

Beneficial Ownership For Entities and Trusts

Helpful to Know

• What is this form?

To help the government fight financial crimes, Federal regulation requires your Broker/Dealer to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, the Clearing Firm or your Broker/ Dealer may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires your Broker/Dealer to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if the Clearing Firm or your Broker/Dealer cannot obtain and verify this information. The Broker/Dealer or the Clearing Firm will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

• Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships or natural persons opening accounts on their own behalf.

• What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other

similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

- Do not use this form to update trustees or authorized individuals on an entity account. Instead, use a Trustee Certification of Investment Powers form or the appropriate business certification form (e.g., Corporate and Unincorporated Resolution).
- If there are additional individuals that should be named on this form, make copies of the appropriate sections.

1. Entity Account Information Additional documentation may be required.

	Type of Entity				
Check one and provide applicable information.	Corporation Partnership	LLC Trust	Other Other		
Enter full entity name as	Entity/Trust Name				
evidenced by the relevant					
formation document (e.g., trust document, partnership agreement, corporate resolution).	State/Country of Organization		ocial Security/Taxpayer ID Number	Date of Trust MM DD YYYY	
	Legal Address				
Cannot be a P.O. Box or Mail Drop.	Address Line 1		Address Line 2		
	City	State/Province	Zip/Postal Code	Country	

2. Control Person/Beneficial Owner Additional documentation may be required.

If the control person or beneficial owner is an en entity, provide the full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution), and provide the name and required information of the control person or beneficial owner of the entity on another Beneficial Ownership for Entities and Trusts form.

If you check this box and do not provide any entity owners below, then you are acknowledging that there are no individuals or entities that meet the definition of "Entity Owner." You agree to notify your Broker/Dealer if or when beneficial ownership of the entity changes.

	Beneficial Owner/Control Person						
	Control Person	🗌 Entity O	wner				
Required. Check all that apply.	Grantor/Settlor	🗌 Individu	Individual with Appoint/Remove Authority				
appij.	DECEASED Grantor/Settlo	r 🗌 Individu	Individual with Revoke/Amend Authority				
Enter full name as	First Name	Middle Name	L	ast Name			
evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).	Title required for control person Entity Name as evidenced by the relevant formation document (e.g., trust document, corporate resolution)						
	State/Country of Organization						
	Country of Citizenship		Citi	Citizenship Status			
		y/Taxpayer ID Number	Date of	Birth MM DD YYYY	% of Owne	ership	
	Type of Government-Issued ID		IDI	Number	State	of ID Issuance	
	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD Y	YYY				
	Legal Address						
Cannot be a P.O. Box or Mail Drop.	Address Line 1			Address Line 2			
or man Drop.	City	State/Pr	ovince	Zip/Postal Code		Country	
	Additional Beneficial Owner			bace for more Entity C	Jwners, ma	ake a copy of this page.	
Required. Check all that	_) and a light /D and a super A with			
apply.	Grantor/Settlor Individual with Appoint/Remove Authority DECEASED Grantor/Settlor Individual with Revoke/Amend Authority						
	First Name	Middle Name		ast Name			
Enter full name as evidenced by a							
government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).	Title required for control person						
	Entity Name as evidenced by the relevant formation document (e.g., trust document, corporate resolution)						
	State/Country of Organization						
	Country of Citizenship		Citi	Citizenship Status			
	Social Securit	y/Taxpayer ID Number	Date of	Birth MM DD YYYY	% of Owne	ership	
	Type of Government-Issued ID		ID I	Number	State	of ID Issuance	
	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD Y	YYY		· · · ·		
						continued on next page	

2. Control Person/Beneficial Owner continued

Cannot be a P.O. Box	
or Mail Drop.	

egal Address

Legal Address			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

3. Signatures and Dates Form cannot be processed without signatures and dates.

By signing below, you certify and acknowledge the following:

- All information or documentation provided by you is true, accurate, and complete.
- You are authorized to provide this information on behalf of the Entity and you affirm that you are authorized to make the representations made herein.
- The Social Security number(s) and/or the TIN(s) provided on this form is the correct taxpayer identification number (or you are waiting for a number to be issued).

An authorized person for the account must print name, sign, and date.

Print Authorized Individual Name First, M.I., Last	Title
Authorized Individual Signature	Date MM - DD - YYYY
SIGN	

Fidelity Brokerage Services LLC, Member NYSE, SIPC