

Beneficial Owner Information

PERSHING ADVISOR SOLUTIONS LLC

Entity Name	Account Number
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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.

For entities organized in the United States:

- Submit this document with your Account Application and Agreement
- Provide identifying information for **all** beneficial owners (shareholder, limited partner, member, etc.) with 25% or greater ownership
- Provide identifying information for **at least one** control person

For entities organized outside the United States:

- Submit this document with your Account Application and Agreement
- Provide identifying information for **all** beneficial owners (shareholder, limited partner, member, etc.) with 10% or greater ownership
- Provide identifying information for **all** control persons

☐ Check here if the entity does not have any individuals with 25% (U.S.) or 10% (non-U.S.) beneficial ownership and proceed to Step 1 to add control person information.

STEP 1. BENEFICIAL OWNER/ CONTROL PERSON INFORMATION

If additional space is needed, please attach a separate sheet.

Position held is required for control persons.

Percentage of ownership is required for beneficial owners only.

For non us persons: please provide a clear copy of passport and document for address verification. Examples include driver's license, utility bill dated within six months, or property tax bill.

Beneficial Owner/Control Person Information

Check all that apply: ☐ Beneficial Owner ☐ Control Person

First Name	Middle Initial	Last Name
Social Security Number		Date of birth
*Position Held/Title	**Percentage of Ownership	
Country of Citizenship		
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O box)		
City	State	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State	Zip/Postal Code
Country		
Previous Physical Address (if current address is less than two years old)		
City	State	Zip/Postal Code
Country		



Beneficial Owner Information

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Account Number

Employment

Employment information is required for beneficial owners.

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

Employer Name	Years Employed	Occupation
Type of Business		
Employment Address		

Beneficial Owner/Control Person Information

Check all that apply: ☐ Beneficial Owner ☐ Control Person

First Name	Middle Initial	Last Name
Social Security Number		Date of birth
*Position Held/Title	**Percentage of Ownership	
Country of Citizenship		
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O box)		
City	State	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State	Zip/Postal Code
Country		
Previous Physical Address (if current address is less than two years old)		
City	State	Zip/Postal Code
Country		

Employment

Employment information is required for beneficial owners.

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

Employer Name	Years Employed	Occupation
Nature of Business		
Employment Address		

STEP 2. 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 X	