

# Know Your Customer Profile – Entity

BNY MELLON, N.A.

Complete this form, along with the Account Application and Agreement and all applicable supporting documents, to open an entity account.

|               |                |
|---------------|----------------|
| Advisory Firm | Account Number |
|---------------|----------------|

## STEP1. ACCOUNT DETAILS

### Client Type

- ☐ United States
- ☐ Non U.S. (please see specific requirements below for Non-U.S. Entities and Non-U.S. Persons)

### Structure

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Charitable Trust            | <input type="checkbox"/> Insurance Trust            | <input type="checkbox"/> Revocable Personal Trust |
| <input type="checkbox"/> Corporation                 | <input type="checkbox"/> Irrevocable Personal Trust | <input type="checkbox"/> Sole Proprietorship      |
| <input type="checkbox"/> Defective Trust             | <input type="checkbox"/> Living Trust               | <input type="checkbox"/> Special Needs Trust      |
| <input type="checkbox"/> Employee Benefit Plan/Trust | <input type="checkbox"/> LLC                        | <input type="checkbox"/> Statutory Trust          |
| <input type="checkbox"/> Estate                      | <input type="checkbox"/> Partnership                | <input type="checkbox"/> Testamentary Trust       |
| <input type="checkbox"/> Family Trust                | <input type="checkbox"/> QTIP or QDOT Trust         | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Generation Skipping Trust   | <input type="checkbox"/> Qualified Domestic Trust   |   |

### Entity

Entities not formed in the U.S. require certified formation documentation and the below financial profile; contact your Advisor for assistance.

|   |                                  |
|---|----------------------------------|
| Legal Name  | U.S. Tax ID Number               |
| Address   |                                  |
| U.S. Tax Type (for example EIN, SSN)                  |                                  |
| Foreign Tax Country                                   | Foreign Tax ID Number            |
| Place of Incorporation, Licensing, Trust Jurisdiction | Start Inception Date             |
| Country of Headquarters/Owner Management              | Country(ies) of Ongoing Business |
| Nature of Business (see Nature of Business Table)     |                                  |

### Financial Profile — Required for Non-U.S. Entities

|  |  |
|--|--|
| Estimated Total Assets (nearest million) | Estimated Current Annual Revenue (required for operating companies only) |
|--|--|



## Nature of Business Table

Use this table as a reference to complete the Nature of Business questions throughout this form.  
Include any applicable sub types as listed

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• ARMS/WEAPONS DEALER<br/>(including ammunition, hunting)</li> <li>• ART/ANTIQUE DEALER<br/>(large ticket, high end)</li> <li>• BANK OR TRUST COMPANY</li> <li>• CAMBISTA, CASA DE CAMBIO, GIRO</li> <li>• CANNABIS/MARIJUANA</li> <li>• CAR, BOAT, AIRPLANE DEALER</li> <li>• CASH INTENSIVE BUSINESS<br/>(e.g., restaurant, liquor store, convenience store, retail store, parking garage, private ATM, vending, cigarette distributor)</li> <li>• CASINO, GAMING ENTITY</li> <li>• CENTRAL BANK</li> <li>• CURRENCY DEALER</li> <li>• EMBASSY, CONSULATE, OR FOREIGN MINISTRY</li> <li>• NON-BANK FINANCIAL INSTITUTION:<br/>Broker/Dealer<br/>Commodity Trader<br/>Deposit Broker<br/>Hedge Fund (or other pooled fund)<br/>Insurance Company/Underwriter<br/>Investment Advisor<br/>Loan or Finance Company<br/>Mutual Fund<br/>Pawnbroker<br/>Precious Metal/Stone/Jewels Dealer<br/>Private Equity Fund<br/>Securities/Commodities</li> </ul> | <ul style="list-style-type: none"> <li>• GOVERNMENT/MUNICIPALITY/<br/>TRIBAL GOVERNMENT<br/>(including business owned/controlled by)</li> <li>• IMPORT/EXPORT BUSINESS<br/>(a) with warehouse (b) without warehouse</li> <li>• INTERNET BASED BUSINESS<br/>(primarily internet-based business)</li> <li>• LEATHER GOODS STORE</li> <li>• LEGAL SERVICES</li> <li>• MANUFACTURING/DISTRIBUTION</li> <li>• MONEY SERVICES BUSINESS</li> <li>• NONPROFIT ORGANIZATION<br/>(e.g., charity, endowment, foundation, religious, NGOs, or other)</li> <li>• OTHER (If OTHER, please describe in applicable section(s) of form)</li> <li>• OWNER/EXECUTIVE OF CASINO OR MONEY SERVICES BUSINESS</li> <li>• PROFESSIONAL SERVICE PROVIDER WITH INTERMEDIARY ACCOUNT<br/>(e.g. attorney trust account, real estate escrow account)</li> <li>• THIRD PARTY PAYMENT/ACH PROVIDER</li> </ul> |
|---|--|

## STEP 2. BENEFICIAL OWNER AND CONTROL PERSON INFORMATION

To help the government fight the funding of terrorism and money laundering activities, federal laws require financial institutions to obtain, verify, and record information that identifies beneficial owners and/or control persons for legal entities that open an account. We may require additional beneficial ownership information after initial review.

☐ Check here if the entity does not have any current beneficial owners with 25% (U.S.) or 10% (non-U.S.) equity interest. Initial founder/grantor information still required. Additional information may be required.

### For entities organized in the United States:

- Provide identifying information for all founders/grantors who contributed 25% or more of the initial funding as well as all current beneficial owners with 25% or more equity interest.
- Provide identifying information for all control persons.
- If entity is a private investment fund (e.g., pooled investment vehicle, hedge fund), complete and submit an AML Attestation Letter with this form.

### For entities organized outside the United States:

- Provide identifying information for all founders/grantors who contributed 10% or more of the initial funding as well as all current beneficial owners with 10% or more equity interest.
- Provide identifying information for all control persons.
- If entity is a private investment fund (e.g., pooled investment vehicle, hedge fund), complete and submit an AML Attestation Letter with this form.

# Know Your Customer Profile-Entity

BNY MELLON, N.A.

Account Number

## Beneficial Owners

For chain owners, where any of the record owners are entities, provide a separate KYC Profile for each additional layer that is an entity. Identify the owners/grantors/founders of each layer and identify the control persons. Complete an Individual Information Sheet (Step 3) for each individual listed.

| NAME | POSITION/TITLE | OWNERSHIP % |
|------|----------------|-------------|
|      |                |             |
|      |                |             |
|      |                |             |
|      |                |             |

## Control

List the persons who have authority or control over this entity such as CEO, CFO, COO, or authorized signer and provide all requested information below. For trusts, list all trustees. If any of the control parties is an entity such as corporate trustee or corporate director, provide a separate KYC Profile, identifying the control persons. For non-U.S. persons: for any individual listed here who is not a U.S. citizen or U.S. permanent resident, attach a legible photocopy of his/her passport and address verification. Examples include driver's license, utility bill dated within six months, or property tax bill. For U.S. citizens living abroad, address verification is required.

### Control Person 1

|                |                  |
|----------------|------------------|
| Name           | US Tax ID Number |
| Position/Title | Date of Birth    |
| Home Address   |                  |

## Citizenship

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

|                     |                        |
|---------------------|------------------------|
| Primary Citizenship | Additional Citizenship |
|---------------------|------------------------|

## Employment Status and Industry Affiliations

If Employed/ Self-Employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

|   |                |                 |
|---|----------------|-----------------|
| Occupation  | Years Employed |                 |
| Employer Name                                     |                |                 |
| Employer's Address                                |                |                 |
| City  | State/Province | Zip/Postal Code |
| Country   |                |                 |
| Nature of Business (see Nature of Business Table) |                |                 |

# Know Your Customer Profile-Entity

BNY MELLON, N.A.

Account Number

## Occupational Category (select one):

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner ☐ Member/Partner ☐ CEO/CFO/COO ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

## Control Person 2

|                |                  |
|----------------|------------------|
| Name           | US Tax ID Number |
| Position/Title | Date of Birth    |
| Home Address   |                  |

## Citizenship

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

|                     |                        |
|---------------------|------------------------|
| Primary Citizenship | Additional Citizenship |
|---------------------|------------------------|

## Employment Status and Industry Affiliations

If Employed/ Self-Employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

|   |                |                 |
|---|----------------|-----------------|
| Occupation  | Years Employed |                 |
| Employer Name                                     |                |                 |
| Employer's Address                                |                |                 |
| City  | State/Province | Zip/Postal Code |
| Country   |                |                 |
| Nature of Business (see Nature of Business Table) |                |                 |

## Occupational Category (select one):

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner ☐ Member/Partner ☐ CEO/CFO/COO ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

## Control Person 3

|                |                  |
|----------------|------------------|
| Name           | US Tax ID Number |
| Position/Title | Date of Birth    |
| Home Address   |                  |

# Know Your Customer Profile-Entity

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Account Number

## Citizenship

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

|                     |                        |
|---------------------|------------------------|
| Primary Citizenship | Additional Citizenship |
|---------------------|------------------------|

## Employment Status and Industry Affiliations

If Employed/ Self-Employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

|   |                |                 |
|---|----------------|-----------------|
| Occupation  | Years Employed |                 |
| Employer Name                                     |                |                 |
| Employer's Address                                |                |                 |
| City  | State/Province | Zip/Postal Code |
| Country   |                |                 |
| Nature of Business (see Nature of Business Table) |                |                 |

## Occupational Category (select one):

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner ☐ Member/Partner ☐ CEO/CFO/COO ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

## Control Person 4

|                |                  |
|----------------|------------------|
| Name           | US Tax ID Number |
| Position/Title | Date of Birth    |
| Home Address   |                  |

## Citizenship

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

|                     |                        |
|---------------------|------------------------|
| Primary Citizenship | Additional Citizenship |
|---------------------|------------------------|

# Know Your Customer Profile-Entity

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## Employment Status and Industry Affiliations

If Employed/ Self-Employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

|   |                |                 |
|---|----------------|-----------------|
| Occupation  | Years Employed |                 |
| Employer Name                                     |                |                 |
| Employer's Address                                |                |                 |
| City  | State/Province | Zip/Postal Code |
| Country   |                |                 |
| Nature of Business (see Nature of Business Table) |                |                 |

## Occupational Category (select one):

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner ☐ Member/Partner ☐ CEO/CFO/COO ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

## STEP3. INDIVIDUAL INFORMATION SHEET(S)

For non-U.S. persons: for any individual listed here who is not a U.S. citizen or U.S. permanent resident, attach a certified, legible photocopy of his/her passport and certified address verification. Examples include driver's license, utility bill dated within six months, or property tax bill. For U.S. citizens living abroad address verification is required. For deceased grantors/founders provide at least one CIP identifier (address, SSN, DOB) along with date of death. If employed/self-employed is indicated, please complete all employment fields.

### Individual 1

|                                     |                                       |                          |                             |
|-------------------------------------|---------------------------------------|--------------------------|-----------------------------|
| Name                                |                                       |                          |                             |
| Home Phone                          |                                       | Business Phone           | Mobile Phone                |
| Primary Residence Street Address    |                                       |                          |                             |
| City                                |                                       | State/Province           | Zip/Postal Code             |
| Country                             |                                       | Email Address (optional) | U.S. Social Security Number |
| Foreign Tax Country (if applicable) | Foreign Tax ID Number (if Applicable) | Date of Birth            | If Deceased, Date of Death  |

### Citizenship

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

|                     |                        |
|---------------------|------------------------|
| Primary Citizenship | Additional Citizenship |
|---------------------|------------------------|

# Know Your Customer Profile-Entity

BNY MELLON, N.A.

Account Number

## Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

|   |                |                 |
|---|----------------|-----------------|
| Occupation  | Years Employed |                 |
| Employer Name                                     |                |                 |
| Employer's Address                                |                |                 |
| City  | State/Province | Zip/Postal Code |
| Country   |                |                 |
| Nature of Business (see Nature of Business Table) |                |                 |

## Occupational Category (select one):

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner ☐ Member/Partner ☐ CEO/CFO/COO ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

## Individual Source of Wealth (please select all that apply):

Source of wealth refers to the origin of the entire body of wealth of client.

For all entity accounts, provide the source of wealth on the Entity KYC form.

If additional previous employment needs to be listed, provide additional copies of this page.

☐ **Compensation** (If selected, employment information is needed. If less than ten years at current employer, provide employment information for previous employers for the past ten years).

|                             |                |                 |         |
|-----------------------------|----------------|-----------------|---------|
| Previous Employer Name      | Years Employed | Title           |         |
| Previous Employer's Address |                |                 |         |
| City                        | State/Province | Zip/Postal Code | Country |

|                             |                |                 |         |
|-----------------------------|----------------|-----------------|---------|
| Previous Employer Name      | Years Employed | Title           |         |
| Previous Employer's Address |                |                 |         |
| City                        | State/Province | Zip/Postal Code | Country |

☐ **Inheritance**

|   |  |  |  |
|---|--|--|--|
| Name of Person Who Gifted   | Relationship to Client                             |  |  |
| Creator of Wealth (if different from above)   | Date of Inheritance                                |  |  |
| Original Amount of Inheritance  | Approximate Annual Income Derived from Inheritance |  |  |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |  |  |  |

# Know Your Customer Profile-Entity

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Account Number

## ☐ **Security Investments**

|   |                               |
|---|-------------------------------|
| Approximate Value of Portfolio  | Income Derived from Portfolio |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |                               |

## ☐ **Private Investments (private equity, hedge funds, and other alternative investments)**

|   |                               |
|---|-------------------------------|
| Approximate Value of Portfolio  | Income Derived from Portfolio |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |                               |

## ☐ **Business Ownership**

|                   |                      |   |   |
|-------------------|----------------------|---|---|
| Name of Business  |                      |   |   |
| Address           |                      |   |   |
| City              | State/Province       | Zip/Postal Code                                   |   |
| Country           |                      |   |   |
| Position Held     |                      | Nature of Business (see Nature of Business Table) |   |
| Date of Ownership |                      | Date of Sale (if applicable)                      |   |
| Percent Ownership | Approx. Annual Sales | Approx. Number of Employees                       | Approx. Current Valuation of the Business |

## ☐ **Gift**

|   |   |                        |
|---|---|------------------------|
| Name of Person Who Gifted   |   | Relationship to Client |
| Creator of Wealth   |   |                        |
| Original Value of Gift  | Approximate Annual Income Derived From Gift | Date of Gift           |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |   |                        |

## ☐ **Real Estate**

|  |  |
|--|--|
| Country (or Countries) in Which Real Estate is Located:  |  |
| Nature of Real Estate Investment<br><input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Real Estate Fund <input type="checkbox"/> Residential <input type="checkbox"/> Retail |  |
| Nature of Real Estate Income<br><input type="checkbox"/> Employee <input type="checkbox"/> Owner <input type="checkbox"/> Passive Investment <input type="checkbox"/> Rental <input type="checkbox"/> Sale             |  |

## ☐ **Dependent Source of Wealth**

|  |                        |
|--|------------------------|
| Name of Person   | Relationship to Client |
| Provide Details on Source of Wealth (include country, Nature of Business [see Nature of Business Table]) |                        |
| Other  |                        |



# Know Your Customer Profile-Entity

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Account Number

☐ **Other**

Please Explain

## Financial Profile - Required for Non-U.S. Individual

Estimated Net Worth (nearest ½ million in USD)

### Estimated Current Income (annual):

☐ Up to \$100,000

☐ Over \$1MM to \$2.5MM

☐ Over \$100,000 to \$250,000

☐ Over \$2.5MM to \$5MM

☐ Over \$250,000 to \$500,000

☐ Over \$5 MM: specify \_\_\_\_\_

☐ Over \$500,000 to \$1MM

## Individual 2

|                                     |                                       |                          |                             |
|-------------------------------------|---------------------------------------|--------------------------|-----------------------------|
| Name                                |                                       |                          |                             |
| Home Phone                          |                                       | Business Phone           | Mobile Phone                |
| Primary Residence Street Address    |                                       |                          |                             |
| City                                |                                       | State/Province           | Zip/Postal Code             |
| Country                             |                                       | Email Address (optional) | U.S. Social Security Number |
| Foreign Tax Country (if applicable) | Foreign Tax ID Number (if applicable) | Date of Birth            | If Deceased, Date of Death  |

## Citizenship

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

|                     |                        |
|---------------------|------------------------|
| Primary Citizenship | Additional Citizenship |
|---------------------|------------------------|

## Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed

☐ Self-Employed

☐ Retired

☐ Unemployed

☐ Homemaker

☐ Student

|   |                |                  |
|---|----------------|------------------|
| Occupation  | Years Employed | Type of Business |
| Employer Name                                     |                |                  |
| Employer's Address                                |                |                  |
| City  | State/Province | Zip/Postal Code  |
| Country   |                |                  |
| Nature of Business (see Nature of Business Table) |                |                  |

# Know Your Customer Profile-Entity

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Account Number

## Occupational Category:

Check (select one) if you are a:

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner ☐ Member/Partner ☐ CEO/CFO/COO ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

## Individual Source of Wealth (please select all that apply):

Source of wealth refers to the origin of the entire body of wealth of client.

For all entity accounts, provide the source of wealth on the Entity KYC form.

If additional previous employment needs to be listed, provide additional copies of this page.

☐ **Compensation** (If selected, employment information is needed. If less than ten years at current employer, provide employment information for previous employers for the past ten years).

|                             |                |                 |         |
|-----------------------------|----------------|-----------------|---------|
| Previous Employer Name      | Years Employed | Title           |         |
| Previous Employer's Address |                |                 |         |
| City                        | State/Province | Zip/Postal Code | Country |

|                             |                |                 |         |
|-----------------------------|----------------|-----------------|---------|
| Previous Employer Name      | Years Employed | Title           |         |
| Previous Employer's Address |                |                 |         |
| City                        | State/Province | Zip/Postal Code | Country |

☐ **Inheritance**

|   |  |
|---|--|
| Name of Person Who Gifted   | Relationship to Client                             |
| Creator of Wealth (if different from above)   | Date of Inheritance                                |
| Original Amount of Inheritance  | Approximate Annual Income Derived from Inheritance |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |  |

☐ **Security Investments**

|   |                               |
|---|-------------------------------|
| Approximate Value of Portfolio  | Income Derived from Portfolio |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |                               |

☐ **Private Investments (private equity, hedge funds, and other alternative investments)**

|   |                               |
|---|-------------------------------|
| Approximate Value of Portfolio  | Income Derived from Portfolio |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |                               |

# Know Your Customer Profile-Entity

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☐ **Business Ownership**

|                   |                      |   |   |
|-------------------|----------------------|---|---|
| Name of Business  |                      |   |   |
| Address           |                      |   |   |
| City              |                      | State/Province                                    | Zip/Postal Code                               |
| Country           |                      |   |   |
| Position Held     |                      | Nature of Business (see Nature of Business Table) |   |
| Date of Ownership |                      | Date of Sale (if applicable)                      |   |
| Percent Ownership | Approx. Annual Sales | Approx. Number of Employees                       | Approximate Current Valuation of the Business |

☐ **Gift**

|   |   |                        |
|---|---|------------------------|
| Name of Person Who Gifted   |   | Relationship to Client |
| Creator of Wealth   |   |                        |
| Original Value of Gift  | Approximate Annual Income Derived From Gift | Date of Gift           |
| Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details) |   |                        |

☐ **Real Estate**

|  |  |
|--|--|
| Country (or Countries) in Which Real Estate is Located:  |  |
| Nature of Real Estate Investment<br><input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Real Estate Fund <input type="checkbox"/> Residential <input type="checkbox"/> Retail |  |
| Nature of Real Estate Income<br><input type="checkbox"/> Employee <input type="checkbox"/> Owner <input type="checkbox"/> Passive Investment <input type="checkbox"/> Rental <input type="checkbox"/> Sale             |  |

☐ **Dependent Source of Wealth**

|  |                        |
|--|------------------------|
| Name of Person   | Relationship to Client |
| Provide Details on Source of Wealth (Include country, Nature of Business [see Nature of Business Table]) |                        |
| Other  |                        |

☐ **Other**

|                |
|----------------|
| Please Explain |
|                |

# Know Your Customer Profile-Entity

BNY MELLON, N.A.

Account Number

## Financial Profile - Required for Non-U.S. Individual


Estimated Net Worth (nearest ½ million in USD)

### Estimated Current Income (annual):

- |  |   |
|--|---|
| <input type="checkbox"/> Up to \$100,000             | <input type="checkbox"/> Over \$1MM to \$2.5MM      |
| <input type="checkbox"/> Over \$100,000 to \$250,000 | <input type="checkbox"/> Over \$2.5MM to \$5MM      |
| <input type="checkbox"/> Over \$250,000 to \$500,000 | <input type="checkbox"/> Over \$5 MM: specify _____ |
| <input type="checkbox"/> Over \$500,000 to \$1MM     |   |

### STEP 4. FINCEN CERTIFICATION

I hereby certify, as an authorized individual on this account, that the information provided on this form is complete and correct to the best of my knowledge.

|  |      |
|--|------|
| Print Name   | Date |
| Position Held/Title  |      |
| Signature<br> |      |