

To help fulfill our legal and regulatory obligations, we require that you complete these additional questions regarding your entity, its beneficial ownership, and its account objectives. This form is to be completed by an officer of the Entity. This form can be faxed to 816-243-3769.

1. Account Information

Entity Name: _____ Account Number : _____

2. Scope of Business

- Commercial/Retail business *List line of business:* _____
- Financial Services business _____
- Bank Securities Firm Insurance company Mutual Fund Currency house Investment Company
- Other Financial Institution *List line of business:* _____
- Other *Indicate type:* _____

Indicate Ownership Structure

- Registered share ownership Bearer share ownership Other: _____

3. Account Objectives

Describe the primary source of funds deposited to account
Check all that apply.

Corporate Income

Investment Capital

Salary/wages/savings

Other _____

Describe the source of expected future deposits
Check all that apply.

Corporate Income

Investment Capital

Salary/wages/savings

Other _____

What Primary Type of activity do you plan to conduct in your account?
Check all that apply.

Active Trading

Long-term Investing

Other _____

Describe the expected withdrawals from the account.

Frequent

Occasionally

Rarely

4. Beneficial Owners (Shareholders)

Information must be submitted for each beneficial owner. You must submit additional copies of this form if there are additional beneficial ownership interests. If the entity is a publicly traded corporation, provide this information only for beneficial owners holding 10% or more interest in the entity. The entity is required to give immediate notice of any change to beneficial ownership interest.

Full Legal Name: _____

Street Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

U.S. Social Security Number/ITIN: _____ Date of Birth (MM/DD/YYYY) : _____

Are you a U.S. Citizen or a U.S. Permanent Resident? Yes No. Country of Citizenship:(*must provide copy of current passport*) _____

Passport Number: _____ Place of Issuance: _____ Expiration Date: _____

Check here if you, any member of your immediate family, personal or business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship to account owner and country of office. _____

Check here if you are a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company ticker symbol, name, address, city and state/province. _____

Check here if you are licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. *We must receive a compliance letter along with this application.*



4. (cont.) Beneficial Owners (Shareholders)

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City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

U.S. Social Security Number/ITIN: _____ Date of Birth (MM/DD/YYYY) : _____

Are you a U.S. Citizen or a U.S. Permanent Resident? Yes No. Country of Citizenship: *(must provide copy of current passport)* _____

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5. Signature

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Printed Name: _____ Signature: _____

Title: _____ Date: _____