

# Legal Entity Beneficial Ownership/Trust Certification Form

Addendum to Institutional Account Registration Form, Non-U.S. Institutional Investor Account Registration Form, Firm Information Form, and Trust Information Form

August 2022

### General instructions

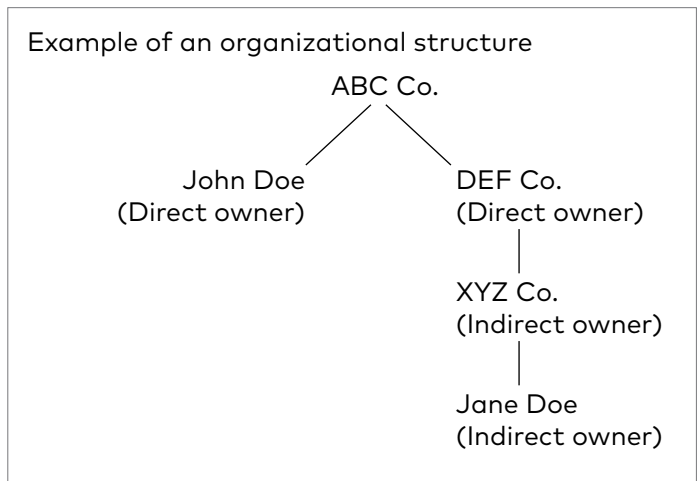
Print in black letters and use black ink.

This form is required if establishing an account for a corporation, nonprofit corporation, LLC, endowment, foundation, partnership, professional association, professional corporation, or trust. This form is not required for U.S. and international government entities, U.S. publicly traded companies, and U.S.-regulated financial institutions (such as a state-regulated bank, federally regulated broker-dealer, or state-regulated insurance company).

When you submit this form, it will replace any previously submitted Legal Entity Beneficial Ownership/Trust Certification Form.

**Important information:** The Vanguard Group, Inc., is required by federal law to obtain from each person who opens a new account, and in some cases each owner or trustee, certain personal information—including name, street address, and taxpayer identification number, among other information—that will be used to verify identity. If you don't provide us with this information, we won't be able to open the account. If we're unable to verify your identity, The Vanguard Group, Inc., reserves the right to close your account or take other steps we deem reasonable.

**Questions?**  
Institutional Investment Services:  
800-950-0053



Return ALL pages of this form, even if some sections are left blank.

### 1. Registered account owner/Legal entity information

Name of entity or trust	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Employer ID number or Taxpayer ID number or Foreign tax ID number	
Daytime phone area code, number, extension	

### 2. Person with control owner

The following information is required for one individual with significant responsibility for managing the legal entity or trust listed above, such as an executive officer, senior manager, or any other individual who regularly performs similar functions.

#### Citizenship

U.S. citizen	Resident alien	Nonresident alien
	Country of citizenship	Country of citizenship
	Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN*</i>

\*If no SSN, contact your client services representative or call the phone number on page 1.

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### 3. Percentage beneficial owner(s)

**The objective of this section is to ultimately identify individuals who have 25% or more ownership in the registered account owner/legal entity.** Required if an individual, entity, or trust holds at least a 25% direct or indirect ownership in an entity other than a pooled investment vehicle or a nonprofit corporation. If no entity, individual, or trust meets this definition, skip this section.

List all entities, individuals, or trusts who directly or indirectly own 25% or more of the legal entity listed in Section 1. **Note:** In certain circumstances, you may be notified to provide information about beneficial owners with a 10% ownership threshold.

#### A. Direct beneficial owner(s)

List all entities, individuals, or trusts who directly own 25% or more of the legal entity listed in Section 1. If there are more than two direct beneficial owners, copy this page and attach additional pages with all the information requested below for each additional direct beneficial owner.

Percentage direct beneficial owner 1  
Citizenship

U.S. citizen	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
	Country of citizenship	Country of citizenship
	Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN*</i>

\*If no SSN, contact your client services representative or call the phone number on page 1.

Return ALL pages of this form, even if some sections are left blank.

Percentage direct beneficial owner 2  
Citizenship

U.S. citizen	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
	Country of citizenship	Country of citizenship
	Country of tax residence	Country of tax residence
Name of individual, organization, or trust <i>first, middle initial, last</i>		
Street address <i>P.O. box or rural route is NOT acceptable</i>		
Street address <i>line 2</i>		
City, state, zip	Country <i>if not U.S.</i>	
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN*</i>	

\*If no SSN, contact your client services representative or the phone number on page 1.

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**B. Indirect beneficial owner(s)**

For all entities listed in Section 3A, provide information on the owners of those entities.

**Note:** If another entity is provided in this Section 3B, continue through the ownership structure until you reach an individual owner. Provide the individual's information in this Section 3B.

If there are more than two indirect beneficial owners, copy this page and attach additional pages with all the information requested below for each additional indirect beneficial owner.

Percentage indirect beneficial owner 1

Citizenship

Entity	U.S. citizen <i>if individual</i>	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
		Country of citizenship	Country of citizenship
		Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN</i> */Employer ID number/ Taxpayer ID number
Ownership link** <i>Provide the name of the organization this beneficial owner directly owns.</i>	

\*If no SSN, contact your client services representative or call the phone number on page 1.

\*\*This information provides transparency into relationships, linking indirect owners of the registered account to the firm they directly own. Besides providing the name, all additional information for this entity is required to be populated in one of the beneficial owner boxes.

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Percentage indirect beneficial owner 2  
Citizenship

Entity	U.S. citizen <i>if individual</i>	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
		Country of citizenship	Country of citizenship
		Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN</i> */Employer ID number/ Taxpayer ID number
Ownership link** <i>Provide the name of the organization this beneficial owner directly owns.</i>	

\*If no SSN, contact your client services representative or call the phone number on page 1.

\*\*This information provides transparency into relationships, linking indirect owners of the registered account to the firm they directly own. Besides providing the name, all additional information for this entity is required to be populated in one of the beneficial owner boxes.

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## 4. Trustee(s)

Regardless of percentage of ownership, list any individuals or entities that are current trustee(s) of the trust account mentioned in Section 1. If there are no individual trustees and only entity trustees, you must provide a person with control owner of the trust in Section 2. If there are more than four trustees, copy this page and attach additional pages with all the information requested below for each additional trustee.

**Note:** For a board of trustees, list individual names of all trustees below.

Trustee 1

Citizenship

Entity	U.S. citizen <i>if individual</i>	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
		Country of citizenship	Country of citizenship
		Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN</i> */Employer ID number/ Taxpayer ID number

\*If no SSN, contact your client services representative or call the phone number on page 1.

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Trustee 2  
Citizenship

Entity	U.S. citizen <i>if individual</i>	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
		Country of citizenship	Country of citizenship
		Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN</i> */Employer ID number/ Taxpayer ID number

Trustee 3  
Citizenship

Entity	U.S. citizen <i>if individual</i>	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
		Country of citizenship	Country of citizenship
		Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN</i> */Employer ID number/ Taxpayer ID number

\*If no SSN, contact your client services representative or call the phone number on page 1.

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Trustee 4  
Citizenship

Entity	U.S. citizen <i>if individual</i>	Resident alien <i>if individual</i>	Nonresident alien <i>if individual</i>
		Country of citizenship	Country of citizenship
		Country of tax residence	Country of tax residence

Name of individual, organization, or trust <i>first, middle initial, last</i>	
Street address <i>P.O. box or rural route is NOT acceptable</i>	
Street address <i>line 2</i>	
City, state, zip	Country <i>if not U.S.</i>
Birth date <i>mm/dd/yyyy</i>	Social Security number <i>SSN</i> */Employer ID number/ Taxpayer ID number
Ownership link** <i>Provide the name of the organization this beneficial owner directly owns.</i>	

**5. Signatures of authorized signers**

The person(s) signing below must be indicated as "Authorized signatories" in the Organization Resolution Form or authorized signers lists submitted with the Registration Form.

I, \_\_\_\_\_ (name of person opening account),  
hereby certify, to the best of my knowledge, that the information provided  
above is complete and correct..

Sign here. >

Signature ✗	Date <i>mm/dd/yyyy</i>
----------------	------------------------

I, \_\_\_\_\_ (name of person opening account),  
hereby certify, to the best of my knowledge, that the information provided  
above is complete and correct

Sign here. >

Signature ✗	Date <i>mm/dd/yyyy</i>
----------------	------------------------

\*If no SSN, contact your client services representative or call the phone number on page 1.

Return ALL pages of this form, even if some sections are left blank.

### Submitting to Vanguard

Make a copy of the completed form for your records. This form must be signed by an authorized signatory on behalf of your firm.

Submit the completed, signed, and dated form to Vanguard via one of the methods below. If you're an existing web user, you may upload the form directly.

Fax: 484-582-2806

P.O. box address > Vanguard  
(all USPS mail) P.O. Box 982903  
El Paso, TX 79998-2903

Street address > Vanguard  
(all FedEx or UPS mail) 5951 Lockett Court, Suite A3  
El Paso, TX 79932

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