



EDX ULTIMATE BENEFICIAL OWNER AND CONTROL PERSON FORM

SECTION I:

All persons opening an account on behalf of a legal entity must provide the following information:

Last Name of Natural Person Opening Account	First Name	Middle Initial	Title	
Name and Type of Legal Entity for Which the Account is Being Opened				
Legal Entity Address	City	State	ZIP/Postal Code	

SECTION II:

Please provide the following information for an individual(s), if any, who directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. If the Member is located in a non-U.S. jurisdiction, please provide such information for 10% ownership or more of the equity interests of the legal entity.

Check here if no individual meets this definition and complete Section III.

Last Name	First Name	Middle Initial	Date of Birth <i>(date/month/year)</i>	
Address	City	State	Zip/Postal Code	Country
Title/Position	SSN (U.S. Persons)	For Non-U.S. persons (SSN, passport number of other similar identification number)		Country of Issuance
Phone Number		Email		
<i>Note: In lieu of a passport number, non-U.S. persons may also provide a social security number, an alien identification card number, or a number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.</i>				

SECTION III:

Please provide the following information for an individual(s) with significant responsibility for managing or directing the entity, including an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President); or Any other individual who regularly persons similar functions.

Last Name	First Name	Middle Initial	Date of Birth <i>(date/month/year)</i>	
Address	City	State	Zip/Postal Code	Country
Title/Position	SSN (U.S. Persons)	For Non-U.S. persons (SSN, passport number of other similar identification number)		Country of Issuance
Phone Number		Email		
<i>Note: In lieu of a passport number, non-U.S. persons may also provide a social security number, an alien identification card number, or a number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.</i>				

SECTION IV:

If there are additional ultimate beneficial owners to report or control person(s) to report, please fill out the below additional information for each individual.

Check here if there are no additional individuals to report.



Last Name	First Name	Middle Initial	Date of Birth <i>(date/month/year)</i>	
Address	City	State	Zip/Postal Code	Country
Title/Position UBO Control Person	SSN (U.S. Persons)	For Non-U.S. persons (SSN, passport number of other similar identification number)		Country of Issuance
Phone Number		Email		
<i>Note: In lieu of a passport number, non-U.S. persons may also provide a social security number, an alien identification card number, or a number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.</i>				

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Phone Number		Email		
<i>Note: In lieu of a passport number, non-U.S. persons may also provide a social security number, an alien identification card number, or a number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.</i>				