



Statutory Trust or Business Trust created by a filing with the Secretary of State or similar office, MUST complete and sign the Certification of Beneficial Owner(s).

If the Trust is NOT a Statutory Trust or Business Trust, please verify by checking the box below and signing the second page of the Certification of Beneficial Owner(s).
[] The undersigned Trustee represents, warrants and certifies that the Trust is NOT a Statutory Trust or Business Trust.

Persons opening an account on behalf of a legal entity must provide the following information:

- a. Name of person opening account:
b. Name of the legal entity for which the account is being opened:

Provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above:

NOTE: If no individual meets this definition, please write "Not Applicable."

Form for individual 1: First Name, Middle Initial, Last Name, Date of Birth, Street Address, City, State, ZIP, Percentage of Ownership, Social Security Number, Passport Number and Country of Issuance.

Form for individual 2: First Name, Middle Initial, Last Name, Date of Birth, Street Address, City, State, ZIP, Percentage of Ownership, Social Security Number, Passport Number and Country of Issuance.

Form for individual 3: First Name, Middle Initial, Last Name, Date of Birth, Street Address, City, State, ZIP, Percentage of Ownership, Social Security Number, Passport Number and Country of Issuance.

Form for individual 4: First Name, Middle Initial, Last Name, Date of Birth, Street Address, City, State, ZIP, Percentage of Ownership, Social Security Number, Passport Number and Country of Issuance.

CERTIFICATION OF BENEFICIAL OWNER(S)
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The following information for **one** individual with significant responsibility for managing the legal entity listed above, such as:

- 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 individual who regularly performs similar functions.

NOTE: Any individual listed in the above section may also be listed in this section.

First Name:	Middle Initial:	Last Name:	Date of Birth:
Street Address: (P.O. Box not accepted)		City:	State: ZIP:
Percentage of Ownership:	For U.S. Persons: Social Security Number	For Foreign Persons: (Insert "Not Applicable" if you are not a foreign person) Passport Number and Country of Issuance, or other similar identification number*	

*In lieu of a passport number, foreign persons may also provide 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, _____, hereby certify, to the best of my knowledge, that the information provided above in this part of the account application is complete and correct.

Signature:	Title:	Date:
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