



# 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 .

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                       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](http://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 Debt 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"/>
Ashmore Emerging Markets Equity ESG Fund	<input type="checkbox"/> Class A, 113	<input type="checkbox"/> Class C, 213	<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 10.

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(S)

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the FUND DEFAULT METHOD will be applied to your account(s). If you select the Specific ID method, a secondary method may be selected in Section 8.

For my account(s), I would like:

- Average Cost (AVCS)    First In, First Out (FIFO)    Specific ID (SPID)    Last In, First Out (LIFO)    Average Cost Single Account (AVCC)\*

\*Please consider this option carefully and read the certification language in Section 13.

## 8 SPECIFIC ID SECONDARY METHOD – optional (complete A or B)

If you selected Specific ID for your account(s) and would like to use a secondary method as a standing order, please indicate that method below. If you do not provide specific shares at the time of your sale and do not have a secondary method on file, we will sell shares using the First In, First Out (FIFO) method.

	FIRST IN FIRST OUT (FIFO)	LAST IN, FIRST OUT (LIFO)
<b>A) One method for all shares in all of my Funds:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>		
<b>B) Different method for each Fund:</b>		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		

## 9 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

## 10 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

## 11 COMMUNICATION PREFERENCES

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### 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.

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NAME

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ADDRESS

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CITY/STATE/ZIP

## 12 ONLINE ACCESS ENROLLMENT

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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.

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

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USER EMAIL ADDRESS

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

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USER EMAIL ADDRESS

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

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USER EMAIL ADDRESS

## 13 AUTHORIZED SIGNERS

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SIGNATURE

PRINTED NAME

DATE

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SIGNATURE

PRINTED NAME

DATE

**14** SIGN YOUR NAME

All account owners or trustees must sign below. For UGMA/UTMA accounts, the custodian must sign. Please sign exactly as your name appears in Section 1.

- I am of legal age and have received and read the current prospectus for the funds I am investing in.
- I understand that shares of the funds are not insured or guaranteed by the FDIC or any other governmental agency.
- 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. 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. After acceptance, the Funds reserve the right to (1) place limits on transactions in any account until the identify of the investor is verified; or (2) refuse an investment in the Funds; or (3) redeem shares and close an account in the event that an investor's identify is not verified. The Ashmore Funds and its agents will not be responsible for any loss resulting from the investor's delay in providing all required information or from restricting transactions or closing an account when an investor's identity is not verified.
- Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number or I am waiting for a number to be issued to me 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 a failure to report all interest or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a US person. Cross out item 2 if it does not apply to you. The IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.
- If I am (or am deemed to be using the assets of) a benefit plan investor, within the meaning of Section 3(42) of ERISA, I represent that, except as otherwise disclosed in writing to the Funds, the applicable fiduciary of such benefit plan investor (i) is responsible for the decision to invest in the Funds; (ii) is independent of the Funds, the Investment Manager and any of their affiliates and has under management or control total assets of at least \$50 million; (iii) is qualified to make such investment decision and has, to the extent it deems necessary, consulted its own investment advisors and legal counsel regarding the investment in the Funds; (iv) in making its decision to invest in the Funds has not relied on any advice or recommendation of the Funds, the Investment Manager or any of their affiliates; (v) is aware that none of the Funds, the Investment Manager or any of their affiliates is undertaking to provide impartial investment advice, or to give advice in a fiduciary capacity, in connection with the investment in the Funds; (vi) has been fairly informed of the existence and nature of the Investment Manager's financial interests in connection with the investment in the Funds; and (vii) agrees that any investment advice, if any, provided by the Fund, the Investment Manager or any of their affiliates is provided in reliance upon the exemption
- For Corporations, Trusts, or Other Entities, the Funds and its agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of any Persons purporting to be an authorized person as named in the Trust, Corporate Resolution or other acceptable document evidencing authority which was last received by the Fund or its agent. The Fund and its agent shall not be liable for any claims, expenses, or losses resulting from having acted upon any instruction reasonably believed genuine.
- I understand if the Transfer Agent cannot locate the investor, the investor's account may be deemed legally abandoned and then escheated (transferred) to the appropriate state's unclaimed property administrator in accordance with statutory requirements.
- I affirmatively elect into the cost basis election indicated in Section 7, and not the defaulted cost basis method of the Fund(s).

For investors that have selected the Average Cost Single Account cost basis election, please read the certification below:

- I certify that I have not averaged my cost basis with the basis of stock held through other brokers.
- Fund and investor certify that "Information is accurate if they neither know nor have reason to know the basis information is inaccurate."

_____ SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ SIGNATURE	_____ PRINTED NAME	_____ DATE

**FOR BROKER/DEALER USE ONLY**

_____ 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.

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# APPENDIX

## CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

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### 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.

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NAME AND TITLE OF PERSON COMPLETING THIS CERTIFICATION

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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
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TITLE	DATE OF BIRTH
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STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY	STATE	ZIP
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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
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\* 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
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PERCENT OWNERSHIP	DATE OF BIRTH
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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
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\* 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:

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FIRST NAME MIDDLE NAME LAST NAME SUFFIX

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PERCENT OWNERSHIP DATE OF BIRTH

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STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

---

CITY STATE ZIP

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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

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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

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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*

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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.

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**C** CERTIFICATION

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

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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.