

Certification Regarding Beneficial Owners of Legal Entity Customers



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GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be used to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. For the purposes of this form, a legal entity does not include a sole proprietorship, unincorporated association, or natural person opening an account on its own behalf.

STEP 1: CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:

Name of natural person opening account Title

Name of legal entity for which the account is being opened

Address of legal entity City State Zip Code

The following information for each individual, if any, 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.

If no individual meets this definition, please check the box and skip this section. ☐ **Not Applicable**

BENEFICIAL OWNER 1 INFORMATION

_____% of Ownership

Individual Name	Date of Birth	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	
		TIN Type	Number
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province	
Street Address	Address Line 2	Address Line 3	
City	State	Country	Zip / Postal Code

BENEFICIAL OWNER 2 INFORMATION

_____% of Ownership

Individual Name	Date of Birth	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	
		TIN Type	Number
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province	
Street Address	Address Line 2	Address Line 3	
City	State	Country	Zip / Postal Code

BENEFICIAL OWNER 3 INFORMATION

_____ % of Ownership

Individual Name		Date of Birth	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	TIN Type	Number
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province			
Street Address	Address Line 2	Address Line 3			
City	State	Country	Zip / Postal Code		

BENEFICIAL OWNER 4 INFORMATION

_____ % of Ownership

Individual Name		Date of Birth	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	TIN Type	Number
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province			
Street Address	Address Line 2	Address Line 3			
City	State	Country	Zip / Postal Code		

In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

STEP 2: INDIVIDUAL WITH CONTROL INFORMATION

Individual Name and Title		Date of Birth	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	TIN Type	Number
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province			
Street Address	Address Line 2	Address Line 3			
City	State	Country	Zip / Postal Code		

STEP 3: CERTIFIED / AGREED TO

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

Authorized Signature

Date