

# Certification of Beneficial Owner(s)



Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

Persons opening/modifying an account on behalf of a legal entity must provide the following information. Please re-confirm the Date of Birth and Social Security Number for each individual listed in C and D below by completing the blank fields. This information is required.

**A. Name of individual opening/modifying the Account on behalf of legal entity (i.e., the individual providing the beneficial ownership information used to open/modify the account):**

Name	Title
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**B. Name, Type, and Address of legal entity for which the Account is being opened/modified:**

Name
Type
Address

**C. The following information for each individual, if any, who, directly or indirectly, through any contract, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:**

(If no individual meets this definition, please write "Not Applicable.")

<b>1.</b>	Name			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>2.</b>	Name			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>3.</b>	Name			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>4.</b>	Name			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			

\* For U.S. Persons: Social Security Number

\*\* For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number (In lieu of a passport number, non-U.S. 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.)

**D. The following information for at least 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, other Executive Officer, other Senior Manager); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section C above may also be listed in this section D).

<b>1.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>2.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			

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<b>3.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>4.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>5.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>6.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>7.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			
<b>8.</b>	Name			
	Title			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			

\* For U.S. Persons: Social Security Number

\*\* For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number (In lieu of a passport number, non-U.S. 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,  
Name of individual opening Account on behalf of legal entity (i.e., the individual providing the beneficial ownership information used to open the account)

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

**X**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Please return this form promptly. Newly-opened accounts will remain restricted until the completed and signed Certification of Beneficial Owner(s) is on file. Existing accounts will be subject to a trading restriction if the completed and signed Certification of Beneficial Owner(s) is not on file within 30 days of the account modification date. Please contact your Financial Advisor listed on your brokerage statement for more information.**

# Certification of Beneficial Owner(s) - General Instructions

## What is this form?

To protect investors and combat financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers at the time of account opening or when there are changes to beneficial owners on the account.

Failure to return this completed and signed Certifications of Beneficial Owner(s) form will result in restrictions to your ability to transact on the account.

## Who has to complete this form?

The person who provided the information on this form, used to open the account or modifying the existing account, is required to sign the form.

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 unless the legal entity qualifies for an exemption.

## What information do I have to provide?

We are required by Federal regulations to obtain for display on this form the name, address, date of birth and Social Security number (or passport number or other similar information for non-U.S. persons) for each **beneficial owner** of the legal entity.

Although you already provided this information, the date of birth and Social Security number fields have not been pre-populated on the attached form in order to protect this personal information (see insert below). You will need to complete the date of birth (all) and Social Security number (as applicable) for each beneficial owner listed prior to signing and returning the form to us. Please see instructions at the bottom of this page on how to return this form securely.

1.	Name			
	Date of Birth	Social Security Number (for U.S. Persons)*	Government ID Type	ID/Place of Issuance**
	Address			

**The form will not be considered complete unless all the identifying information (name, address, date of birth, and Social Security number (or for non-U.S. persons, passport number or other similar information)) is displayed for each beneficial owner on the form.**

**Beneficial owners** are defined as:

- (i) Each individual, if any, who (1) 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) or (2) serves as a trustee for a trust that owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer;  
**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, and the same individual might be identified under both sections. A completed form will contain all the identifying information of at least one individual (under section (ii)), and up to ten additional individuals (under section (i)).

## How can I return this form securely?

To protect the personal information displayed on this form, we recommend you utilize one of the following secure methods to return the signed, completed form:

- In person with your financial professional;
- Electronically by encrypted email or fax; or
- Secure mail via USPS or other common carrier (domestic or international) with automated tracking and tamper evident packaging

Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.