTRY OF ISSUANCE                | ID No:                                      |                               | ISSUE DAT                     | E (MM/DI             | o/YYYY)           | EXPIR                            | RATION DA                   | ATE (MM  | /DD/YYYY |  |
| Title   | Name of Natural Person                   |   | Socia                         | Social Security Number/Tax ID |                      |                   | Date of Birth                    |                             |          |          |  |
|   | Address \( \) Residential \( \) Business |   |                               | Address 2                     |                      |                   |                                  |                             |          |          |  |
| Trading Authority<br>○ No ○Limited ○ Full   |  |   |                               |                               |                      |                   |                                  |                             |          |          |  |
| Identification (required for  | City                                     | State                                       | ZIP Co                        | ode                           | Foreign              | n Postal          | Code                             | Countr                      | ry       |          |  |
| non-US persons)<br>O Passport   | PLACE/COUNTRY OF ISSUANCE                | ID No:                                      |                               | Issue Da                      |                      | TE (MM/DD/YYYY)   |                                  | EXPIRATION DATE (MM/DD/YYYY |          |          |  |
| O Other Government-issued ID  Attach additional pages for addit                     | l<br>ional Control Persons if neede      | d   |                               |                               |                      |                   |                                  |                             |          |          |  |
| CERTIFICATION   |  |   |                               |                               |                      |                   |                                  |                             |          |          |  |
| hereby certify, to the best of n  | ny knowledge, that the inforr            | mation provided                             | d above is                    | complet                       | e and co             | rrect.            |                                  |                             |          |          |  |
| SIGNATURE OF NATURAL PERSON OPENING THE ACCOUNT  **  **  **  **  **  **  **  **  ** |  | Issuei                                      | R PRINTED N                   | RINTED NAME                   |                      |                   | DATE                             |                             |          |          |  |

PRINTED NAME

Reviewed by:
SIGNATURE

×

Officer (CCO); or Anti-Money Laundering Officer (AMLO).

DATE