



## WHEN TO USE THIS FORM

This form is required when establishing an Account for a Legal Entity (Corporation, Partnership, Limited Liability Company or other entity that is created by filing of public documentation with a Secretary of State or similar office, a general partnership, and any other business entity that is formed in the United States or a foreign country).

Federal regulations require ETC Brokerage Services obtain, verify and record information about beneficial owners of legal entity customers.

## SUBMISSION OPTIONS

**OVERNIGHT:**

ETC Brokerage Services  
1 Equity Way  
Westlake, OH 44145

**REGULAR MAIL:**

ETC Brokerage Services  
P. O. Box 451249  
Westlake, OH 451249

**BY FAX:**

440-365-1447

**BY EMAIL:**

ETCBrokerage@ETCBrokerage.com

## WHAT INFORMATION IS REQUIRED

This form requires the individual opening an Account for a Legal Entity to provide the name, address, date of birth and Social Security number (or similar information for Non-US Persons) for beneficial owners. Beneficial owners include:

- i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer.
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Note: We may also request a copy of the driver's license or other identifying document for each beneficial owner listed on this form.

## CONTACT INFORMATION

**For assistance, please contact:**

**Phone:**

(877) 819-8918

**Or E-Mail questions to:**

ETCBrokerage@ETCBrokerage.com

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

**1 ENTITY ACCOUNT INFORMATION**

All persons opening an account on behalf of a legal entity must provide the following information.

NAME (FIRST, MIDDLE, LAST) OF PERSON OPENING ACCOUNT		TITLE OF PERSON OPENING ACCOUNT	
NAME OF LEGAL ENTITY			
ENTITY'S LEGAL ADDRESS			
CITY		STATE	ZIP CODE
ENTITY TYPE <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Non-Incorporated Organization <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership			

**2 BENEFICIAL OWNER(S) INFORMATION**

**A. OWNER INFORMATION**

Provide the following information for any individual(s), if any, who directly or indirectly, through any contact, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests on the legal entity listed above.

Check here \_\_\_\_\_ if no individual(s) meet this definition and complete Section B.

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER		<b>Trading Authority</b> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None
ADDRESS		DATE OF BIRTH	OWNERSHIP PERCENTAGE	
CITY	STATE	ZIP CODE		

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER		<b>Trading Authority</b> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None
ADDRESS		DATE OF BIRTH	OWNERSHIP PERCENTAGE	
CITY	STATE	ZIP CODE		

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER		<b>Trading Authority</b> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None
ADDRESS		DATE OF BIRTH	OWNERSHIP PERCENTAGE	
CITY	STATE	ZIP CODE		

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER		<b>Trading Authority</b> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None
ADDRESS		DATE OF BIRTH	OWNERSHIP PERCENTAGE	
CITY	STATE	ZIP CODE		

**B. OFFICER OR OTHER INFORMATION**

Provide the following information for one individual with significant responsibility for managing or directing the legal entity listed in Section 1. Note: If appropriate, an individual under Section 2A above may also be listed under this section 2B.)

NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		<b>Trading Authority</b> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None
ADDRESS		SOCIAL SECURITY NUMBER		
CITY	STATE	ZIP CODE		

**This person is (indicate below):**

- \_\_\_\_\_ An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- \_\_\_\_\_ Another individual who regularly performs similar functions

THIS SPACE INTENTIONALLY LEFT BLANK

**3 CERTIFICATION AND ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE	DATE
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Legal Entity Identifier (Optional)