



BENEFICIAL OWNERSHIP INFORMATION

TCA by E*TRADE Account Number

Please complete this form as a supplement to the previously completed Entity Application when establishing a Business Plan Account or Trust Account if the trust is a Statutory Trust created by filing with the Secretary of State or similar office.

To fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

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 foreign persons) for both of the following:

- Control Person – An individual with significant responsibility for managing the entity (for example, a trustee, chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer).
- Beneficial Owner – Each individual, if any, who owns, directly or indirectly, 10% or more of the equity interests (e.g. shares) of the entity. An individual is an indirect beneficial owner if his/her ownership interest is held through another entity.

If the individual who has significant responsibility for managing the entity also owns 10% or more of the entity, please enter the information in both the Control Person and Beneficial Owner sections below.

I hereby certify, to the best of my knowledge, that the beneficial ownership and control person information provided below is complete and correct.

○	
Signature	

Date

CONTROL PERSON		
Name (First, Middle initial, Last)	Title	
Date of Birth (mm/dd/yyyy)	Residence Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither U.S. Citizen nor Resident Alien	
U.S. Federal ID	Country of Citizenship	
Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code	Foreign Postal Code	
Country		
IF THE CONTROL PERSON IS <i>NOT</i> A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.		
Passport ID / Government ID	Country of Issuance Government ID or Passport	
Country of Legal Residence	Passport ID / Government ID Expiration Date	



If there are one or more beneficial owners who own, directly or indirectly, 10% or more of the equity interests of the legal entity, please complete the sections below for each beneficial owner. (This section does not apply to Non-Profit Organizations)

BENEFICIAL OWNER 1			BENEFICIAL OWNER 2		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Physical Address			Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date

BENEFICIAL OWNER 3			BENEFICIAL OWNER 4		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Physical Address			Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date

BENEFICIAL OWNER 5			BENEFICIAL OWNER 6		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Physical Address			Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date

BENEFICIAL OWNER 7			BENEFICIAL OWNER 8		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Physical Address			Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date

BENEFICIAL OWNER 9			BENEFICIAL OWNER 10		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Physical Address			Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date