

WHEN TO USE THIS FORM

This form is required when establishing a Custodial 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 Equity Trust Company obtain, verify and record information about beneficial owners of legal entity customers.

SUBMISSION OPTIONS

OVERNIGHT:

Equity Trust Company
Attn: Innovayte Operations
1 Equity Way
Westlake, OH 44145

REGULAR MAIL:

Equity Trust Company
Attn: Innovayte Operations
P.O. Box 451249
Westlake, OH 44145

EMAIL:

Operations@Innovayte.com

FAX:

440-365-1447

WHAT INFORMATION IS REQUIRED

This form requires the individual opening a Custodial 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 a Client Service Specialist

TOLL FREE:

877-819-8918

CONTACT INFORMATION

PHYSICAL ADDRESS:

Equity Trust Company
Attn: Innovayte Operations
1 Equity Way
Westlake, OH 44145

WEBSITE:

www.TrustETC.com

**For assistance, please contact
a Client Service Specialist at:**

TOLL FREE:

877-819-8918

EMAIL:

Operations@Innovayte.com

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 TYPE
ENTITY'S LEGAL ADDRESS		
CITY	STATE	ZIP CODE

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)		DATE OF BIRTH
ADDRESS		SOCIAL SECURITY NUMBER
CITY	STATE	ZIP CODE

NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH
ADDRESS		SOCIAL SECURITY NUMBER
CITY	STATE	ZIP CODE

NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH
ADDRESS		SOCIAL SECURITY NUMBER
CITY	STATE	ZIP CODE

NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH
ADDRESS		SOCIAL SECURITY NUMBER
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
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

3 CERTIFICATION AND ACKNOWLEDGMENT

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify Equity Trust Company in writing of any future changes to the information provided above for the entity and/or beneficial owner(s).

SIGNATURE	DATE
LEGAL ENTITY IDENTIFIER (Optional)	