OWNER IDENTIFICATION SUPPLEMENT

(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)**	
Address				Does this person control trading for this account? Yes ☐ No ☐	
Phone		**Email**			
Social Security Number		**If Non-US, then: Foreign Passport # and Country**			

*Enter the following information **for each person or legal entity that owns 10%** of the account holder. Attach additional sheets if necessary.*

Name					
Date of Birth		**Job Title**		**Ownership %**	
Address				Does this person control trading for this account? Yes ☐ No ☐	
Phone		**Email**			
Social Security Number		**If Non-US, then: Foreign Passport # and Country**			

Name					
Date of Birth		**Job Title**		**Ownership %**	
Address				Does this person control trading for this account? Yes ☐ No ☐	
Phone		**Email**			
Social Security Number		**If Non-US, then: 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.

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

X_____ _____ _____

Signature Title Date