

Beneficial Ownership Certification

Pursuant to the Employee Retirement Income Security Act (ERISA), I certify this account is an ERISA account and exempt from beneficial ownership certification requirements.

Account Holder Information

This form must be completed by the person opening a new account on behalf of a legal entity. Attach additional sheets as necessary.

Name of Legal Entity	Type of Legal Entity	Account Number	
Legal Address of Legal Entity	City	State	ZIP Code
Name of Natural Person Opening the Account	Title of Natural Person Opening the Account		

Control Person

Identify individuals with significant responsibility in managing the legal entity such as, but not limited to:
 Executive officer or senior manager (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.

Title Identification (required for non-US persons) <input type="checkbox"/> Passport <input type="checkbox"/> Other Government-Issued ID	Name of Natural Person		Social Security Number/Tax ID		Date of Birth
	Address <input type="checkbox"/> Residential <input type="checkbox"/> Business			Address 2	
	City	State	ZIP Code	Foreign Postal Code	Country
	Place/Country of Issuance	ID NO:	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	

Attach additional pages for additional Control Persons if needed

Equity Interest Owner

Provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 5% or more of the equity interests of the legal entity identified above.

Ownership Percentage % Identification (required for non-US persons) <input type="checkbox"/> Passport <input type="checkbox"/> Other Government-Issued ID	Name of Natural Person		Social Security Number/Tax ID		Date of Birth
	Address <input type="checkbox"/> Residential <input type="checkbox"/> Business			Address 2	
	City	State	ZIP Code	Foreign Postal Code	Country
	Place/Country of Issuance	ID NO:	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	
Ownership Percentage % Identification (required for non-US persons) <input type="checkbox"/> Passport <input type="checkbox"/> Other Government-Issued ID	Name of Natural Person		Social Security Number/Tax ID		Date of Birth
	Address <input type="checkbox"/> Residential <input type="checkbox"/> Business			Address 2	
	City	State	ZIP Code	Foreign Postal Code	Country
	Place/Country of Issuance	ID NO:	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	

CONTINUED NEXT PAGE



Beneficial Ownership Certification

Ownership Percentage % _____	Name of Natural Person		Social Security Number/Tax ID		Date of Birth
	Address <input type="checkbox"/> Residential <input type="checkbox"/> Business			Address 2	
	City	State	ZIP Code	Foreign Postal Code	Country
	Place/Country of Issuance	ID NO:	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	
Identification (required for non-US persons)					
<input type="checkbox"/> Passport					
<input type="checkbox"/> Other Government-Issued ID					
Ownership Percentage % _____	Name of Natural Person		Social Security Number/Tax ID		Date of Birth
	Address <input type="checkbox"/> Residential <input type="checkbox"/> Business			Address 2	
	City	State	ZIP Code	Foreign Postal Code	Country
	Place/Country of Issuance	ID NO:	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	
Identification (required for non-US persons)					
<input type="checkbox"/> Passport					
<input type="checkbox"/> Other Government-Issued ID					

Attach additional pages for additional Equity Interest Owners if needed

CERTIFICATION

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE OF NATURAL PERSON OPENING THE ACCOUNT x	ISSUER PRINTED NAME	DATE
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