



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 | 4d. ZIP/Postal Code |

SECTION I

(To add additional individuals, see additional pages)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any 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 (MM/DD/YYYY) |
| 9. Address | | 10. City | 11. State | 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.

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 Any other individual who regularly performs similar functions.

| | | | | |
|---------------|------------------------|--|-----------|-----------------------------------|
| 16. Last Name | | 17. First Name | 18. M.I. | 19. Date of birth (MM/DD/YYYY) |
| 20. Address | | 21. City | 22. State | 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: | | |

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.

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

Signature: _____ Date: _____

Legal Entity Identifier (Optional) _____

Additional Section 1 - Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | | |
|--------------|------------------------|--|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | | 11. State | 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 1 - Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | | |
|--------------|------------------------|--|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | | 11. State | 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: | | | |

Additional Section 1 - Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | | |
|--------------|------------------------|--|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | | 11. State | 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 1 - Fifth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | |
|--------------|------------------------|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | 11. State | 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 1 - Sixth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | |
|--------------|------------------------|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | 11. State | 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: | | |

Additional Section 1 - Seventh Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | |
|--------------|------------------------|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | 11. State | 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 1 - Eight Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | |
|--------------|------------------------|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | 11. State | 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 1 - Ninth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | |
|--------------|------------------------|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | 11. State | 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: | | |

Additional Section 1 - Tenth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns any equity interests of the legal entity listed above.

| | | | | |
|--------------|------------------------|--|-----------|----------------------------------|
| 5. Last Name | | 6. First Name | 7. M.I. | 8. Date of birth (MM/DD/YYYY) |
| 9. Address | | 10. City | 11. State | 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.