

Trademark(s) belong to their respective owners.

Beneficial Ownership Certification

Name of Legal Entity		Type of Legal Entity City State			Account No	Account Number		
Legal Address of Legal Entity	State				ZIP Code			
Name of Natural Person Opening the Account		Title of Natural Pe	ng the A	account	ount			
EQUITY INTEREST OWNER								
Provide the following information understanding, relationship or o	·	· · · · · · · · · · · · · · · · · · ·	-			_		
Ownership Percentage %	Name of Natural Person	Social	Securi	ty Number/Tax ID		Date of Birth		
	Address Residential		Addr	ess 2				
Identification (required for non-US persons) O Passport O Other Government-issued ID	City	State	ZIP Co	ode	Foreign Postal	Code	Country	
	PLACE/COUNTRY OF ISSUANCE	ID No:		SSUE DA	ATE (MM/DD/YYYY)	Expir	ATION DATE (MM/DD/YYYY	
Ownership Percentage %	Name of Natural Person	Social	Securi	ty Number/Tax ID	Tax ID Date of Birth			
	Address (Residential ()		Addr					
Identification (required for non-US persons) O Passport O Other Government-issued ID	City State		ZIP Code Fo		Foreign Postal	Code	Country	
	PLACE/COUNTRY OF ISSUANCE	ID No:		ISSUE DATE (MM/DD/			ATION DATE (MM/DD/YYYY	
Ownership Percentage %	Name of Natural Person	Social	Securi	Date of Birth				
	Address \(\) Residential \(\)		Address 2			I		
Identification (required for non-US persons) O Passport O Other Government-issued ID	City	State	ZIP Co	ode	Foreign Postal	Code	Country	
	PLACE/COUNTRY OF ISSUANCE	ID No:		SSUE DA	ATE (MM/DD/YYYY) EXF		PIRATION DATE (MM/DD/YYYY	
Ownership Percentage %	Name of Natural Person	Social	Securi	ty Number/Tax ID		Date of Birth		
	Address Residential Business			Addr	ess 2			
Identification (required for non-US persons)	City State		ZIP Co	ode	Foreign Postal	Code	Country	
O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID No:		Issue Date (MN		Expir	ATION DATE (MM/DD/YYYY	
Attach additional pages for additi	l onal Equity Interest Owners i	if needed						
	Col	NTINUED NEXT	T PAGE					
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Beneficial Ownership Certification

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	Name of Natural Person					y Number/Tax ID		Date of Birth	
	Address \(\) Residential \(\) Business				Addre	ss 2			
Identification (required for	City		State	ZIP	Code	Foreign Postal Code		Country	
non-US persons) O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE ID NO		No:		ISSUE DATE (MM/DD/YYYY)		EXPIRATION DATE (MM/DD/YYYY)		
Title	Name of Natural Person			Soc	ial Security	y Number/Tax ID		Date of Birth	
	Address Residential Business			•	Addre	ss 2			
Identification (required for non-US persons) O Passport O Other Government-issued ID	City		State	ZIP	ZIP Code Foreign Posta		Code	Country	
	PLACE/COUNTRY OF ISSUANCE	ID	No:	ISSUE DATE (MM/DD/YYYY) EX		EXPIR	EXPIRATION DATE (MM/DD/YYYY)		
Title	Name of Natural Person			Soc	Social Security Number/Tax ID			Date of Birth	
	Address Residential Business			•	Addre	ss 2			
Identification (required for non-US persons) O Passport O Other Government-issued ID	City	State		ZIP	Code	Foreign Postal Code		Country	
	PLACE/COUNTRY OF ISSUANCE	ID	No:	ISSUE DATE (MM/DD/YYYY)		E (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)		
Title	Name of Natural Person			Social Security Number/Tax ID				Date of Birth	
	Address Residential Business			1	Address 2			,	
Identification (required for	City	State		ZIP	Code	Foreign Postal Code		Country	
non-US persons) O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE ID No:		No:		ISSUE DATE (MM/DD/YYYY)		EXPIRATION DATE (MM/DD/YYYY)		
Attach additional pages for additi	onal Control Persons if neede	d							
CERTIFICATION I hereby certify, to the best of m	ny knowledge, that the inforr	nati	on provided	d above	is complet	e and correct.			
SIGNATURE OF NATURAL PERSON OF	ENING THE ACCOUNT		ISSUE	R PRINTED	NAME		D	ATE	