

Please complete Associated Person's Information for all individual(s) who will have power or authority to directly or indirectly control the account (e.g. trustee, general partner, corporate officer, LLC manager or managing member) and for all beneficial owners with 10% or more ownership (e.g. shareholders of a corporation, members of an LLC, limited partners of a partnership).

Associated Person #2							
Legal Name of Associated Person (of	Title at Organization/Trust						
ID #		C	Country/State of Issue				
Home Address							
City	State (U.S.) Zip		Country	Province			
Primary Phone	Home Phone			E-mail Address			
Citizenship	U.S. Social Security #			Date of Birth			
Annual Income \$ Net			Net Worth (excluding residence) \$				
Employment status	□ Self-Employed □ Uno □ Student □ Ho	employed memaker	Type of Business/Industry				
Name of Employer		Title		Employer's Address			
Source of Income							
□ Salary □ Gift □ Inheritance □ Insurance proceeds □ Legal settlement □ Savings/Investments/Real Estate							
□ Other (specify):							
Are you a director, 10% shareholder or policy-making officer of a publicly-owned company? No Yes If Yes, please list trading symbol:							
Are you or your spouse employed by or associated with an NYSE, FINRA and/or NFA registered brokerage firm or an exchange?							
No Yes If yes, please provide an authorization letter from the member firm with whom you or your spouse are associated. Letter should be on corporate letterhead and signed by a Principal or Compliance officer of the firm. If duplicate confirms and statement are required, an e-mail address must be provided on letter.							
All associated persons must provide valid government photo ID. Non-US residents must also include an address verification document.							



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Associated Person #3							
Legal Name of Associated Person (of	Title at Organization/Trust						
ID #			Country/State of Issue				
Home Address							
City	State (U.S.)	Zip	Country	Province			
Home Phone	Business Phone			E-mail Address			
Citizenship	U.S. Social Security #			Date of Birth			
Annual Income \$		Net Worth (excluding	g residence) \$				
Employment status Employed Self-Employed Unemployed Retired Student Homemaker			Type of Business/Industry				
Name of Employer		Title		Employer's Address			
Source of Income							
□ Salary □ Gift □ Inheritance □ Insurance proceeds □ Legal settlement □ Savings/Investments/Real Estate							
□ Other (specify):							
Are you a director, 10% shareholder or policy-making officer of a publicly-owned company? No Yes If Yes, please list trading symbol:							
Are you or your spouse employed by or associated with an NYSE, FINRA and/or NFA registered brokerage firm or an exchange?							
No Yes If yes, please provide an authorization letter from the member firm with whom you or your spouse are associated. Letter should be on corporate letterhead and signed by a Principal or Compliance officer of the firm. If duplicate confirms and statement are required, an e-mail address must be provided on letter.							
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