(See National Futures Association Interpretive Notice 9045 - NFA COMPLIANCE RULE 2-9: FCM AND IB ANTI-MONEY LAUNDERING PROGRAM) ☐ Corporation ☐ Limited Liability Corporation ☐ Trust ☐ Partnership □ Other Account Name: Account Address: Enter 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. Name Date of Birth Job Title Ownership % (if any) Does this person control trading for this account? Address Yes No 🗌 Phone Email **Social Security** If Non-US, then: Number Foreign Passport # and Country Enter the following information for each person and legal entity that <u>directly or indirectly owns 10%</u> of the account holder. Attach additional sheets if necessary. Check here if no person or legal entity meets this definition. \Box Name Ownership % Date of Birth Job Title Does this person control trading for this account? Address Yes \square No 🗌 Phone **Email** If Non-US, then: Social Security Number Foreign Passport # and Country Name Date of Birth Job Title Ownership % Does this person control trading for this account? **Address** Yes No L Phone Email **Social Security** If Non-US, then: Number Foreign Passport # and Country If any other persons and/or entities control the trading of this account, please also complete the Controller Identification Supplement form. _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Title

Classification: Confidential

OWNER IDENTIFICATION SUPPLEMENT

Signature

Date