## **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		Owners	ship % (if any)	
Address				this account?	son control trading for
Phone		Email			
Social Security	If Non-US,	then:			
Number	Foreign Pa	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	Owners	hip %	
Address			this account?	son control trading for
Phone	Ema	il		
Social Security Number	If Non-US, then Foreign Passpor			

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 Co	ountry

If any other persons and/or entities control the trading of this account, please also complete the Controller Identification Supplement form.

\_, hereby certify, to the best of my knowledge, that the information provided

above is complete and correct.

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