



Please complete the following information for all beneficial owners with 10% or more interest in your fund. If ownership is another entity, please provide the entities information as applicable. Foreign entities will need to also provide documentation for proof of formation. Foreign individuals must provide a valid passport copy. If you have more than 5 owners, please copy and use blank form as many times as necessary to provide information for all beneficial owners with 10% or more interest in the fund.

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Legal Name				Percentage Ownership %
Home Address				
City	State (U.S.)	Zip	Country	Province
Citizenship	U.S. Social Security #			Date of Birth
Foreign persons: Please send a photocopy of your unexpired passport.				
Legal Name				Percentage Ownership %
Home Address				
City	State (U.S.)	Zip	Country	Province
Citizenship	U.S. Social Security #			Date of Birth
Foreign persons: Please send a photocopy of your unexpired passport.				
Legal Name			Percentage Ownership %	
Home Address				
City	State (U.S.)	Zip	Country	Province
Citizenship	U.S. Social Security #			Date of Birth
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Citizenship	_			Date of Dirtif
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