

New Account Agreement Instructions

For your account to be opened promptly and accurately, please provide the information requested on the form as outlined in the instructions below.

Step 1. Account Registration (check one)

Additional documentation may be required to open certain account types. Use the supplemental form to identify all participants and their respective roles in the account. Contact your investment professional for more information.

Steps 2. USA Patriot Act Information

These sections **MUST** be completed in order to establish the account.

Steps 3 - 4. Account Holder Information and Secondary Account Holder Information

The legal address **MUST** be a street address. A post office box is not acceptable for a legal address. A legal address is the account holder's permanent residence address or, in the case of an entity, the place where it maintains a physical presence. For those accounts opened for nonresident aliens and foreign entities, the legal address must be the same as the permanent residence address listed on IRS Form W-8BEN, W-8BENE or W-8IMY. You must provide annual income and net worth in the same manner. For instance, if the account is a joint account, and you are providing a combined annual income, you must also provide a combined net worth.

NOTE: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations 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 ask you to provide a copy of your driver's license or other identifying documents. The information you provide in this form may be used to perform a credit check and verify your identity by using internal sources and third-party vendors. If additional space is needed, attach a separate sheet.

Step 5. Objective and Investment Details

Use this section to provide details about your account objectives and investments. Account investment objectives are defined as follows:

Income – An investment approach by which an investor generally seeks current income over time.

Long-Term Growth – An investment approach by which an investor generally seeks capital appreciation through buying and holding securities over an extended period of time.

Short-Term Growth – An investment approach by which an investor generally seeks short-term capital gains through buying and selling securities over a short period of time.

Step 6. Additional Information

Use this section to provide additional information about your account.

Step 7. U.S. Taxpayer Number Certification

U.S. persons must sign the U.S. taxpayer certification built into the New Account Form. If the account is a JOINT account, you must provide the Social Security Number or the Taxpayer Identification Number of the individual whose name appears first. For custodial accounts, use the Social Security Number of the minor. If you are a nonresident alien or foreign entity, you should not sign the taxpayer certification included

in this form, and instead submit an IRS Form W-8BEN, W-8IMY or other appropriate W8 series forms with this application. Nonresident alien joint accounts require IRS Form W-8BEN for each account holder. The account holder's country of permanent residence is the country where the account holder claims to be a resident for purposes of that country's income tax. If a reduced rate of withholding is being claimed under an income tax treaty, residency must be determined in the manner required by the treaty. If the account holder does not have a tax residence in any country, the permanent residence is where the account holder normally resides (or maintains an office for accounts not owned by individuals). The primary account owner whose Social Security Number or Taxpayer Identification Number is used should sign the Taxpayer Certification on page 8.

Step 8. Signatures

Sign and date the form. The primary and secondary owners of a joint account must sign the form on page 9. Additional owners must sign the additional participant form. For a custodial account, only the custodian needs to sign.

OFFICE USE ONLY | Account Number | | | | - | | | | IP Number | | | |

STEP 1. ACCOUNT REGISTRATION

☐ **Retail (Select a type of retail account below)**

TYPE OF ACCOUNT	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Joint Tenant	
<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Power of Attorney	
<input type="checkbox"/> Transfer on Death: Individual	
<input type="checkbox"/> Transfer on Death: Joint	

ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO OPEN THESE ACCOUNT TYPES. IF YOU DO NOT PROVIDE THE INFORMATION REQUESTED OR YOUR IDENTITY CANNOT BE VERIFIED, WE MAY NOT BE ABLE TO OPEN AN ACCOUNT OR CARRY OUT TRANSACTIONS FOR YOU. IF YOU ALREADY HAVE AN ACCOUNT, WE MAY HAVE TO CLOSE IT.

For Joint Accounts Only

Are the account holders married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenancy State	Number of Tenants
Tenancy Clause <input type="checkbox"/> Community Property <input type="checkbox"/> Community Property with Rights of Survivorship <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Tenants by Entirety <input type="checkbox"/> Joint Tenants with Rights of Survivorship <input type="checkbox"/> Usufruct (LA Residents only)		

STEP 2. USA PATRIOT ACT INFORMATION

What is the **initial** source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those investments.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Accumulated Savings | <input type="checkbox"/> Alimony | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Income From Earnings | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Insurance Proceeds | <input type="checkbox"/> Investment Proceeds |
| <input type="checkbox"/> Legal Settlement | <input type="checkbox"/> Lottery/Gaming | <input type="checkbox"/> Pension/IRA/Retirement Savings | |
| <input type="checkbox"/> Rollover | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Sale of Business | <input type="checkbox"/> Sales of Real Estate |
| <input type="checkbox"/> Spouse/Parent | <input type="checkbox"/> Other | | |



NAW9

New Account Agreement

Account Number

Disclosures Required Under the USA PATRIOT ACT

Is this account for a Foreign Financial Institution (e.g. non-U.S. bank; non-U.S. branch of a U.S. bank; broker-dealer; futures merchant; commodities introducing broker; mutual fund; money transmitter or currency exchanger)?

☐ Yes ☐ No

Is this account a private banking account as defined under the USA PATRIOT Act?

☐ Yes ☐ No

Is this an account for a Foreign Bank as defined under the USA PATRIOT Act?

☐ Yes ☐ No

- If yes, is the bank a Central Bank?
- If yes, is this a Foreign Bank operating under an Offshore Banking License?
- If yes, is this a Foreign Bank operating under a banking license issued by a Non-Cooperative Country or Territory?
- If yes, is this a Foreign Bank operating under a banking license issued by a jurisdiction subject to Section 311 measures?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

If the answer to any of the three questions above is yes, how many people or entities own 10% or more of the Bank (if its shares are not publicly traded)?

Are you, or anyone with an interest in this account, currently or formerly, either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official?

☐ Yes ☐ No

If yes, identify the name of the official, office held and country

SPECIAL NOTE FOR NON-U.S. ACCOUNTS: WITH RESPECT TO ASSETS CUSTODIED BY PERSHING ON YOUR BEHALF, YOU ACKNOWLEDGE THAT INCOME AND CAPITAL GAINS OR DISTRIBUTIONS TO YOU FROM THIS ACCOUNT MAY BE TAXABLE IN YOUR HOME JURISDICTION AND/OR YOUR JURISDICTION OF TAX RESIDENCE IF DIFFERENT FROM YOUR HOME JURISDICTION. YOU ACKNOWLEDGE TO YOUR FINANCIAL ORGANIZATION AND TO PERSHING THAT YOU HAVE TAKEN YOUR OWN TAX ADVICE IN THIS REGARD.

IF NUMBER IS GREATER THAN ZERO, A FOREIGN BANK BENEFICIAL OWNERSHIP FORM MUST ACCOMPANY THIS REQUEST.

STEP 3. PRIMARY ACCOUNT HOLDER INFORMATION

Name		
Social Security (SSN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Employee Identification Number (EIN)
Email	Date of Birth	Specified Adult <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)	Additional Citizenship(s)	
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

IF DISREGARDED ENTITY, ENTER INFORMATION FOR THE U.S. OWNER.

"SPECIFIED ADULT" SHALL MEAN: (A) A NATURAL PERSON AGE 65 AND OLDER; OR (B) A NATURAL PERSON AGE 18 AND OLDER WHO THE MEMBER REASONABLY BELIEVES HAS A MENTAL OR PHYSICAL IMPAIRMENT THAT RENDERS THE INDIVIDUAL UNABLE TO PROTECT HIS OR HER OWN INTERESTS.

IF YOU WISH TO ADD A TRUSTED CONTACT, PLEASE COMPLETE THE TRUSTED CONTACT FORM.

A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.

Gender

☐ Male ☐ Female

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed

Dependents

Number of Dependents

New Account Agreement

Account Number -

Unexpired Government Identification

GOVERNMENT PHOTO ID #1		GOVERNMENT PHOTO ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
State/Province/Subdivision of ID		State/Province/Subdivision of ID	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

GOVERNMENT ISSUED UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED USING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN IRS FORM W-8BEN.

ID Verification Comments

Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation
Legal Entity Identifier (LEI)	

IF APPLICABLE.

Are you an employee of this broker-dealer? ☐ Yes ☐ No

Are you related to an employee at this broker-dealer? ☐ Yes ☐ No

Employee Name	Relationship
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Are you an employee of another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name

Are you related to an employee at another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts? ☐ Yes ☐ No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
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Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority? ☐ Yes ☐ No

Employer authorization is required. What is the affiliation?

Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No

Company Name(s)

New Account Agreement

Account Number

STEP 4. SECONDARY ACCOUNT HOLDER INFORMATION

Name		
Social Security (SSN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Employee Identification Number (EIN)
Email	Date of Birth	Specified Adult <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)	Additional Citizenship(s)	
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

"SPECIFIED ADULT"
SHALL MEAN: (A) A NATURAL PERSON AGE 65 AND OLDER; OR (B) A NATURAL PERSON AGE 18 AND OLDER WHO THE MEMBER REASONABLY BELIEVES HAS A MENTAL OR PHYSICAL IMPAIRMENT THAT RENDERS THE INDIVIDUAL UNABLE TO PROTECT HIS OR HER OWN INTERESTS.

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Gender

☐ Male ☐ Female

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed

Dependents

Number of Dependents

Employment and Industry Affiliations

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	Type of Business
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

General Investment Knowledge and Experience

☐ Limited ☐ Moderate ☐ Extensive ☐ None

New Account Agreement

Account Number -

Knowledge and Experience by Investment Type

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

Financial Information

Identify Verification Method Used

☐ Internal Review (INRV)

Annual Income From \$	To \$
Net Worth (excluding home) From \$	To \$
Liquid Net Worth From \$	To \$

Unexpired Government Identification

GOVERNMENT PHOTO ID #1		GOVERNMENT PHOTO ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
State/Province/Subdivision of ID		State/Province/Subdivision of ID	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

GOVERNMENT ISSUED UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED USING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN IRS FORM W-8BEN.

ID Verification Comments

Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation
Legal Entity Identifier (LEI)	

IF APPLICABLE.

New Account AgreementAccount Number

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Broker-Dealer AffiliationsAre you an employee of this broker-dealer? ☐ Yes ☐ NoAre you related to an employee at this broker-dealer? ☐ Yes ☐ No

Employee Name	Relationship
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Are you an employee of another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name

Are you related to an employee at another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts? ☐ Yes ☐ No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
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Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority? ☐ Yes ☐ No

Employer authorization is required. What is the affiliation?
--

Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No

Company Name(s)

Additional ParticipantsAre there more than two participants for this account? If Yes, complete the Additional Holder/Participant Information Supplement sheet. ☐ Yes ☐ No**FinCen Certification**

FinCEN Certification Form Signed by	Certification Date
Position Held by FinCEN Certifier	

Specified AdultIf this account has an account holder that is considered a specified adult, are there Trusted Contacts? If Yes, complete the Trusted Contact Form. ☐ Yes ☐ No**STEP 5. OBJECTIVE AND INVESTMENT DETAILS**Risk Exposure ☐ Low ☐ Moderate ☐ Speculation ☐ High RiskAccount Investment Objectives ☐ Income ☐ Long-Term Growth ☐ Short-Term Growth**Other Investments**

INVESTMENT	INVESTMENT VALUE	INVESTMENT	INVESTMENT VALUE
Equities	Value \$	Fixed Annuities	Value \$
Options	Value \$	Precious Metals	Value \$
Fixed Income	Value \$	Commodities and Futures	Value \$
Mutual Funds	Value \$	Other:	Value \$
Exchange-Traded Funds	Value \$	Other:	Value \$
Variable Annuities	Value \$	Other:	Value \$

New Account AgreementAccount Number - **Investment Time Horizon and Liquidity Needs**

Time Horizon	Liquidity Needs
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

STEP 6. ADDITIONAL INFORMATION**Electronic Delivery**

Are you interested in electronic delivery of brokerage documents
(for example, account statements and/or trade confirmations) for this account?

☐ Yes ☐ No

IF YES, PLEASE
COMPLETE A USER
ID AND E-DELIVERY
REQUEST FORM.

STEP 7. U.S. TAXPAYER NUMBER CERTIFICATION**Taxpayer Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form in Step 3 is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions.

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are an exempt payee (if you are unsure, ask us for a complete set of IRS instructions), enter your exempt payee code (if any) here:

If you are exempt from FATCA reporting (if you are unsure, ask us for a complete set of IRS instructions), enter your exemption from FATCA reporting code (if any) here: _____

Definition of a U.S. person.

For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

THIS SECTION IS NOT
TO BE USED BY NON-
U.S. PERSON (SEE
DEFINITION OF U.S.
PERSON BELOW).

New Account Agreement

Account Number | | | | - | | | | |

STEP 8. SIGNATURES

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGES 10 AND 11. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.

Primary Account Holder or Entity Authorized Person

Print Name	Date
Signature	

PLEASE REVIEW YOUR INFORMATION, READ THE AGREEMENT ON PAGES 10 AND 11, AND SIGN HERE. KEEP A COPY FOR YOUR RECORDS.

Secondary Account Holder (if applicable)

Print Name	Date
Signature	

BANCO DO BRASIL SECURITIES ("BBS") IS A MEMBER OF , SIPC AND NFA. BBS IS AN INTRODUCING BROKER CLEARING THROUGH PERSHING ON A FULLY DISCLOSED BASIS.

For Broker-Dealer Use Only ☐ Accepted: Investment professional is registered in the state of client's residence.

Investment Professional Printed Name	Principal Printed Name
Date	Date
Signature	Signature
X	X

New Account Agreement

Additional Holder/Participant Information Supplement

Account Number

STEP 1. ADDITIONAL HOLDER/PARTICIPANT INFORMATION

Name		
Holder/Participant Role		
Social Security or Tax ID Number (EIN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Date of Birth
Email	Position Held	
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)	Additional Citizenship(s)	
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO OPEN THESE ACCOUNT TYPES. IF YOU DO NOT PROVIDE THE INFORMATION REQUESTED OR YOUR IDENTITY CANNOT BE VERIFIED, WE MAY NOT BE ABLE TO OPEN AN ACCOUNT OR CARRY OUT TRANSACTIONS FOR YOU. IF YOU ALREADY HAVE AN ACCOUNT, WE MAY HAVE TO CLOSE IT.

A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.

Gender☐ Male ☐ Female**Marital Status**☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed**Dependents**

Number of Dependents

Beneficial Owners

Percent of Ownership

Employment and Industry Affiliations☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	Type of Business
Employer Name		

New Account Agreement Supplement

Account Number | | | | - | | | | |

Employer's Address		
City	State/Province	Zip/Postal Code
Country		

General Investment Knowledge and Experience

☐ Limited ☐ Moderate ☐ Extensive ☐ None

Knowledge and Experience by Investment Type

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

Financial Information

Identify Verification Method Used

☐ Internal Review (INRV)

Annual Income From \$	To \$
Net Worth (excluding home) From \$	To \$
Liquid Net Worth From \$	To \$

Unexpired Government Identification

GOVERNMENT PHOTO ID #1		GOVERNMENT PHOTO ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
State/Province/Subdivision of ID		State/Province/Subdivision of ID	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

GOVERNMENT ISSUED
UNEXPIRED PHOTO
IDENTIFICATION
SHOULD BE PROVIDED
FOR ALL INDIVIDUALS
THAT WERE NOT
VERIFIED USING
NON-DOCUMENTARY
METHODS, AND
FOR NON-RESIDENT
ALIENS, ALONG WITH
AN IRS FORM W-8BEN.

ID Verification Comments

New Account Agreement Supplement

Account Number -

Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation
Legal Entity Identifier (LEI)	

IF APPLICABLE.

Broker-Dealer Affiliations

Are you an employee of this broker-dealer? ☐ Yes ☐ No

Are you related to an employee at this broker-dealer? ☐ Yes ☐ No

Employee Name	Relationship
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Are you an employee of another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name

Are you related to an employee at another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts? ☐ Yes ☐ No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
---	--------------------------------

Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority? ☐ Yes ☐ No

Employer authorization is required. What is the affiliation?

Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No

Company Name(s)

STEP 2. SIGNATURE

Required only if additional holder/participant is a joint tenant.

I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGES 10 AND 11. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.

Secondary Account Holder

Print Name	Date
Signature	

**PLEASE REVIEW YOUR
INFORMATION, READ
THE AGREEMENT ON
PAGES 10 AND 11,
AND SIGN HERE. KEEP
A COPY FOR YOUR
RECORDS.**

Trusted Contact Form

STEP 1. ACCOUNT INFORMATION

Account Number	Account Title
----------------	---------------

STEP 2. TRUSTED CONTACTS

Name		Date of Birth	
Email			
Home Phone	Business Phone	Mobile Phone	
Mailing Address			
City	State/Province	Zip/Postal Code	
Country			

TRUSTED CONTACT:
PERSON 18 YEARS
OF AGE OR OLDER
WHO MAY BE
CONTACTED ABOUT
THE ACCOUNT ON
BEHALF OF THE
SPECIFIED ADULT.

Name		Date of Birth	
Email			
Home Phone	Business Phone	Mobile Phone	
Mailing Address			
City	State/Province	Zip/Postal Code	
Country			

STEP 3. AUTHORIZED SIGNATURES

Primary Account Holder

Print Name	Date
Signature	

Secondary Account Holder (if applicable)

Print Name	Date
Signature	



NAW9



Certification of Foreign Tax ID and Date of Birth

All fields are required unless otherwise stated:

Name of Beneficial Owner: _____

This Certificate Relates to IRS Form: ___ W-8BEN ___ W-8BEN-E ___ W-8ECI ___ W-8EXP

IRS W-8 Form Signed on [MM/DD/YYYY]: _____

This certificate relates to all accounts/transactions to which the aforementioned IRS Form is applied, including, but not limited to, Pershing account number(s): _____

Date of Birth [MM/DD/YYYY] (*required for only individuals*): _____

Foreign Tax ID: _____ Issuing Country: _____

If account holder is unable to provide a Foreign Tax ID, select the appropriate reason:

- ☐ The jurisdiction where the account holder is a resident does not issue TINs to its residents
- ☐ The jurisdiction where the account holder is a resident does not require the account holder to obtain a TIN
- ☐ The account holder is otherwise unable to provide a TIN

(Please provide explanation) _____

Under penalties of perjury, I declare that I have examined the information on this Certification, and to the best of my knowledge and belief, it is true, correct, and complete.

Beneficial Owner Signature: _____

Printed Name of Signatory: _____

Date [MM/DD/YYYY]: _____

Account Title Account # RR

To Whom It May Concern,

Unless otherwise indicated, please transfer all assets in my account to Pershing without penalties. Such assets may be transferred within the time frames required by FINRA Rules or any other designated examining authority. Unless otherwise indicated, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian. I authorize you to deduct any outstanding fees due from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy the obligation. If certificates or other instruments in my account are in physical form I instruct them to be transferred in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them into its name for the purpose of the sale, when, and as directed to me. I understand that upon receiving a copy of this transfer information open orders in my account will be canceled. I understand that I may be contacted with respect to the disposition of any assets in my brokerage account that are nontransferable.

Special Note for Non-US Accounts: With respect to assets custodied by Pershing LLC, you acknowledge that income and capital gains or distributions to you from this account may be taxable in your home jurisdiction. You acknowledge to Banco do Brasil Securities LLC and to Pershing LLC that you have taken your own tax advice in this regard.

By signing below, I confirm that I have received the Current Fee Schedule and have agreed to the following terms:

☐ I agree to give Banco do Brasil Securities LLC, ("BBS") the authorization to debit my Bank Account on a quarterly basis as per the current fee schedule.

☐ I agree to be charged for the basic maintenance fee as per the current fee schedule.

Banco do Brasil Securities LLC, through its agreement with Pershing LLC, is pleased to offer its clients automatic account transfers via BankLink. By choosing to take advantage of this service, you are authorizing the automatic transfer of excess balances from Banco do Brasil Securities LLC, ("BBS") to the Bank Account listed below where my funds are held as well as the automatic withdrawal of funds from below listed Bank Account to Banco do Brasil Securities LLC.

Bank Account #

Authorized Signatures

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

Corporate Resolution Certification

STEP 1. ACCOUNT INFORMATION

Account Title	Account Number
	—

STEP 2. CERTIFICATION

I HEREBY CERTIFY that at a meeting, duly called, of the Board of Directors of _____, a Corporation, at which said meeting a quorum was present and acting throughout, the following preamble and resolution was adopted and ever since has been and now is in full force and effect.

WHEREAS this Corporation is duly authorized and permitted by its Charter and Bylaws to:

- Engage in cash and/or margin transactions in any and all forms of securities including, but not limited to, stocks, options, mutual funds, stock options, stock index options, short sales, foreign currency options and debt instrument options, bonds, bond debentures, annuities, notes, scrips, participation certificates, rights to subscribe, warrants, certificates of deposit, mortgages, choses in action, evidences of indebtedness, commercial paper certificates or indebtedness, and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise.
- Receive on behalf of the Corporation or deliver to the Corporation or third parties, including but not limited to the President, Vice President, Treasurer or any other authorized officer or person listed in Step 3 below giving such instruction, monies, stocks, bonds, and other securities. To sell, assign, and endorse for transfer, certificates representing stocks, bonds, or other securities now registered or hereafter registered in the name of the Corporation.
- Establish and maintain an asset management account with debit card, check writing and margin privileges, from which account funds are directly spent, in the names of each authorized person and/or any additional signatories (as indicated in the separate Asset Management Account Agreement), the responsibility for which is entirely that of the Corporation.
- Borrow money or make any contract the effect of which is to borrow money, and secure such obligations by mortgages or other liens upon Corporate property; borrow, guarantee and/or pledge any Corporate assets as collateral, as the case may be, with respect to a loan; guarantee a borrowing of money or to make any contract the effect of which is to guarantee a borrowing, and secure such obligations by mortgages or other liens upon any Corporate property.

NOW THEREFORE BE IT RESOLVED that this Corporation opened an account or accounts in its name with

BANCO DO BRASIL SECURITIES LLC.

Name of Introducing Firm

- and that the individuals named in Step 3 below ("Authorized Person") or any one of them acting individually, may, on behalf of this Corporation, be and they hereby are and each of them hereby is authorized and empowered to (1) give written or oral orders in the said account or accounts for the purchase, sale, or other disposition of stocks, bonds, and other securities, (2) deliver to and receive from Pershing LLC (Pershing), on behalf of this Corporation monies, stocks, bonds, and other securities, (3) establish and maintain an asset management account with debit card, check writing and margin privileges from which account funds are directly spent with each authorized person as indicated in the separate asset management account agreement having check writing and debit card privileges, (4) order the transfer or delivery of funds, monies or securities to any other person whatsoever, including the President, Vice President, Treasurer or any other authorized officers or persons indicated below giving such instructions, (5) sign acknowledgements of the correctness of all statements of accounts, (6) borrow, pledge, guarantee or otherwise encumber Corporate assets, and (7) make, execute, and deliver under the corporate seal any and all written endorsements, releases and documents necessary or proper to effectuate the authority hereby conferred; the within authorization to each of said officers to remain in full force and effect until written notice of the revocation thereof shall have been received by

BANCO DO BRASIL SECURITIES LLC

and Pershing.

Name of Introducing Firm



Corporate Resolution Certification

Account Number | | | | - | | | | |

STEP 3. CERTIFICATION AND SIGNATURES

I FURTHER CERTIFY that the following are the names, titles and signatures of the officers (or others) authorized by the foregoing resolution to act for this Corporation:

Printed Name	Date
Title	
Signature	

Printed Name	Date
Title	
Signature	

Printed Name	Date
Title	
Signature	

Printed Name	Date
Title	
Signature	

Printed Name	Date
Title	
Signature	

Corporate Resolution Certification

Account Number -

Certification

This individual may or may not be listed in the authorized persons box above and may also be an Officer, Director, Secretary or Sole Officer/Secretary of the corporation.

Printed Name	Date
	— —
Title	
Signature	
X	

If the Certification is executed by a Signer who is empowered to act for the Corporation pursuant to these resolutions and certifications, but is not an Officer of the Corporation, an Officer must complete and execute the Additional Certification in Step 4 below.

If the Corporation has only one Sole Officer, that Sole Officer must make the certification immediately above indicating his or her company title in addition to filling in and executing the Additional Certification in Step 4 below.

BANCO DO BRASIL SECURITIES
LLC ("BBS" IS A MEMBER OF FINRA,
SIPC AND NFA. BBS IS AN
INTRODUCING BROKER
CLEARING THROUGH PERSHING
ON A FULLY DISCLOSED BASIS.

STEP 4. ADDITIONAL CERTIFICATION

This section to be completed only if the Signer in Step 3 above is authorized to act pursuant to the foregoing Resolutions, but is not an Officer of the Corporation, OR if the Corporation has only one Officer.

Check one:

- ☐ I FURTHER CERTIFY that the Signer in Step 3 above is authorized by the foregoing resolutions and its operating documents to act hereunder if listed as an authorized person.
- ☐ I FURTHER CERTIFY that the Corporation has only one Sole Officer/Secretary and that I am that Sole Officer/Secretary and am authorized to execute legal and binding documents in the name of and on behalf of the Corporation pursuant to its governing documents.

Printed Name	Date
Title	
Signature	

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner**

1 Name of organization that is the beneficial owner		2 Country of incorporation or organization																
3 Name of disregarded entity receiving the payment (if applicable, see instructions)																		
4 Chapter 3 Status (entity type) (Must check one box only): <table border="0"><tr><td><input type="checkbox"/> Simple trust</td><td><input type="checkbox"/> Grantor trust</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> Central Bank of Issue</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Government</td></tr><tr><td><input type="checkbox"/> Private foundation</td><td><input type="checkbox"/> International organization</td><td colspan="3"></td></tr></table> If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization			
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5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table border="0"><tr><td><input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. 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Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account.</td></tr></table>				<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. 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6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). <table border="1"><tr><td colspan="2">City or town, state or province. Include postal code where appropriate.</td><td colspan="2">Country</td></tr></table>				City or town, state or province. Include postal code where appropriate.		Country												
City or town, state or province. Include postal code where appropriate.		Country																
7 Mailing address (if different from above) <table border="1"><tr><td colspan="2">City or town, state or province. Include postal code where appropriate.</td><td colspan="2">Country</td></tr></table>				City or town, state or province. Include postal code where appropriate.		Country												
City or town, state or province. Include postal code where appropriate.		Country																
8 U.S. taxpayer identification number (TIN), if required		9a GIIN	b Foreign TIN															
10 Reference number(s) (see instructions)																		

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

- 11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment
- ☐ Branch treated as nonparticipating FFI. ☐ Reporting Model 1 FFI. ☐ U.S. Branch.
- ☐ Participating FFI. ☐ Reporting Model 2 FFI.
- 12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

- 13** GIIN (if any) _____

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

- 14** I certify that (check all that apply):
- a** ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- b** ☐ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):
- | | |
|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Company that meets the ownership and base erosion test |
| <input type="checkbox"/> Tax exempt pension trust or pension fund | <input type="checkbox"/> Company that meets the derivative benefits test |
| <input type="checkbox"/> Other tax exempt organization | <input type="checkbox"/> Company with an item of income that meets active trade or business test |
| <input type="checkbox"/> Publicly traded corporation | <input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received |
| <input type="checkbox"/> Subsidiary of a publicly traded corporation | <input type="checkbox"/> Other (specify Article and paragraph): _____ |
- c** ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).
- 15** **Special rates and conditions** (if applicable—see instructions):
- The beneficial owner is claiming the provisions of Article and paragraph _____
- of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
- Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

- 16** Name of sponsoring entity: _____
- 17** **Check whichever box applies.**
- ☐ I certify that the entity identified in Part I:
- Is an investment entity;
 - Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
 - Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.
- ☐ I certify that the entity identified in Part I:
- Is a controlled foreign corporation as defined in section 957(a);
 - Is not a QI, WP, or WT;
 - Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
 - Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank18 ☐ I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts19 ☐ I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 ☐ I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a ☐ (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** ☐ I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** ☐ I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** ☐ (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** ☐ Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** ☐ Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI

26 ☐ I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ . The trustee is: ☐ U.S. ☐ Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue

27 ☐ I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XIV International Organization

Check box 28a or 28b, whichever applies.

28a ☐ I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).

b ☐ I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; **and**
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

29a ☐ I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; **and**
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

b ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- No single beneficiary has a right to more than 5% of the FFI's assets;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.

c ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans *(continued)*

- d ☐ I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e ☐ I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f ☐ I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30 ☐ I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 ☐ I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32 ☐ I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33 ☐ I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34 ☐ I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 ☐ I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 ☐ I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b** ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c** ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI41 ☐ I certify that the entity identified in Part I:

- Is a member of an expanded affiliated group;
- Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
- Does not make withholdable payments to any person other than to members of its expanded affiliated group;
- Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
- Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

42 Name of sponsoring entity: _____

43 ☐ I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.**Part XXIX Substantial U.S. Owners of Passive NFFE**

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified on line 1 of this form is not a U.S. person;
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income; **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Sign Here

Signature of individual authorized to sign for beneficial owner

Print Name

Date (MM-DD-YYYY)

☐ I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Date

Document prepared by:

The Financial Crimes Enforcement Network (FinCEN) requires covered Financial Institutions to establish specific procedures for legal entity customers under the Bank Secrecy Act. The "Rule" requires identification of: (i) each person that directly or indirectly owns 25% or more of the equity interests of a legal entity customer; (ii) one natural person with "significant responsibility to control, manage or direct" a legal entity customer; and, (iii) verify the identities of those persons according to risk-based procedures. Identification of beneficial owners must be conducted during account opening. Some exemptions may apply.

Section 1: ACCOUNT INFORMATION

Name of Entity:

Tax ID Number of Entity:

Name and Address of Legal Entity for which the account is being opened

Section 2: PERSON OPENING AN ACCOUNT ON BEHALF OF A LEGAL ENTITY

Person(s) opening an Account on behalf of a Legal Entity must provide the following:

Name of Person Opening Acct

Date of Birth

Address Residence/Business

US - Social Security Number

Foreign, Passport # and Country

Section 3: EACH INDIVIDUAL, IF ANY, WHO, DIRECTLY OR INDIRECTLY, OWNS 25% OR MORE OF THE EQUITY INTERESTS OF THE LEGAL ENTITY LISTED ABOVE. IF NONE, PLEASE WRITE "NOT APPLICABLE"

Name	Date of Birth	Address	US Person: SS Number	Foreign Person: Passport & Country of Issue

Section 4: SIGNIFICANT RESPONSIBILITY

At a minimum, it is required to collect the following information for one individual with significant responsibility for managing the legal entity listed above. Persons deemed to hold responsibility include the following: an Executive Officer, or Senior Manager, examples include the Chief Executive Officer, Chief Compliance Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice-President, Treasurer, or ANY OTHER INDIVIDUAL WHO REGULARLY PERFORMS SIMILAR FUNCTIONS. **An individual listed above may also be listed in this section.**

Name	Date of Birth	Address	US Person: SS Number	Foreign Person: Passport & Country of Issue

Section 5: CERTIFICATION AND SIGNATURE

I, _____, *(name of natural person opening the account)*
hereby certify, to the best of my knowledge, that the information provided above is complete, accurate and current.

Signature

Legal Entity Identifier

Date

Section 6: INTERNAL USE ONLY

RR Name

RR Signature

Date

GSP Name

GSP Signature

Date

Online Access and Electronic Delivery Form

Financial Organization Name

You may use this form to:

- Create a User ID and temporary password for online access
- Link additional accounts to an existing User ID
- Provide instructions to establish electronic delivery (e-delivery) of brokerage account communications
- Change delivery instructions for accounts linked to an existing User ID

YOUR FINANCIAL ORGANIZATION WILL PROVIDE YOU WITH THE NAME OF THE WEBSITE THROUGH WHICH YOU WILL ACCESS YOUR ACCOUNTS.

STEP 1. ACCOUNT OWNER INFORMATION

Primary Account Owner Name	
Mother's Maiden Name	Account Owner's Date of Birth
Email address	
If You Have an Existing User ID, Please Provide it Here	

ALL FIELDS ARE REQUIRED.

ONE VALID EMAIL ADDRESS MUST BE PROVIDED FOR DELIVERY OF NOTIFICATION EMAILS.

NOTICES RELATED TO ONLINE ACTIVITY MAY BE SENT TO THIS EMAIL ADDRESS.

If you are requesting a new User ID, indicate your first and second choices below. User IDs must have a minimum of 7 and maximum of 15 characters, are NOT case sensitive, and should consist of letters and numbers only.

User ID Desired (first choice)	User ID Desired (second choice)
--------------------------------	---------------------------------

STEP 2. ELECTRONIC DELIVERY PREFERENCES

Your account statements and the other documents below will be sent via electronic delivery (e-delivery) for all accounts linked to this user ID. This means that instead of receiving them on paper, you must access your documents online. You may update your preferences online, where you can also choose e-delivery for tax documents.¹ You must read and agree to the Electronic Delivery Agreement in Step 4 and sign in Step 5.

We will default to eDelivery of the following unless checked below:

- ☐ Paper account statements
- ☐ Paper account notifications²
- ☐ Paper trade confirmation/advices
- ☐ Paper Quarterly Performance Reports³

Proxy, Shareholder and Reorganization Materials delivery preferences

- ☐ Check this box to receive Proxy, Shareholder and Reorganization Material communications via e-delivery for the primary account. You must choose a four-digit PIN and write this number in the space provided below. You must read and agree to the Electronic Delivery Agreement in Step 4 and sign in Step 5.⁴

Four-Digit PIN

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¹ Tax documents are also available via electronic delivery; however, enrollment must be done online by the account owner. Please contact your financial organization for assistance.

² Please contact your financial organization for a list of the specific notifications eligible for electronic delivery.

³ Please contact your financial organization to confirm availability of Quarterly Performance Reports for your account(s).

⁴ A four-digit PIN is required for electronic delivery of proxy communications. For managed accounts, changes to delivery preferences for proxy and shareholder communications may need to be initiated by your advisor or money manager.



User ID and Electronic Delivery Request

Account Number

STEP 3. LINK ACCOUNTS TO THE USER ID

Please list all accounts that should be linked to this User ID. For U.S. accounts, the Social Security number of the primary account holder must be affiliated, either as an account owner or participant, on the account numbers provided below. If the primary account holder above is not an owner on all accounts listed below, each account owner must sign in Step 5.

If you select to receive Proxy, Shareholder Communications and Reorganization Materials electronically for the accounts linked to this user ID, you must choose a four-digit PIN and write this number in the space provided below. You must read and agree to the Electronic Delivery Agreement in Step 4 and sign in Step 5.

	ACCOUNT ACCESS ONLY	ELECTRONIC DELIVERY	
	Link to Primary Account	Proxy and Shareholder Communications (PIN required)	
Primary Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

IF YOU ARE LINKING MORE THAN FIVE ACCOUNTS, PLEASE ATTACH ADDITIONAL ACCOUNT INFORMATION.

STEP 4. INVESTOR TERMS AND CONDITIONS

Electronic Delivery Terms and Conditions

"You" means the account owner(s) of the account.

"Account Communications" means account statements, trade confirmations or other notices, disclosures and other information related to your account including without limitation quarterly, semi-annual or annual shareholder reports, proxy statements, and legal and regulatory notices and documents.

"Authorized User" means a person that you have authorized to be provided a user ID which enables access to your account online.

You agree that your financial organization and your clearing broker Pershing LLC (Pershing) may make the account communications available in an electronic form as described herein instead of mailing them in paper form.

Account communications will be made available to you online via a website maintained by Pershing on behalf of your financial organization (the "website"). Account communications will be available in portable document format (PDF). You affirm that you have installed a recent version of Adobe Acrobat Reader or other software application that enables you to view and print your account communications. You may print or save a copy of any of the account communications at any time. You may request a mailed copy of any of your account communications by contacting your financial organization.

An electronic mail ("email") notification will be sent when account communications are available to be accessed on the website. The email will provide you with the URL of the website. The email notification(s) will be sent to the email address(es) you provided directly to your financial organization or provided by registering on the website. You may view and verify your email address(es) via the website, and change the email address(es) through the website or by contacting your financial organization.

In the event that a notice of undeliverable status of an email notification is received by Pershing, your financial organization or Pershing may send a paper notification by U.S. mail to the postal address you provided directly to your financial organization. The paper notification will notify you of the availability of Account Communications on the website, provide the URL of the website where account communications may be accessed, and direct you to update your email address of record in paper form.

In the event of an email notification failure as defined by Pershing, Pershing may discontinue your enrollment in electronic delivery and reset your account communications delivery preferences so that future documents will be delivered to your mailing address of record in paper form. If you lose access to the website, you should contact your financial organization to have your access reinstated. By providing this Electronic Delivery Consent, you affirm that you have provided a valid email address directly to your financial organization or by registering on the website, have access to the Internet and are at least 18 years of age. You agree that electronic delivery of the account communications is deemed accepted, regardless of whether you access or view a particular account communication document. You acknowledge that any authorized users for your account are able to make changes to the electronic delivery settings for your account, and you agree to accept responsibility for such changes.

You may change your delivery preferences, such as resuming applicable paper account communications, by following the instructions on the website, or by contacting your financial organization directly for assistance.

User ID and Electronic Delivery Request

Account Number

Website Access Terms and Conditions

"You" means the account owner(s) of the account.

"Authorized User" means a person that you have authorized to be provided an additional user ID which enables access to your account online.

"Website" means the website maintained by Pershing LLC on behalf of your financial organization that enables you to access your account information and perform other activities.

You expressly agree and acknowledge that your use and any authorized users' use of the website is subject to the terms and conditions of use that are posted on the website, including without limitation any disclaimers of warranties and other notices therein. Such terms and conditions may be amended from time to time by posting them on the website. Continued use of the website by you or your authorized users will constitute your acceptance of the then-current terms and conditions.

You agree that you are solely responsible for: (a) safeguarding and keeping confidential your password and user IDs that you and your authorized users use to access the website and any information that is retrieved from the website. You agree that you and your authorized users will only access the website from devices with industry standard anti-virus/anti-malware protection. You agree to accept responsibility for all activities that occur under such user ID(s) or password(s).

You agree to immediately notify your financial institution if: (i) the passwords or user IDs are lost or stolen, or (ii) you become aware of any unauthorized use of the passwords, user IDs, or access to your accounts that may be related to your use of the website. You agree that the providers of the website are not liable for any loss or damage arising from any activity that occurs via the use of your password and/or user ID.

STEP 5. SIGNATURES

By signing below you represent that you have read and understand Step 4, Investor Terms and Conditions.

Primary Account Owner

Print name	Date
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	
<input type="text"/>	

EACH ACCOUNT OWNER MUST SIGN THIS FORM.

Additional Account Owner

Print name	Date
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	
<input type="text"/>	

Additional Account Owner

Print name	Date
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	
<input type="text"/>	

Additional Account Owner

Print name	Date
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	
<input type="text"/>	

FOR OFFICE USE ONLY

Provide Access to: ☐ DEFAULT/NetXInvestor ☐ Other Profile: