Goldman Sachs Custody Solutions

# Supplemental Entity Information Form

**Use this form to gather account opening information for legal entities such as Corporations, Partnerships, LLCs, Estates, Trusts with their own tax identification number (TIN), Statutory Trusts, and other legal entities created by a filing with a secretary of state or similar office.**

## Please Note

1. Please obtain all of the required information for each person and entity associated with an account. **All fields are required unless specifically marked as optional.** Missing information will cause an application to not be approved until all required information is provided and reviewed.
2. If we are unable to verify a person's identity and U.S. street address using the information provided, the client will not be approved.
3. All authorized representatives must be 18 years of age or older.
4. Note that upon initial review of the information you provide, we may require additional documentation and or clarification of information provided, including intermediary owners.
5. New legal entity accounts will be restricted from all activities until we obtain and verify the requested information, and will be closed if we cannot obtain and verify this information. We are not responsible for any losses or damages (including, but not limited to, lost opportunities) that may result from a legal entity account being restricted or closed as a result of your failure to provide the requested information or our inability to verify such information.
6. Use this form to create one (1) account. If you would like to create additional accounts, please use a new form for each account.
7. Note that as a financial institution, in accordance with government regulations, we are required to obtain, verify, and record information which identifies each person or legal entity that seeks to establish a financial services relationship with us, such as name, address, government identification number and other information and documentation noted below. We may also ask to see government-issued identifying documents or require copies of other documentation.
8. Provide this completed form to us as a PDF by using the Secure Upload function on our advisor site.



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## Entity Information

Entity Name / Account Registration

(Provide the legal name of this business, trust, or other legal entity organization, exactly as it was entered on our site.)

Entity Tax Identification Number (TIN) – 

TIN Country (e.g., US)

## Line of Business (Best fit from options below)

Line of Business

* Lines of Business: Advertising/Marketing/PR, Aerospace, Agriculture/Forest, Arms Traders/Manufacturing, Art Dealers/Antique, Dealers/Auction Houses, Automotive, Casinos/Gaming, Chemicals, Commodities Trading, Computers/Electronics, Construction, Consumer, Education, Energy, Entertainment/Adult Industry, Finance, Government/Military/Public, Hospitality/Recreation, Import and Export Commodities, Jewelry/Gems/Precious Metals Dealers, Law, Manufacturing, Marijuana Services, Media/Publishing/Entertainment, Medical/Health, Mining, Money Service Business, Pharmaceuticals, Professional Sports (Athletes), Professional Sports (Non-Athletes), Real Estate, Retail Services, Stock Promotion, Student, Technology, Telecommunications/Networking, Travel/Transportation, Waste Management, Other.

Provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

## Entity Ownership Classification and Exemptions

| | | |
|---|---|---|
| Is the entity a Private Operating Company (an entity that provides goods or services to external clients & whose shares/stock/equity are not available on a public exchange)? | ○ Yes ○ No | **(If Yes - Continue to Exemptions)** |
| Is the entity an entity (other than a bank) organized under the laws of the United States or of any State and at least 51% of whose common stock or analogous equity interest are held by an entity whose common stock or analogous equity interests are listed on the New York Stock Exchange, NYSE American, or NASDAQ stock exchange? | ○ Yes ○ No | Ticker<br>**(If Yes - Skip to Corporate Officers)** |
| Is the entity a Sole Proprietorship? | ○ Yes ○ No | **(If Yes - Skip to Corporate Officers)** |
| Is the entity an 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? | ○ Yes ○ No | **(If Yes - Skip to Corporate Officers)** |
| Is the entity a Private Investment Vehicle (a privately-owned entity organized to carry on the investment activity of its owners who are individuals or family trusts and which produces no goods or services)? | ○ Yes ○ No | **(If Yes - Skip to Beneficial Owners)** |
| Is your entity a charity / non-profit / foundation / endowment? | ○ Yes ○ No | **(If Yes - Skip to Charity)** |
| Is the entity an entity (other than a bank) whose common stock or analogous equity interests are listed on the New York Stock Exchange, NYSE American, or NASDAQ stock exchange? | ○ Yes ○ No | Ticker<br>**(If Yes - Skip to Authorized Parties)** |
| Is the entity a Trust (other than trusts publicly listed on the New York Stock Exchange, NYSE American, or NASDAQ stock exchange) that has its own tax identification number other than a social security number, has legal entities (e.g. trusts, corporations, other legal entities) as trust parties, or is statutory trust? | ○ Yes ○ No | **(If Yes - Skip to Trust Account Information)** |
| Is the entity the estate of a deceased individual? | ○ Yes ○ No | **(If Yes - Skip to the Estate Account Information)** |

Check here ○ if the entity does not fit any of the categories above (e.g., government entity, hedge funds, registered investment company), provide a (one or two sentence) description of the entity below, and complete all applicable sections below, such as beneficial owners, control persons and corporate officers. We will follow up with additional questions specific to the entity.



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**Legal/Registered Address: The address in which the entity is incorporated. No P.O. Boxes**

| Address Line 1 | City | State / Province / Territory |
|---|---|---|
| | | |
| **Address Line 2** | **Zip Code** | **Country (e.g., US)** |
| | | |

| Principal Place of Business: The address where business activities take place.<br>U.S. Street Addresses only; No P.O. Boxes Allowed | | City | |
|---|---|---|---|
| **Street Address 2 (Optional)** | **State** | **Zip Code** | **Country**<br>**United States** |
| | | | |

| Legal Structure | Country of Organization |
|---|---|
| Corporation | |
| **Account Number** | |
| | |

**Expected Activity**

Estimated monthly number of Domestic Wire transfers ( ) International Wire transfers ( ) Checks ( ).

Check if you expect to invest in: ○ Low-Priced Securities or ○ Marijuana Related Securities as defined below.

**Low-Priced Securities:** Generally, we consider low-priced securities as securities of issuers that are traded in U.S. over-the-counter markets that are priced below USD 5 per share with a market cap less than USD 300 million. We are interested in OTC Markets quoted securities (otcmarkets.com). If the security trades less than USD 5 per share, however is listed on NASDAQ/NYSE, we do not consider that to be a low-priced security.

**Marijuana Related Securities:** Securities issued by companies deriving significant revenue from growing, distributing, or selling cannabis-related products prohibited by federal law.

**Charity / Non-Governmental Organization (Non-Profit, Foundation, Endowment)**

| Is the entity a U.S. charity or U.S. non-profit entity that has filed its organizational documents with the appropriate state authority?<br>**Attach the IRS form 990 or the applicable State Registration for entities that don't file form 990.** | ○ Yes ○ No<br>Applicable State, if yes |
|---|---|

Please select the purpose or objective of the entity's activities & provide a brief description of its activities:

○ Community and Human Services ○ Education ○ Arts and Culture
○ Medical / Public Services ○ Religious ○ Environment and Animal Protection
○ Veterans Organizations ○ Various Pursuant to Underlying Donor Designation

Does the entity operate (including where volunteer activities occur) outside of the U.S.?

○ Yes ○ No

If yes, please list all the countires where the entity operates:

How does the entity identify organizations for grants / funding disbursements? Check all that apply:

○ Self-Identification ○ Solicitation ○ Donor Specified

In which countries are the beneficiaries / recipients located?

Please select the type of beneficiaries your organization supports. Select one:

○ Individual ○ Non-individual (e.g. organizations) ○ Both

Charity or Foundation Funded by Related Persons? ○ Yes ○ No

Definition or Related Persons: Minor children, spouse or domestic partner, his or her children, any other individual who is financially dependent on the client or other family members who reside in the client's household. Additionally, related parties can be considered parties connected by business purposes, such as employment or business relationships (e.g., companies in which the client has a controlling or ownership interest).

| Does the entity keep all required records for the purposes of complying with tax regulations in its country of organization? | ○ Yes ○ No |
|---|---|
| Were the entity's financial statements compiled, reviewed or audited by an independent accountant? | ○ Yes ○ No |



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Does the entity have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ○ Yes ○ No

Are there any affiliates that are subject to the same control as the entity? ○ Yes ○ No

If yes, provide the name, country of organization and country of principal business for each affiliate. If there are additional affiliates, please attach an additional page with their information.

| Affiliate 1 | Affiliate 2 | Affiliate 3 |
|---|---|---|
| Affiliate 1 Name | Affiliate 2 Name | Affiliate 3 Name |
| Affiliate 1 Country of Organization | Affiliate 2 Country of Organization | Affiliate 3 Country of Organization |
| Affiliate 1 Country of Principal Business | Affiliate 2 Country of Principal Business | Affiliate 3 Country of Principal Business |

Is there a board of directors? ○ Yes ○ No

If yes, provide the following information for each member of the board of directors. If there are additional affiliates, please attach an additional page with their information.

| Board Member 1 | Board Member 2 | Board Member 3 |
|---|---|---|
| Board Member 1 Name | Board Member 2 Name | Board Member 3 Name |
| Board Member 1 State of Residence | Board Member 2 State of Residence | Board Member 3 State of Residence |
| Board Member 1 Country of Residence | Board Member 2 Country of Residence | Board Member 3 Country of Residence |

If the entity is a foundation or endowment, does it have trustees? ○ Yes ○ No

If yes, provide the following information for each trustee. If there are additional trustees, please attach an additional page with their information.

| Trustee 1 | Trustee 2 | Trustee 3 |
|---|---|---|
| Trustee 1 Name | Trustee 2 Name | Trustee 3 Name |
| Trustee 1 State of Residence | Trustee 2 State of Residence | Trustee 3 State of Residence |
| Trustee 1 Country of Residence | Trustee 2 Country of Residence | Trustee 3 Country of Residence |



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## Equity Beneficial Owners

U.S. law requires financial institutions to obtain, verify and record the beneficial owners of legal entity Clients at the time of a new banking relationship is established. In order to comply with applicable U.S. law, as and when necessary, this form requires the Client to provide the names, addresses, dates of birth and Social Security numbers (or other similar information, in the case of Non-U.S. persons) for certain individuals.

## Equity Beneficial Owners (Individuals)

Complete the following information for each individual, 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 Client (e.g., each natural person who owns 25% or more of the shares of a corporation). If any 25% or greater owner is a trust, please provide the requested information below for the trustee and indicate within the "% of ownership" section that the individual is a trustee.
**Please also provide a copy of a government-issued identification document (e.g., driver's license, passport) for each individual listed below that is a Non-U.S. Person.**

○ Check this box to confirm there is no individual who meets the definition above, and then proceed to the PIV Owners section.

### Beneficial Owner 1

| Full Legal Name | % Ownership | Date of Birth (MM/DD/YYYY) |
|---|---|---|
| | | |

| Country of Citizenship | If not a U.S. citizen, is the Beneficial Owner a U.S. permanent resident? |
|---|---|
| | ○ Yes ○ No |

| Residential or Business Street Address | City | Zip Code |
|---|---|---|
| | | |

| Apt #, Unit # | State/Province/Territory | Country |
|---|---|---|
| | | |

| Social Security Number (SSN) (U.S. Persons) or Gov't ID (Non U.S. Persons)[1] | ID Type | Please specify Other ID type: | Country of Issuance |
|---|---|---|---|
| | Social Security (SSN) | | |

### Beneficial Owner 2

| Full Legal Name | % Ownership | Date of Birth (MM/DD/YYYY) |
|---|---|---|
| | | |

| Country of Citizenship | If not a U.S. citizen, is the Beneficial Owner a U.S. permanent resident? |
|---|---|
| | ○ Yes ○ No |

| Residential or Business Street Address | City | Zip Code |
|---|---|---|
| | | |

| Apt #, Unit # | State/Province/Territory | Country |
|---|---|---|
| | | |

| Social Security Number (SSN) (U.S. Persons) or Gov't ID (Non U.S. Persons)[1] | ID Type | Please specify Other ID type: | Country of Issuance |
|---|---|---|---|
| | Social Security (SSN) | | |

### Beneficial Owner 3

| Full Legal Name | % Ownership | Date of Birth (MM/DD/YYYY) |
|---|---|---|
| | | |

| Country of Citizenship | If not a U.S. citizen, is the Beneficial Owner a U.S. permanent resident? |
|---|---|
| | ○ Yes ○ No |

| Residential or Business Street Address | City | Zip Code |
|---|---|---|
| | | |

| Apt #, Unit # | State/Province/Territory | Country |
|---|---|---|
| | | |

| Social Security Number (SSN) (U.S. Persons) or Gov't ID (Non U.S. Persons)[1] | ID Type | Please specify Other ID type: | Country of Issuance |
|---|---|---|---|
| | Social Security (SSN) | | |

[1]Where Non-U.S. Person was issued a Social Security number, please provide the Social Security number. In lieu of Social Security number, Non-U.S. Persons may also provide a passport number, an identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph, signature or similar identification safeguard.



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**Identification of Private Investment Vehicle Beneficial Ownership (PIV Owners)**

If the entity is an investment vehicle for the benefit of individual(s), provide **all beneficial owners regardless of the ownership percentage** that are not already listed as beneficial owners which directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, holds any ownership in the legal entity customer. **The sum of the "% Ownership / Contribution" boxes in this section must equal 100%.**

**Please provide an organizational chart evidencing the full ownership structure.**

**Additional PIV Owner 1**

| Full Legal Name | % Ownership / Contribution |
|---|---|
| | |

| Country of Principal Business / Residence | Owner Type | Owner Type "Other" |
|---|---|---|
| | Individual | |

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

**Additional PIV Owner 2**

| Full Legal Name | % Ownership / Contribution |
|---|---|
| | |

| Country of Principal Business / Residence | Owner Type | Owner Type "Other" |
|---|---|---|
| | Individual | |

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

**Additional PIV Owner 3**

| Full Legal Name | % Ownership / Contribution |
|---|---|
| | |

| Country of Principal Business / Residence | Owner Type | Owner Type "Other" |
|---|---|---|
| | Individual | |

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

**Additional PIV Owner 4**

| Full Legal Name | % Ownership / Contribution |
|---|---|
| | |

| Country of Principal Business / Residence | Owner Type | Owner Type "Other" |
|---|---|---|
| | Individual | |

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.



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**Additional PIV Owner 5**

Full Legal Name

% Ownership / Contribution

Country of Principal Business / Residence

Owner Type
Individual

Owner Type "Other"

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

**Additional PIV Owner 6**

Full Legal Name

% Ownership / Contribution

Country of Principal Business / Residence

Owner Type
Individual

Owner Type "Other"

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

**Additional PIV Owner 7**

Full Legal Name

% Ownership / Contribution

Country of Principal Business / Residence

Owner Type
Individual

Owner Type "Other"

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

**Additional PIV Owner 8**

Full Legal Name

% Ownership / Contribution

Country of Principal Business / Residence

Owner Type
Individual

Owner Type "Other"

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

**Additional PIV Owner 9**

Full Legal Name

% Ownership / Contribution

Country of Principal Business / Residence

Owner Type
Individual

Owner Type "Other"

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.



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**Additional PIV Owner 10**

Full Legal Name

% Ownership / Contribution

Country of Principal Business / Residence

Owner Type
Individual

Owner Type "Other"

Is the owner an ○ entity or an ○ individual? If the owner is an entity, provide a brief (one or two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Country of Organization

If the PIV owner is a Trust, provide all the Trust Parties for the Trust in the Trust section of this form, below.

Note - Submit additional copies of this page if you have additional PIV owners.

## Identification of Equity Beneficial Owners (Intermediary Entities)

If ownership is provided above for Private Investment Vehicles, please skip to the Control Person Certification section.

Complete the following information for each entity, 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 Client (e.g., each entity who owns 25% or more of the shares of a corporation) and provide an organizational chart showing the full ownership structure.

This includes, but is not limited to, intermediary entities between the entity and the Beneficial Owners listed above. If the entity is a charity, religious group, non-profit, endowment or foundation, please provide all annual donors/asset contributors that have donated funds in the prior tax year over 25% of the total funds. For special purpose vehicles, please list the entities contributing 25% or more of the assets in the special purpose vehicle.

If additional space is required to list all entities, provide additional pages.

○ Check this box to confirm there is no entity who, directly or indirectly, owns 25% or more of the equity interest or contributes 25% or more of the assets / disbursements of the entity.

○ Check this box to confirm there are no indirect/intermediary owners between the entity and the Beneficial Owners listed above.

**Intermediary Beneficial Owner 1**

Full Legal Name

Country of Principal Business / Residence

% Ownership / Contribution

Provide a brief (one to two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Owner Type
Individual

What is the country of organization?

If the intermediary beneficial owner is a Trust, provide the Names, Countries of Residence and Trust Roles for all the Trust Parties.

Owner Type "Other"

**Intermediary Beneficial Owner 2**

Full Legal Name

Country of Principal Business / Residence

% Ownership / Contribution

Provide a brief (one to two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Owner Type
Individual

What is the country of organization?

If the intermediary beneficial owner is a Trust, provide the Names, Countries of Residence and Trust Roles for all the Trust Parties.

Owner Type "Other"



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**Intermediary Beneficial Owner 3**

Full Legal Name

Country of Principal Business / Residence

% Ownership / Contribution

Provide a brief (one to two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Owner Type: Individual

Owner Type "Other"

What is the country of organization?

If the intermediary beneficial owner is a Trust, provide the Names, Countries of Residence and Trust Roles for all the Trust Parties.

**Intermediary Beneficial Owner 4**

Full Legal Name

Country of Principal Business / Residence

% Ownership / Contribution

Provide a brief (one to two sentence) description of the operations of the business, or note that this is a holding company or investment vehicle.

Owner Type: Individual

Owner Type "Other"

What is the country of organization?

If the intermediary beneficial owner is a Trust, provide the Names, Countries of Residence and Trust Roles for all the Trust Parties.

**Control Person Certification**

Complete the following information for any one individual with significant responsibility for controlling, managing or directing the legal entity Client (e.g., a 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).
**Please also provide a copy of a government-issued identification document (e.g., driver's license, passport) for the individual listed below.**

Full Legal Name

Corporate Title

Date of Birth (MM/DD/YYYY)

Country of Citizenship

If not a U.S. citizen, is the Control Person a U.S. permanent resident?

○ Yes ○ No

Residential or Business Street Address

City

Zip Code

Apt #, Unit #

State/Province/Territory

Country

Social Security Number (SSN) (U.S. Persons) or Gov't ID (Non-U.S. Persons)[1]

ID Type: Social Security (SSN)

Please specify Other ID type:

Country of Issuance

[1]Where Non-U.S. Person was issued a Social Security number, please provide the Social Security number. In lieu of Social Security number, Non-U.S. Persons may also provide a passport number, an identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph, signature or similar identification safeguard.



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## Corporate Officers

Please provide the two most senior corporate officer(s) (or equivalents) (e.g., Chief Executive Officer, Chief Financial Officer, President, managing members or general partners) or head(s) of the entity.

| Full Legal Name | Country of Residence | Corporate Title |
|---|---|---|
| | | |
| Full Legal Name | Country of Residence | Corporate Title |
| | | |

## Additional Authorized Parties

| Full Legal Name of Authorized Signatory | Country of Residence |
|---|---|
| | |
| Full Legal Name of Authorized Trader (required for Private Investment Vehicles Only) | Country of Residence |
| | |

## Politically Exposed Person

Are any of the individuals listed on this form a current or former:

(1) senior official in the executive, legislative, administrative, military or judicial branches of government;
(2) senior official of a major political party;
(3) senior executive of a government-owned commercial enterprise
(4) senior official of a central bank, monetary authority, supra-national organization or supra-national financial institution
(5) senior official of a major international sports organization; or
(6) a person who is related to a family member (i.e., parents, siblings, spouse or equivalent, children, in-laws) or widely and publicly known to be a close associate of an individual exercising any of the functions listed above?

○ Yes ○ No

If yes, please explain for each such person below:

## Trust Account Information

If this account is for a trust (other than trusts that are publicly listed on the New York Stock Exchange, NYSE American, or NASDAQ stock exchange), provide the information requested in the section above titled Identification of Equity Beneficial Owners (Intermediary Entities) for all legal entities (e.g., trusts, corporations, other legal entities) that serve in a trust party roles, in addition to the individual trust parties provided on our site. This includes, but is not limited to, intermediary entities between the trust and the entity(s) listed above. Submit additional copies of page 7, if you have additional entity trust parties.

Is the trust a Statutory Trust? ○ Yes ○ No

If yes, please complete the Equity Beneficial Owners (Individuals) & the Control Person Certification sections of this form.

**Statutory Trust Definition:** Trusts that are incorporated by a State or equivalent governmental authority. The trust document will have language indicating that the trust was created by a law/statute/the government. The trust will typically be registered with a Secretary of State.



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## Estate Account Information

Estates are set up as Unincorporated Organization accounts and unrestricted after all required information is reviewed.

Provide the following documents: Death Certificate and Court-approved copy of Letters of Testamentary/Administration

Complete the information below for the original account owner (also known as the decedent). We are required to obtain information for all people that fulfill any of these roles for the estate. Where there are more than 10 authorized signatories, please provide the 10 most active or senior individuals. There must be at least one person for each of these estate roles: **primary executor and authorized signatory.**

## Original Account Owner (Decedent) Information

Title (Optional)
○ Dr. ○ Miss ○ Mr. ○ Mrs. ○ Ms.

First Name

Middle Name (Required if exists)

Last Name

○ II ○ III ○ IV ○ Jr. ○ Sr.

Date of Birth (mm/dd/yyyy) / /

Date of Death (mm/dd/yyyy) / /

Social Security Number/ TIN – –

Source of Wealth (Select value(s) from New Client Form):

Supplemental information for source of wealth, if Assets, Employment, Entrepreneur or Personal Investments is selected above (Select value(s) from new Client Form), or enter not Applicable.

Prior Investment Firm

○ Goldman Sachs Custody Solutions ○ Other:

## Designate Estate Parties

List estate parties here who are already members on the custodial platform with their own login credentials, and designate which role(s) each person will fulfill (enter one or more of the estate roles defined above). Advisors may add members through our site and then designate them here.

| Role(s) | If Executor/Administrator, you are acting in a: | Username | Date of Birth (mm/dd/yyyy) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

○ Check here if there is not a secondary executor for this estate.

List estate parties here who are not members on the custodial platform (i.e., people who will not have their own login credentials), and designate which role(s) each person will fulfill (enter one or more of the estate roles defined above).

Title (Optional)
○ Dr. ○ Miss ○ Mr. ○ Mrs. ○ Ms.

First Name

Middle Name (Required if exists)

Last Name

Suffix (Optional)
○ II ○ III ○ IV ○ Jr. ○ Sr.

Estate Role:

If Executor/Administrator, you are acting in a:
○ Professional, or ○ Personal capacity

Primary Residential Street Address 1 (U.S. Street Addresses only; No P.O. Boxes)

City

Primary Residential Street Address 2

Zip Code

State

Country of Residence/Domicile

Note - Submit additional copies of this page if you have additional estate parties.

Goldman Sachs Custody Solutions

Custody, clearing and certain brokerage services are offered by Folio Investments, Inc., d/b/a Goldman Sachs Custody Solutions ("GSCS"), an SEC-registered broker-dealer and Member FINRA/MSRB/SIPC.

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## Authorized Representative Certification and Signature

**I certify, under penalty of perjury, that:**

- The tax identification number on this application is the entity's true tax identification number and the authorized representative is a U.S. Person. Visit our online help center for the definition of a U.S. Person.
- The Entity listed above is not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service (IRS) has notified them they are no longer subject to backup withholding.
  - ○ Check here ONLY if subject to backup withholding.
- On behalf of the Entity listed above, I acknowledge I have received, read, and agree to the terms and conditions set forth in the Customer Agreement, which can be found online on the login page of all of our sites.
- I am authorized to: (i) act on behalf of the Entity listed above; (ii) open an account at Goldman Sachs Custody Solutions for the Entity listed above; and (iii) designate the additional authorized representatives listed above as authorized to act on this account.
- I hereby certify, to the best of my knowledge, that the information provided on this form is complete and correct. I agree to notify Goldman Sachs Custody Solutions promptly of any changes to this information.

**By signing below, I agree to the terms of the Customer Agreement including the Exhibit 1 - Pre-dispute arbitration clause provided as Exhibit 1. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

| Authorized Representative Full Name | Corporate Title (of Natural Person Opening the Account) |
|---|---|
| | |

Country of Residence (of Natural Person Opening the Account)

| Authorized Representative Signature | Date (mm/dd/yyyy) |
|---|---|
| **X** | / / |

| Authorized Signatory Full Name | Corporate Title (of Natural Person Opening the Account) |
|---|---|
| | |

Country of Residence (of Natural Person Opening the Account)

| Authorized Signatory Signature | Date (mm/dd/yyyy) |
|---|---|
| **X** | / / |

## Legal Evidence of Existence Documentation

**Proof of legal entity existence is required for all legal entities.** Trust documentation options are noted below. Other legal entity types may provide applicable documentation, such as Certificate of Formation, Articles of Incorporation, Partnership Agreement, Limited Liability Company Operating Agreement, etc. Providing the first page and signature pages of such documents is acceptable.

**Note that additional documentation is required for most types of legal entities, details of which are in the Entity Classification and Ownership section of this form.**

Note that this documentation will be reviewed solely to verify the legal existence of this entity. We are not responsible for management of the entity, and have no role with respect to administration or enforcement of covenants or restrictions on investments and/or transfer of funds for, or disbursement of funds from, the entity.

## Trust Legal Evidence of Existence

New trust accounts are restricted until one of the following documents are received:

**Trust Deed** **Certificate of Trust** **Declaration of Trust** **First page and signature page(s) of Executed Trust Agreement**

Upload documentation to our advisor site as a PDF (Secure Upload page, after selecting the account and the Trust Evidence of Existence document type), which will automatically remove this restriction. Note that this documentation will be reviewed solely to verify the legal existence of this trust. We are not responsible for management of the trust, and have no role with respect to administration or enforcement of covenants or restrictions on investments and/or transfer of funds for, or disbursement of funds from, the trust.



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