

## I. Account and Applicant Information

### Advisor Information

Name of Your Financial Advisor	Name of Advisor's Firm (if any)
<input type="text"/>	<input type="text"/>

### Type of Account

Country of Formation of the Trust	State/Province
<input type="text"/>	<input type="text"/>

Will this account be accessed or managed by a third party advisor, professional manager or management service?  
 Yes  No

Choose a Base Currency for the Account:

- United States Dollar USD  
 Australian Dollar AUD  
 British Pound GBP  
 Canadian Dollar CAD  
 Euro EUR  
 Hong Kong Dollar HKD  
 Japanese Yen JPY  
 Mexican Peso MXN  
 Swedish Krona SEK  
 Swiss Frank CHF

Choose Cash or Margin Account

Cash

Must have enough cash in the account to cover the cost of the transaction plus commissions. No shorting of stock or futures day trading benefits (50% of regular margin requirement during the day on certain exchanges). Limited purchase and sale of options and trading is only allowed for products denominated in the base currency of the account. Cash from the sale of stocks, options and futures becomes available when the transaction settles (e.g. US stock - 3 days, German stocks- 2 days, US options- 1 day).

Reg T Margin

Borrowing to support equities trading, shorting of equities, full options trading, full futures/futures options trading, currency conversions, and securities/commodities trading in multiple currency denominations available. Margin requirements are computed real-time under a rules-based calculation methodology, with immediate position liquidation if the minimum maintenance margin requirement is not met. Purchase and sale proceeds are immediately recognized.

Portfolio Margin

Same as a Reg T margin account (see above) except that margin requirements generally will be lower in a portfolio margin account because margin requirements will be calculated based on a risk based calculation methodology. Customers must maintain account equity of USD 100,000 in order to utilize a portfolio margin account. Otherwise Reg T margin requirements will apply.

### Account Trading Permissions

Please check all the products that you may want to trade in your account. You and your advisor also will have the ability to add additional products after your account has been opened.

	Stocks	Fixed Income	Warrants	Options (Stock & Index)	Futures	Futures Options	Single Stock Futures	FOREX (Foreign Exchange)
Global								<input type="checkbox"/>
Australia	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Belgium	<input type="checkbox"/>				<input type="checkbox"/>			
Canada	<input type="checkbox"/>				<input type="checkbox"/>			
France	<input type="checkbox"/>				<input type="checkbox"/>			
Germany	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Hong Kong	<input type="checkbox"/>				<input type="checkbox"/>			
Italy					<input type="checkbox"/>			

	Stocks	Fixed Income	Warrants	Options (Stock & Index)	Futures	Futures Options	Single Stock Futures	FOREX (Foreign Exchange)
Japan	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Korea					<input type="checkbox"/>			
Mexico	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Singapore					<input type="checkbox"/>	<input type="checkbox"/>		
Spain	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Sweden	<input type="checkbox"/>				<input type="checkbox"/>			
Switzerland	<input type="checkbox"/>				<input type="checkbox"/>			
The Netherlands	<input type="checkbox"/>				<input type="checkbox"/>			
United Kingdom	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United States	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United States (Algorithmic Execution Venue)	<input type="checkbox"/>							
United States (Floor Based Exchanges)					<input type="checkbox"/>	<input type="checkbox"/>		

**Notice Regarding Anti-Money Laundering and Customer Identification Procedures:** To help the U.S. government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or entity who opens an account. We are required by law to ask you to provide your name, address, date of birth and other information about you, your organization or persons related to your organization that will allow us to identify you before we approve your account. We also will ask you to provide certain identifying documents, such as your driver's license or passport or your organization's articles of incorporation and may obtain credit and other consumer reports to assist us in verifying your identity and in determining whether you satisfy our account criteria. Unless you provide the requested information and documentation, we may not be able to open your account. By applying for an IB account, you agree to provide accurate and truthful information as requested by IB and you consent to IB's acquisition of credit and other consumer reports about you for the purposes described above.

### Trust Information

Name of Trust		Date Trust Was Established	
<input type="text"/>		<input type="text"/>	
Type of Trust		Nature and Purpose of Trust	
<input type="text"/>		<input type="text"/>	
Street Address of the Trust or of the Controlling Trustee (no P.O. boxes or "in care of" addresses allowed)			
<input type="text"/>			
City		State/Province	
<input type="text"/>		<input type="text"/>	
Country		Zip/Postal Code	
<input type="text"/>		<input type="text"/>	
Phone No. (with area code)		Second Phone No. (optional)	
<input type="text"/>		<input type="text"/>	
E-Mail Address for Account Correspondence		Fax No. (with area code)	
<input type="text"/>		<input type="text"/>	

Mailing Address (if different from above). P.O. boxes are allowed.  
Street Address

City

State/Province

Country

Zip/Postal Code

Please pick a security question from the list below and provide the answer to that question so that we may use it in the future for verification purposes:

- What is your mother's maiden name?
- What town were you born in?
- What is your favorite pet's name?
- What street did you grow up on?
- What is your favorite vacation spot?

Answer:

**Trustee Information:** Please specify account trustees. At least one trustee must have authority to sign documents and place trades on behalf of the trust. Photocopy and use additional pages if necessary.

**First Trustee (person or entity):**

Trustee's Name (First, Middle, Last) (or entity name if trustee is an entity)

Date of Birth (mm/dd/yyyy) (if trustee is a person)

Street Address (or principal place of business if trustee is an entity)

City

State/Province

Country

Zip/Postal Code

Phone No. (with area code)

Second Phone No. (optional)

Fax No. (with area code)

Country of Citizenship (or country of formation for an entity)

If trustee is a U.S. citizen, a U.S. resident or has a U.S Social Security Number, provide trustee's Social Security Number (or provide tax identification number if trustee is an entity with a U.S. tax ID):

If trustee is not a U.S. resident, please check which form of identification trustee uses:

- Driver's License
- Alien Identification Card
- Passport
- National Identity Card

Country of Issuance:

Number:

(if an entity, provide tax ID no. and country of issuance above)

**Second Trustee (if applicable) (person or entity):**

Trustee's Name (First, Middle, Last) (or entity name if trustee is an entity)

Date of Birth (mm/dd/yyyy) (if trustee is a person)

Street Address (or principal place of business if trustee is an entity)

City

State/Province

Country

Zip/Postal Code

Phone No. (with area code)

Second Phone No. (optional)

Fax No. (with area code)

Country of Citizenship (or country of formation for an entity)

If trustee is a U.S. citizen, a U.S. resident or has a U.S Social Security Number, provide trustee's Social Security Number (or provide tax identification number if trustee is an entity with a U.S. tax ID):

If trustee is not a U.S. resident, please check which form of identification trustee uses:

- Driver's License
- Alien Identification Card
- Passport
- National Identity Card

Country of Issuance:

Number:

(if an entity, provide tax ID no. and country of issuance above)

**First Trustee (person or entity):**

Can this trustee sign documents on behalf of the trust?  
 Yes  No

Can this trustee trade on behalf of the trust?  
 Yes  No

If Entity, is trustee publicly traded on a regulated exchange?  
 Yes  No

If yes, please provide:

Exchange:

Symbol:

Country of Issuance:

**Second Trustee (if applicable) (person or entity):**

Can this trustee sign documents on behalf of the trust?  
 Yes  No

Can this trustee trade on behalf of the trust?  
 Yes  No

If Entity, is trustee publicly traded on a regulated exchange?  
 Yes  No

If yes, please provide:

Exchange:

Symbol:

Country of Issuance:

**Employee (if trustee is an Entity)**

Since an entity cannot trade, we require you to add an employee of the entity who can trade

Employee Name (First, Middle, Last)

Date of Birth (mm/dd/yyyy)

Street Address (residential)

City

State/Province

Country

Zip/Postal Code

Phone No. (with area code)

Second Phone No. (optional)

Fax No. (with area code)

Country of Citizenship

**Employee (if trustee is an Entity)**

Since an entity cannot trade, we require you to add an employee of the entity who can trade

Employee Name (First, Middle, Last)

Date of Birth (mm/dd/yyyy)

Street Address (residential)

City

State/Province

Country

Zip/Postal Code

Phone No. (with area code)

Second Phone No. (optional)

Fax No. (with area code)

Country of Citizenship

**Employee (if trustee is an Entity)**

Since an entity cannot trade, we require you to add an employee of the entity who can trade

If employee is a U.S. citizen, a U.S. resident or has a U.S. Social Security Number, provide employee's Social Security Number:

If employee is not a U.S. resident, please check which form of identification employee uses:

- Driver's License
- Alien Identification Card
- Passport
- National Identity Card

Country of Issuance:

Number:

Can this employee sign documents on behalf of the trust?

Yes  No

Can this employee trade on behalf of the trust?

Yes  No

**Employee (if trustee is an Entity)**

Since an entity cannot trade, we require you to add an employee of the entity who can trade

If employee is a U.S. citizen, a U.S. resident or has a U.S. Social Security Number, provide employee's Social Security Number:

If employee is not a U.S. resident, please check which form of identification employee uses:

- Driver's License
- Alien Identification Card
- Passport
- National Identity Card

Country of Issuance:

Number:

Can this employee sign documents on behalf of the trust?

Yes  No

Can this employee trade on behalf of the trust?

Yes  No

**Trust Beneficiary Information: Please specify all beneficiaries. Copy and use additional pages if necessary.**

**First Beneficiary (person/entity)**

**Second Beneficiary (if applicable) (person/entity)**

Beneficiary's Name (First, Middle, Last) (or entity name if beneficiary is an entity)

Beneficiary's Name (First, Middle, Last) (or entity name if beneficiary is an entity)



Date of Birth (mm/dd/yyyy) (if beneficiary is a person)

Date of Birth (mm/dd/yyyy) (if beneficiary is a person)



Street Address (or principal place of business if beneficiary is an entity)

Street Address (or principal place of business if beneficiary is an entity)



City

City



State/Province

State/Province



Country

Country



Zip/Postal Code

Zip/Postal Code



Phone No. (with area code)

Phone No. (with area code)



Second Phone No. (optional)

Second Phone No. (optional)



Fax No. (with area code)

Fax No. (with area code)



Country of Citizenship (or country of formation for an entity)

Country of Citizenship (or country of formation for an entity)



If beneficiary is a U.S. citizen, a U.S. resident or has a U.S. Social Security Number, provide beneficiary's Social Security Number (or provide tax identification number if beneficiary is an entity with a U.S. tax ID):

If beneficiary is a U.S. citizen, a U.S. resident or has a U.S. Social Security Number, provide beneficiary's Social Security Number (or provide tax identification number if beneficiary is an entity with a U.S. tax ID):



If beneficiary is **not** a U.S. resident, please check which form of identification beneficiary uses:

- Driver's License
- Alien Identification Card
- Passport
- National Identity Card

If beneficiary is **not** a U.S. resident, please check which form of identification beneficiary uses:

- Driver's License
- Alien Identification Card
- Passport
- National Identity Card

Country of Issuance:

Country of Issuance:



Number:

Number:



(if an entity, provide tax ID no. and country of issuance above)

(if an entity, provide tax ID no. and country of issuance above)

**Trust Settlor/Grantor Information: Please specify all trust settlers/grantors that are living. Use add'l pages if necessary.**

Settlor/Grantor's Name (First, Middle, Last) (or entity name if settlor/grantor is an entity) (do not list deceased grantors)

Settlor/Grantor's Name (First, Middle, Last) (or entity name if settlor/grantor is an entity) (do not list deceased grantors)

**Trust Financial Background**

Investment Objectives and Intended Purpose of Trading (check all that apply)

- Preservation of Capital   
  Income   
  Growth   
  Trading Profits   
  Speculation   
  Hedging

Investment Experience (please fill in all blanks)

	Years Trading Experience	Number of Trades Per Year	Knowledge Level (check one for each product type)		
Stocks	<input type="text"/>	<input type="text"/>	<input type="radio"/> Extensive	<input type="radio"/> Good	<input type="radio"/> Limited
Bonds	<input type="text"/>	<input type="text"/>	<input type="radio"/> Extensive	<input type="radio"/> Good	<input type="radio"/> Limited
Options	<input type="text"/>	<input type="text"/>	<input type="radio"/> Extensive	<input type="radio"/> Good	<input type="radio"/> Limited
Futures	<input type="text"/>	<input type="text"/>	<input type="radio"/> Extensive	<input type="radio"/> Good	<input type="radio"/> Limited
Forex	<input type="text"/>	<input type="text"/>	<input type="radio"/> Extensive	<input type="radio"/> Good	<input type="radio"/> Limited

Estimated Net Worth (in base currency)

Estimated Liquid Net Worth (in base currency)

Annual Net Income (in base currency)

List other sources of funds (if any)

## Trust Accredited Investor Qualification

Please answer at least one of the following questions in order to qualify for accredited investor offers.

Is your organization a trust formed for the specific purpose of acquiring certain debt and equity securities being offered by Interactive Brokers?	<input type="radio"/> Yes <input type="radio"/> No
Is your organization a trust with total assets in excess of USD 5,000,000, whose purchase of securities is directed by a sophisticated person with such knowledge and experience in financial and business matters that such person is capable of evaluating the merits and risks of any prospective investment?	<input type="radio"/> Yes <input type="radio"/> No
I confirm under penalties of law that the foregoing answers are true and correct. I agree that if I am granted access to IB's Private Placement Site, I shall keep confidential and not provide to any other person or entity, any information made available to me on the IB Private Placement Site.	<input type="radio"/> Yes <input type="radio"/> No

## Regulatory Information

Is any trustee or beneficiary (or any immediate family member who resides in the same household), registered as a broker-dealer or an employee, director or owner of a securities or commodities brokerage firm?

Yes  No

If Yes:

Person's Name:

Relation to Trustee/Beneficiary:

Brokerage Firm Name:

Brokerage Firm Address:

Brokerage Firm Phone No.:

NOTE: If any trustee or beneficiary is employed by a brokerage firm, the compliance officer of that firm must authorize this account by sending an e-mail to Interactive Brokers Processing Department at [newaccounts@interactivebrokers.com](mailto:newaccounts@interactivebrokers.com).

The compliance officer should note "Employee Account Authorization" in the subject heading of the e-mail. The e-mail must state the following:

"Interactive Brokers is authorized to establish and maintain an account managed by [Fill in Trustee or Beneficiary name]. [Fill in Name of Brokerage Firm] agrees to accept copies of daily confirmations and monthly statements by e-mail to [Fill in E-mail Address]."

Is any trustee or beneficiary a member of an exchange or a regulatory or a self-regulatory organization, or an associated person, affiliated person or employee of an exchange member?

Yes  No

If yes, list firm and exchanges:

Has any trustee or beneficiary ever been the subject of, or initiated, litigation, arbitration or any other type of dispute or settlement procedure with another broker or dealer?

Yes  No

If yes, describe (including how matter was resolved):

Has any trustee or beneficiary ever been the subject of an investigation or proceeding by any commodities or securities exchange or regulatory authority or self-regulatory authority?

Yes  No

If yes, describe (including how matter was resolved):

Is any trustee or beneficiary: i) a director; ii) a 10% shareholder; or iii) a policy-making officer of any publicly traded company?

Yes  No

If yes, enter the stock symbol(s) of the company(ies), separated by commas:

Does any trustee or beneficiary control the trading in, or have an ownership interest in, any other Interactive Brokers accounts?

Yes  No

If yes, enter the usernames or account numbers of any related accounts:

## V. PROVIDE COPIES OF REQUIRED DOCUMENTS

Regulations require us to get copies of documents verifying certain required information. We are required to get copies of the following documents:

1. Proof of the Trust's Existence;
2. Proof of the Trust's or Controlling Trustee's Address;
3. For Each Beneficiary Of The Trust, Proof Of The Beneficiary's Identity;
4. For Each Beneficiary Of The Trust, Separate Document as Proof Of The Beneficiary's Address;
5. If The Trust Account Will Trade On Margin, Proof Of The Trust's Authorization To Conduct Margin Trading

Please use the checklist below, which lists each required item, the types of documents that are acceptable for each item, and additional instructions. Please make sure that all documents provided are clear and readable.

	Document category:	Please submit <u>one</u> of the following for each person or entity noted in the first column:	Additional Instructions:
<input type="checkbox"/>	PROOF OF THE TRUST'S EXISTENCE	Government Tax Form; or Other Government Document That Verifies the Existence of the Trust; or Non-Governmental Document Establishing the Trust (e.g., trust articles). Note: You can only provide a non-governmental document if you provided a valid tax identification number in the application above).	The document submitted must clearly state the name of the trust as it appears on the account application and be certified or notarized. If the trust is not required to have a tax identification number and therefore you did not provide a tax identification number in the application above, you must provide a <u>government-issued</u> document proving the trust's existence.
<input checked="" type="checkbox"/>	PROOF OF THE TRUST'S OR CONTROLLING TRUSTEE'S ADDRESS.	Utility Bill - OR	For example, a bank statement that clearly shows the person's full name and residential address and that is less than 1 year old; a bill for electricity, water, telephone or gas service (mobile phone bills are not acceptable). The bill must show the trust's or controlling trustee's full name and address and be less than 1 year old.
		Lease - OR Evidence of Ownership of Property - OR	Lease, deed or mortgage statement must clearly state the trust's or controlling trustee's full name and address.
		Other Acceptable Documents	Any of the documents that are acceptable as proof of the trust's existence, if the document is not also being submitted for that purpose.
<input type="checkbox"/>	FOR EACH BENEFICIARY OF THE TRUST, PROOF OF THE BENEFICIARY'S IDENTITY	If the beneficiary is a <u>person</u> , submit <u>one</u> of the following: Passport; or Driver's License; or National Identity Card; or Alien Identification (Green) Card; or  Certified Representation from a Parent (if beneficiary is a minor)	The document must be currently valid; signed; and include the beneficiary's full name, photograph, date of birth, expiration date, and country or state of issuance.  Parental representation should be signed by parent, certified, and include the beneficiary's full name and date of birth.
		If the beneficiary is an <u>entity</u> , submit <u>one</u> of the following: Articles of Incorporation; or Company Charter; or Partnership or Business Agreement; or Gov't issued business license; or Certificate of Good Standing	The document submitted must clearly state the name of the entity and be certified or notarized.
<input checked="" type="checkbox"/>	FOR EACH BENEFICIARY OF THE TRUST, SEPARATE DOCUMENT AS PROOF OF THE BENEFICIARY'S ADDRESS	Utility Bill - OR	For example, a bank statement that clearly shows the person's full name and residential address and that is less than 1 year old; a bill for electricity, water, telephone or gas service (mobile phone bills are not acceptable). The bill must clearly show the beneficiary's full name and address and be less than 1 year old.

		Lease - OR Evidence of Ownership of Property - OR	Lease, deed or mortgage statement must clearly state the beneficiary's full name and address.
		Other Acceptable Documents	Any of the documents that are acceptable as proof of the beneficiary's identity, if the document is not also being submitted for that purpose.
<input type="checkbox"/>	IF THE TRUST ACCOUNT WILL HAVE THE ABILITY TO TRADE ON MARGIN, PROOF OF THE TRUST'S AUTHORIZATION TO CONDUCT MARGIN TRADING	Document Establishing the Trust; or Trust Resolution	The document must clearly authorize the trust to conduct margin trading. If possible, please circle the applicable provision in the document that you provide.
<input type="checkbox"/>	FINANCIAL STATEMENT	Bank Statement Broker Statement Mortgage Statement Loan Statement	The document must clearly state the name of the firm and be less than 12 months old. This requirement applies only to organizations and trusts that have been formed in or are located in countries that are not full members of the Financial Action Task Force (FATF).

# Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Department of the Treasury  
Internal Revenue Service

» Section References are to the Internal Revenue Code. » See separate instructions.  
» 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:**

**Instead, use Form:**

- A U.S. citizen or other U.S. person, including a resident alien individual..... **W-9**
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States..... **W-8ECI**
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions).... **W-8ECI or 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 that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions)..... **W-8ECI or W-8EXP**

**Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary..... **W-8IMY**

**Note:** See instructions for additional exceptions.

## Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
<input type="text"/>	<input type="text"/>

3 Type of beneficial owner:

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation		

4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.

City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
<input type="text"/>	<input type="text"/>

5 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
<input type="text"/>	<input type="text"/>

6 U.S. taxpayer identification number, if required (see instructions)	7 Foreign tax identifying number, if any (optional)
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> SSN or ITI	<input type="checkbox"/> EIN

8 Reference number(s) (see instructions)

## Part II Claim of Tax Treaty Benefits (if applicable)

- 9 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  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
  - c  The beneficial owner is not an individual, 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 (see instructions).
  - d  The beneficial owner is not an individual, is claiming treaty benefits for 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).
  - e  The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

1 0Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article  of the treaty identified on line 9a above to claim a  % rate of withholding on (specify type of income):

Explain the reasons the beneficial owner meets the terms of the treaty article:

**Part III Claim of Tax Treaty Benefits (if applicable)**

1 1  I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV 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:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner 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 I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

**Sign Here**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Capacity in which acting