

CERTIFICATION OF BENEFICIAL OWNERS

This form must be comp Dealer Change Form for	•					
☐ Directly Held Business (at t	he product Provider)	OR 🗆	Brokerage I	Business (Pershing Brok	erage or	advisory account)
Account Type: Corporati	on 🗆 Limit	ed Liability (Company	□ Non-Profit Orga	nization	☐ Other
1. ACCOUNT INFORMAT	ION					
Account Registration:	SSN #/ TIN: Acco		Accour	nt # (If known):		
Account Legal Address:			I			
Name of natural person opening 2. BENEFICIAL OWNERS	3		Title:			
The following information for eac or otherwise, owns 25 percent or "Not Applicable"):						s this definition, please write
Name	Date of Birth	Address (Residential or Business)				Social Security # / Passport # & Country
3. SIGNIFICANT RESPON						
The following information for or officer or senior manager (e.g., Cl President, Vice President, Treasur section (2) above may also be listed	hief Executive Officer, (er); or Any other individ	Chief Financ	ial Officer, C	Chief Operating Officer,	Managin	g Member, General Partner,
Name	Date of Birth	Address (Residential or Business)				Social Security # / Passport # & Country
4. ACCOUNT SIGNATUR						
By signing below, I hereby ce Responsible Party Name:	knowledge, that the information provided above is Responsible Party Signature:				omplete and correct. Date:	
responsible Farty Plante.		responsible	Larry Orginatui			ouc.