

Ownership Structure Form for Entities



Return Options:

Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

Regular Mail:

PO Box 2209, Omaha, NE 68103-2209

Overnight Mail:

200 South 108th Avenue
Omaha, NE 68154-2631

Fax: 866-468-6268

This form is used to provide ownership structure for an entity that is a beneficial owner for another entity.

Questions? Call a Client Services representative at 800-669-3900.

Update to an existing account New Account

1

Account Information

Account Number:

Tax ID Number:

Title of Entity:

Select Current Account Type:

- S Corporation C Corporation Foreign Corporation Non-Incorporated Organization
 Limited Liability Company Partnership Limited Partnership

2

Beneficial Owner Entity Information

Title of Entity/Trust:

Select Beneficial Owner Entity Type:

- S Corporation C Corporation Foreign Corporation Non-Incorporated Organization
 Limited Liability Company Partnership Limited Partnership



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Beneficial Owners

(This section should be completed by beneficial owners of the entity listed in Section 2)

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

Beneficial Owner #1

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: (no PO box or mail drop)

City: _____ State: _____ Zip Code: _____ Country: _____

Date of Birth: _____ U.S. Social Security Number: _____

Check here if you are **NOT** a U.S. citizen. Country of Citizenship: _____

Country of Dual/Secondary Citizenship (if applicable): _____ Country of Birth: _____

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type: _____ Visa Number: _____ Expiration: _____

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

Beneficial Owner #2

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: (no PO box or mail drop)

City: _____ State: _____ Zip Code: _____ Country: _____

Date of Birth: _____ U.S. Social Security Number: _____

Check here if you are **NOT** a U.S. citizen. Country of Citizenship: _____

Country of Dual/Secondary Citizenship (if applicable): _____ Country of Birth: _____

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type: _____ Visa Number: _____ Expiration: _____

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

Beneficial Owner #3

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: (no PO box or mail drop)

City: _____ State: _____ Zip Code: _____ Country: _____

Date of Birth: _____ U.S. Social Security Number: _____

Check here if you are **NOT** a U.S. citizen. Country of Citizenship: _____

Country of Dual/Secondary Citizenship (if applicable): _____ Country of Birth: _____

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type: _____ Visa Number: _____ Expiration: _____

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

Beneficial Owner #4

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: (no PO box or mail drop)

City: _____ State: _____ Zip Code: _____ Country: _____

Date of Birth: _____ U.S. Social Security Number: _____

Check here if you are **NOT** a U.S. citizen. Country of Citizenship: _____

Country of Dual/Secondary Citizenship (if applicable): _____ Country of Birth: _____

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type: _____ Visa Number: _____ Expiration: _____

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

If additional beneficial owners need to be disclosed, please copy this page as needed.

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Signature (Authorized Agent of the Entity Listed in Section 1)

Sign Here

Authorized Agent's Signature:

X

Account Agent's Printed Name:

Original signatures are required; electronic signatures and/or signature fonts are not authorized

Date:

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Title:

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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