



Legal Entity Beneficial Ownership Certification Form

Please complete this form if you are opening a new account for a Legal Entity.

If you have questions about this form, please call us at 800.847.0200.

Mail form to: Thornburg, PO Box 219017, Kansas City, MO 64121

Or overnight to: Thornburg, 330 W. 9th Street, Kansas City, MO 64105

The USA PATRIOT Act

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account we will ask for names, addresses, dates of birth, and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

Purpose: This form should be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit, and any similar business entity formed in the United States.

Information Requested: Federal regulations require you to provide the name, address, date of birth, and Social Security Number for each individual who owns 25 percent or more of the equity interests of the legal entity, as well as the name, address, date of birth, and Social Security Number of an individual with significant responsibility for managing the legal entity customer.

Part 1: Account Information

Name and title of natural person opening account:

Name

Title

Name and address of legal entity for which the account is being opened:

Legal Entity name

Address

Part 2: Beneficial Owner(s)

Provide information for each individual 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. **Non-profits do not have to complete this section.**

Name

Title

Date of Birth

Address (residential or business street address)

Social Security Number

Name	Title	Date of Birth
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Address (residential or business street address)	Social Security Number
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Name	Title	Date of Birth
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Address (residential or business street address)	Social Security Number
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Name	Title	Date of Birth
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Address (residential or business street address)	Social Security Number
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Part 3: Control Person

Provide information for *one* individual with significant responsibility for managing the legal entity (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 Part 2 above may also be listed in this section, Part 3.)

Name	Title	Date of Birth
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Address (residential or business street address)	Social Security Number
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Part 4: Certification

I, _____, (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature	Date
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