

Certification Regarding Beneficial Owner(s) of Legal Entity

IMPORTANT INFORMATION

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 those crimes.

Persons opening an account on behalf of legal entity must provide the information requested below. In addition, we may ask to see a copy of a driver's license or other identifying documentation for each beneficial owner identified in this form.

* Indicates required information.

1. LEGAL ENTITY CUSTOMER INFORMATION

NAME OF LEGAL ENTITY*	TYPE OF LEGAL ENTITY*
ADDRESS OF LEGAL ENTITY*	

2. EXEMPT ENTITIES

If the legal entity identified above is one of the following, check the box that applies and proceed to Section 5 (i.e., Sections 3 & 4 are not required for entities listed in this Section). If none apply, continue to Section 3.

Financial institution regulated by a federal regulator or a bank regulated by a state banking regulator.

Bank or savings and loan holding company.

Department or agency of the United States, of any state, or of any political subdivision of any state.

Entity that exercises governmental authority on behalf of the United States or any state.

Publicly held company whose common stock is listed on the NYSE, American, or NASDAQ stock exchange (a "Listed Entity").

Entity organized under US law or any US state's law at least 51% of whose common stock is held by a Listed Entity.

Entity registered with the SEC under the Securities Exchange Act of 1934.

SEC-registered investment adviser or investment company.

SEC-registered exchange or clearing agency.

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.

CFTC-registered Commodity Pool Operator (CPO), Commodity Trading Advisor (CTA), retail foreign exchange dealer or swap dealer.

Public accounting firm registered under section 102 of the Sarbanes-Oxley Act.

Pooled investment vehicle operated by an entity listed in this Section.

Insurance company that is regulated by a state.

Financial market utility designated by the FSOC under Title VIII of the Dodd-Frank Wall Street Reform Act.

Foreign financial institution established in a jurisdiction where the regulator maintains beneficial ownership information regarding such institution.

Non-US governmental department, agency or political subdivision that engages only in governmental rather than commercial activities.

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3. OWNERSHIP OF 25% OR MORE

Check this box and skip to Section 4 **if**:

- no individual owns, whether directly or indirectly, 25% or more interest in the legal entity identified above; **or**
- the legal entity was established as a non-profit and filed its organizational documents with the appropriate state agency.

For all other entities, you must provide the following information for each individual who directly or indirectly through any contact, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity.

NAME (FIRST, MI, LAST)*	DATE OF BIRTH*	SOCIAL SECURITY NO. ¹
ADDRESS (RESIDENTIAL OR BUSINESS)*		PERCENTAGE OF OWNERSHIP*
IDENTIFICATION TYPE & NUMBER (IF A NON-US PERSON, PROVIDE PASSPORT INFORMATION ²)*	DATE ID ISSUED*	DATE ID EXPIRES*
NAME (FIRST, MI, LAST)*	DATE OF BIRTH*	SOCIAL SECURITY NO. ¹
ADDRESS (RESIDENTIAL OR BUSINESS)*		PERCENTAGE OF OWNERSHIP*
IDENTIFICATION TYPE & NUMBER (IF A NON-US PERSON, PROVIDE PASSPORT INFORMATION ²)*	DATE ID ISSUED*	DATE ID EXPIRES*
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ADDRESS (RESIDENTIAL OR BUSINESS)*		PERCENTAGE OF OWNERSHIP*
IDENTIFICATION TYPE & NUMBER (IF A NON-US PERSON, PROVIDE PASSPORT INFORMATION ²)*	DATE ID ISSUED*	DATE ID EXPIRES*

4. ENTITY MANAGER

The following information must be provided 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 under Section 3 may be listed below.

NAME (FIRST, MI, LAST)*	DATE OF BIRTH*	SOCIAL SECURITY NO. ¹
ADDRESS (RESIDENTIAL OR BUSINESS)*		PERCENTAGE OF OWNERSHIP*
IDENTIFICATION TYPE & NUMBER (IF A NON-US PERSON, PROVIDE PASSPORT INFORMATION ²)*	DATE ID ISSUED*	DATE ID EXPIRES*

¹ SSN not required if the individual is a Non-U.S. person.


² In lieu of a passport number, Non-U.S. Persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



6. CERTIFICATION BY PERSON OPENING ACCOUNT

NAME OF PERSON OPENING THE ACCOUNT*		TITLE OF PERSON OPENING THE ACCOUNT*
IDENTIFICATION TYPE & NUMBER (IF A NON-US PERSON, PROVIDE PASSPORT INFORMATION)*	DATE ID ISSUED*	DATE ID EXPIRES*

By signing below, you (a) certify, to the best of your knowledge, that the information provided above is complete and correct, and (b) agree on behalf of the legal entity listed above that it will notify the Bank of any change in such information.

 SIGNATURE OF PERSON OPENING THE ACCOUNT*	DATE
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7. RECERTIFICATION FOR SUBSEQUENT ACCOUNT OPENED

The following recertification may only be used for accounts opened within 1 year of completing the Beneficial Ownership form listed above, and only when there have been no changes to the ownership or control information provided.

NAME OF PERSON OPENING THE ACCOUNT*		TITLE OF PERSON OPENING THE ACCOUNT*
IDENTIFICATION TYPE & NUMBER (IF A NON-US PERSON, PROVIDE PASSPORT INFORMATION)*	DATE ID ISSUED*	DATE ID EXPIRES*

By signing below, you (a) certify, to the best of your knowledge, that the information provided on the Certification Regarding Beneficial Owner(s) of Legal Entity dated _____, 20____ is complete, correct, and valid as of Today's Date, and (b) agree on behalf of the legal entity listed above that it will notify the Bank of any change in such information.

 SIGNATURE OF PERSON OPENING THE ACCOUNT*	DATE
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Upload forms to:
ColumbiaPrivateTrust.com/Upload
Fax to: 303.614.7038

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238

