



NEW ACCOUNT APPLICATION

For assistance in completing this application, please contact us at 866-876-8294. Please mail your completed and signed application to Ashmore Funds, PO Box 4766, Chicago, IL 60680-4766. Fax: (312) 267-3679. Overnight: Ashmore Funds, C/O Northern Trust 333 S. Wabash Avenue, W-38, Chicago, IL 60604.

Please print all information.

1 CHOOSE YOUR ACCOUNT TYPE *and complete the information for that section*

Choose your account type and complete the information for that section

INDIVIDUAL OR JOINT ACCOUNT

OWNER'S FIRST NAME MIDDLE INITIAL LAST NAME

OWNER'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING) OWNER'S DATE OF BIRTH MOTHER'S MAIDEN NAME

JOINT OWNER'S FIRST NAME MIDDLE INITIAL LAST NAME

JOINT OWNER'S SOCIAL SECURITY NUMBER JOINT OWNER'S DATE OF BIRTH MOTHER'S MAIDEN NAME

Joint accounts will be registered as Joint Tenants with Rights of Survivorship (JTWROS)

GIFT/TRANSFER TO A MINOR (UGMA/UTMA)

CUSTODIAN'S FIRST NAME MIDDLE INITIAL LAST NAME

CUSTODIAN'S SOCIAL SECURITY NUMBER CUSTODIAN'S DATE OF BIRTH MOTHER'S MAIDEN NAME

MINOR'S FIRST NAME MIDDLE INITIAL LAST NAME

MINOR'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING) MINOR'S DATE OF BIRTH MOTHER'S MAIDEN NAME

- TRUST** **C-CORPORATION** **S-CORPORATION** **PARTNERSHIP**
- RETIREMENT PLAN** **GOVERNMENT ENTITY** **ERISA PLAN** **ESTATE**
- OTHER** _____

If you checked Retirement Plan, please indicate if this is a 401(k) Profit Sharing Plan Defined Benefit Plan Other _____

NAME OF CORPORATION, TRUST OR OTHER ENTITY

TAX IDENTIFICATION NUMBER DATE OF TRUST AGREEMENT (FOR TRUSTS)

NAME OF TRUSTEE TRUSTEE'S SOCIAL SECURITY NUMBER TRUSTEE'S DATE OF BIRTH

NAME OF CO-TRUSTEE CO-TRUSTEE'S SOCIAL SECURITY NUMBER CO-TRUSTEE'S DATE OF BIRTH

1 CHOOSE YOUR ACCOUNT TYPE *(continued)*

Is this a publicly traded company? Yes No Please Provide Ticker Symbol _____

Is this a Registered Investment Company? Yes No

Additional documentation required for Corporations, Trusts or Other Entities. Additional documentation is required for legal entities to complete the application process. A Certification Regarding Beneficial Owners of Legal Entity Customers may be required. Please review the Appendix and complete as appropriate.

To Open a Trust Account, please attach the first page, the page naming trustees, and the signature page of the trust agreement.

To Open a Corporate Account, please include a Form W-9, certified copy of the Corporate Resolution, including authorized signatures, dated within the past 6 months to evidence authority AND a copy of one of the following: articles of incorporation, government issued business license, or certificate of good standing. Form W-9 can be obtained by contacting the Internal Revenue Service (IRS) at 800-829-1040, or by visiting www.irs.gov.

2 ADDRESS

Please provide a street address for the account owner (military personnel may provide an APO or FPO). All account-related materials will be sent to this address unless a mailing address is provided below. For joint tenant or custodial accounts, please provide the joint owner's or minor's address below if different from the account owner's address.

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

EMAIL ADDRESS

Check here if business address

ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY/STATE/ZIP

ADDRESS OF JOINT OWNERS/CO-TRUSTEES/MINORS IF DIFFERENT FROM PRIMARY OWNER'S ADDRESS

NAME OF JOINT OWNER/CO-TRUSTEE/MINOR

STREET ADDRESS

STREET ADDRESS

CITY/STATE/ZIP

*The USA PATRIOT Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

3**SELECT YOUR FUND**

The minimum investment for Class A and C is \$1,000. Please note that money orders, traveler's checks, and third-party checks are not accepted.

CHOOSE YOUR INVESTMENT METHOD

Investment will be made by: Check Payable to Ashmore Funds Wire (please call 866-876-8294 for instructions)

FUND NAME	CLASS AND FUND NUMBER		AMOUNT
Ashmore Emerging Markets Corporate Income Fund	<input type="checkbox"/> Class A, 101	<input type="checkbox"/> Class C, 201	<input type="text"/>
Ashmore Emerging Markets Local Currency Bond Fund	<input type="checkbox"/> Class A, 103	<input type="checkbox"/> Class C, 203	<input type="text"/>
Ashmore Emerging Markets Total Return Fund	<input type="checkbox"/> Class A, 105	<input type="checkbox"/> Class C, 205	<input type="text"/>
Ashmore Emerging Markets Equity Fund	<input type="checkbox"/> Class A, 106	<input type="checkbox"/> Class C, 206	<input type="text"/>
Ashmore Emerging Markets Small Cap Equity Fund	<input type="checkbox"/> Class A, 107	<input type="checkbox"/> Class C, 207	<input type="text"/>
Ashmore Emerging Markets Frontier Equity Fund	<input type="checkbox"/> Class A, 108	<input type="checkbox"/> Class C, 208	<input type="text"/>
Ashmore Emerging Markets Short Duration Fund	<input type="checkbox"/> Class A, 109	<input type="checkbox"/> Class C, 209	<input type="text"/>
Ashmore Emerging Markets Active Equity Fund	<input type="checkbox"/> Class A, 112	<input type="checkbox"/> Class C, 212	<input type="text"/>

4**REDUCED SALES CHARGE ON CLASS A SHARES (optional)** **RIGHTS OF ACCUMULATION (ROA)**

I qualify for the Rights of Accumulation privilege as described in the Prospectus and/or Statement of Additional Information. Please link the accounts below to this new account.

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

 LETTER OF INTENT (LOI)

I agree to the Letter of Intent conditions stated in the Prospectus. I intend to invest, within a 13-month period, an aggregate share amount of eligible Funds in the dollar amount at least equal to:

\$100,000 \$250,000 \$500,000 \$1,000,000

4 REDUCED SALES CHARGE ON CLASS A SHARES (optional) (continued)

Please list any account(s) below that qualify for the Combined Purchase Privilege, which allows for shares to be purchased under a single Letter of Intent. For more details, please see the Prospectus and/or Statement of Additional Information.

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

I am entitled to buy Class A Shares at NAV because (explain)

Investors may be eligible to eliminate sales charges that are applicable to purchases. These options are summarized in the Prospectus and Statement of Additional Information.

5 ESTABLISH AUTOMATIC INVESTMENT PLANS (optional)

An automatic investment plan can be established on your account to invest directly from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 9.

Investment Amount (minimum \$50.00)

Frequency (check one) Once a month on the 1st Once a month on the 15th

Start Date _____ If no date is selected, the 1st of the next calendar month will be used.

6 DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Your distributions will be automatically reinvested if no box is checked. If you'd like to have your distributions paid in cash, please indicate below:

REINVEST Dividends Short-term Capital Gains Long-term Capital Gains

CASH Dividends Short-term Capital Gains Long-term Capital Gains

SEND CASH DISTRIBUTIONS TO:

The name/address on the account by check (Default for cash dividends if no selection is made)

A bank by electronic transfer (Please provide your bank information in section 10)

A different name and/or address by check

NAME

ADDRESS CITY/STATE/ZIP

7 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the Fund will apply its default cost basis method to your account.

For my account, I would like:

Average Cost (AVCS) First In, First Out (FIFO) Specific ID (SPID) Last In, First Out (LIFO) Low Cost High Cost

SPECIFIC ID SECONDARY METHOD

If you specified Specific Id (SPID) above and do not provide a lot election at the time of sale, we will sell shares using the First In, First Out (FIFO) method.

8 TELEPHONE PRIVILEGES

Privileges to redeem or exchange between identically registered accounts via telephone will automatically be established on your account unless you indicate otherwise below:

- I do not want any telephone privileges
- I do not want any Telephone Exchange Privileges
- I do not want any Telephone Redemption Privileges

9 BANK INFORMATION

Complete this section if you would like to maintain bank instructions on file for payment of redemptions or distributions, or if you are establishing an automatic investment plan.

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account Savings Account

10 COMMUNICATION PREFERENCES

HOUSEHOLDING/CONSOLIDATED MAILING

The Funds are authorized to send only one copy of shareholder reports, prospectuses, or proxy materials to all accounts at this address unless you indicate otherwise below.

I do not want mailings consolidated.

ADDITIONAL STATEMENTS

Complete this section if you would like duplicate statements of your account information to go to an interested party.

NAME

ADDRESS

CITY/STATE/ZIP

11**ONLINE ACCESS ENROLLMENT**

Complete this section to establish online access to account statements and other documents. Online access to account statements and other documents will not replace hard copy delivery of these documents.

Provide the user name and email information. Once the user is established, the User ID and password will be emailed to the address provided below.

USER NAME (PLEASE NOTE THAT THE USER NAME IS LIMITED TO 50 CHARACTERS)

USER EMAIL ADDRESS

USER NAME (PLEASE NOTE THAT THE USER NAME IS LIMITED TO 50 CHARACTERS)

USER EMAIL ADDRESS

USER NAME (PLEASE NOTE THAT THE USER NAME IS LIMITED TO 50 CHARACTERS)

USER EMAIL ADDRESS

12**AUTHORIZED SIGNERS**

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

13 SIGN YOUR NAME

By signing this form, I certify that I have received, read, and agree to the terms of the Funds' in which I am investing and agree to the terms therein. I have the legal capacity and complete authority to invest in the fund(s), am of legal age in my state to purchase such shares, and believe each investment is appropriate.

I authorize the Fund and its agents to act upon my written and/or verbal instructions that are believed to be genuine for this account. I agree that neither the Fund, nor its agents and affiliates, will be liable for any loss or expense for acting on such instructions, provided that the Fund employs reasonable procedures to confirm the legitimacy and accuracy of the given instructions.

- 1. I confirm I have received and read the current prospectus and privacy notice for the fund(s) I am investing in.
- 2. I understand that shares of the Fund are not insured or guaranteed by the FDIC or any other governmental agency.
- 3. I understand that Federal Law requires the Funds to obtain, verify, and record identifying information, which may include the name, residential or business street address, taxpayer identification number, or other identifying information, for each investor who opens an account and that applications without the required information, or without an indication and supporting documentation showing that a taxpayer identification number has been applied for, may not be accepted.

I further understand that after acceptance, the Fund reserves the right to

- (1) place limits on transactions in any account until my identity is verified; or
- (2) refuse my investment in the Funds; or
- (3) redeem shares and close my account in the event that my identity is not verified.

- 4. I agree that the Funds and their agents will not be responsible for any loss resulting from my delay in providing all required information or from restricting transactions or closing an account when my identity is not verified.
- 5. For Foreign Investors: I understand that if the Fund allows the exception for foreign investors, I must complete any additional information to meet all USA Patriot Act requirements before my application can be approved and that I may be subject to withholding. Please consult a tax advisor.
- 6. For Corporations, Trusts, or Other Entities: I acknowledge that the Funds and their agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of persons purporting to be an authorized persons as named in the Trust, Corporate Resolution or other acceptable document evidencing authority to act on behalf of the entity which was last received by the Funds or their agent. I agree that the funds and their agents will not be liable for any claims, expenses, or losses resulting from having acted upon instruction reasonably believed genuine.
- 7. I understand that if I am unable to be located by the fund or the Transfer Agent, my account may be deemed legally abandoned and then escheated to the appropriate state's unclaimed property administration in accordance with statutory requirements.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number; and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 Instructions); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE PRINTED NAME DATE

SIGNATURE PRINTED NAME DATE

SIGNATURE PRINTED NAME DATE

FOR BROKER/DEALER USE ONLY

6.24

BROKER/DEALER FIRM NAME

ADDRESS

CITY STATE ZIP

BRANCH/AGENCY NUMBER

INVESTMENT PROFESSIONAL NAME

INVESTMENT PROFESSIONAL NUMBER

PHONE NUMBER

INVESTMENT PROFESSIONAL SIGNATURE

DATE

PRIVACY POLICY

We consider customer privacy to be a fundamental aspect of our relationships with shareholders and are committed to maintaining the confidentiality, integrity and security of our current, prospective and former shareholders' personal information. To ensure our shareholders' privacy, we have developed policies that are designed to protect this confidentiality, while allowing shareholders' needs to be served.

Obtaining Personal Information

In the course of providing shareholders with products and services, we may obtain non-public personal information about shareholders, which may come from sources such as account applications and other forms, from other written, electronic or verbal correspondence, from shareholder transactions, from a shareholder's brokerage or financial advisory firm, financial adviser or consultant, and/or from information captured on our internet web sites.

Respecting Your Privacy

As a matter of policy, we do not disclose any personal or account information provided by shareholders or gathered by us to non-affiliated third parties, except as required for our everyday business purposes, such as to process transactions or service a shareholder's account, or as otherwise permitted by law. As is common in the industry, non-affiliated companies may from time to time be used to provide certain services, such as preparing and mailing prospectuses, reports, account statements and other information, and gathering shareholder proxies. We may also retain non-affiliated financial services providers to market our shares or products and we may enter into joint-marketing arrangements with them and other financial companies. We may also retain marketing and research service firms to conduct research on shareholder satisfaction. These companies may have access to a shareholder's personal and account information, but are permitted to use this information solely to provide the specific service or as otherwise permitted by law. We may also provide a shareholder's personal and account information to their respective brokerage or financial advisory firm, Custodian, and/or to their financial advisor or consultant.

Sharing Information with Third Parties

We reserve the right to disclose or report personal information to non-affiliated third parties where we believe in good faith that disclosure is required under law to cooperate with regulators or law enforcement authorities, to protect our rights or property or upon reasonable request by any investee entity in which a shareholder has chosen to invest. Of course, we may also share your information with your consent.

Sharing Information with Affiliates

We may share shareholder information with our affiliates in connection with our affiliates' everyday business purposes, such as servicing a shareholder's account, but our affiliates may not use this information to market products and services to you except in conformance with applicable laws or regulations. The information we share includes information about our experiences and transactions with a shareholder and may include, for example, a shareholder's participation in one of the Funds or in other investment programs, a shareholder's percentage ownership of certain types of accounts, or other data about a shareholder's transactions or accounts. Our affiliates, in turn, are not permitted to share shareholder information with non-affiliated entities, except as required or permitted by law.

Procedures to Safeguard Private Information

We take seriously the obligation to safeguard shareholder non-public personal information. In addition to this policy, we have also implemented procedures that are designed to restrict access to a shareholder's non-public personal information only to internal personnel who need to know that information in order to provide products or services to such shareholders. In addition, we have physical, electronic, and procedural safeguards in place to guard a shareholder's non-public personal information.

Disposal of Confidential Records

We will dispose of records, if any, that are knowingly derived from data received from a consumer reporting agency regarding a shareholder that is an individual in a manner that ensures the confidentiality of the data is maintained. Such records include, among other things, copies of consumer reports and notes of conversations with individuals at consumer reporting agencies.

APPENDIX

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country (subject to certain exemptions).

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) of the following individuals (i.e., the beneficial owners) for applicable legal entities.

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (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).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The Fund(s) will require that a copy of a Passport, or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard, be obtained for non-U.S. beneficial owners listed on this form. The Fund(s) may also ask to see a copy of a driver's license or other identifying document for each U.S. beneficial owner listed on this form.

NAME AND TITLE OF PERSON COMPLETING THIS CERTIFICATION

NAME, TYPE AND ADDRESS OF LEGAL ENTITY FOR WHICH THE CERTIFICATION IS BEING COMPLETED

THE LEGAL ENTITY IS (SELECT ONE):

- Any legal entity that is established as a nonprofit corporation or similar entity (such as charitable, nonprofit, not-for-profit, nonstock, public benefit or similar corporations) and has filed its organizational documents with the appropriate State authority as necessary
- A pooled investment vehicle that is operated or advised by a financial institution that is not one of the excluded legal entity types listed below.

**COMPLETE
SECTIONS A
AND C BELOW**

(Section B not
required)

-
- Publicly Traded Company (Ticker Symbol: _____)
 - A Trust (other than a statutory trust created by a filing with a Secretary of State or similar officer)
 - A sole proprietorship
 - An unincorporated association
 - A financial institution regulated by a Federal functional regulator or a bank regulated by a State bank regulator
 - An insurance company that is regulated by a State
 - A department or agency of the United States, or any State, or of any political subdivision of a State
 - Any entity established under the laws of the United States, of any State, or of any political subdivision of any State, or under an interstate compact between two or more States, that exercise governmental authority on behalf of the United States or of any such State or political subdivision
 - An issuer of a class of securities registered under section 12 of the Securities Exchange Act of 1934 or that is required to file reports under section 15(d) of that Act
 - An investment company, as defined in Section 3 of the Investment Company Act of 1940, that is registered with the SEC under that Act
 - An investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940, that is registered with the Securities and Exchange Commission under that Act
 - An exchange or clearing agency, as defined in section 3 of the Securities Exchange Act of 1934, that is registered under section 6 or 17A of the Act
 - Any other entity registered with the Securities and Exchange Commission under the Securities Exchange Act of 1934
 - A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, each as defined in section 1a of the Commodity Exchange Act, that is registered with the Commodity Futures Trading Commission
 - A public accounting firm registered under section 102 of the Sarbanes-Oxley Act
 - A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 U.S.C. 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners' Loan Act (12 U.S.C. 1467 a(n))
 - A pooled investment vehicle that is operated or advised by a financial institution that is excluded from this rule
 - A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010
 - A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities

**COMPLETE
SECTION C
BELOW**

(Sections A and B
not required)

The Fund(s) may
request additional
documentation if one
of these legal entity
types is selected.

-
- Any other corporation, limited liability company, general partnership, limited partnership, or business trust created by filing with a state office

**COMPLETE
SECTIONS A, B
AND C BELOW**

A CONTROL PERSON INFORMATION

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- 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
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed in Section B below may also be listed in this section).

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

TITLE DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

* Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

B BENEFICIAL OWNER INFORMATION

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If appropriate, an individual listed under section A above may also be listed in this section.)

If no individual meets the ownership criteria defined above, check here:

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

* Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

(Additional Beneficial Owner Information entry block on next page)

B BENEFICIAL OWNER INFORMATION *continued*

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If appropriate, an individual listed under section A above may also be listed in this section.)

If no individual meets the ownership criteria defined above, check here:

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

* Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

B BENEFICIAL OWNER INFORMATION *continued*

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership (for example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.), or provide a schematic of Beneficial Ownership information.

C CERTIFICATION

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE

DATE

IMPORTANT NOTIFICATIONS

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. We will use the name, address, date of birth and other information provided in this form to identify each such person. We also may ask to see their driver's license or other identifying documents.