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 and legal entity that directly or indirectly owns 10% of the account holder. Attach additional sheets if necessary. Check here if no person or legal entity meets this definition. ☐

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