



IVA Funds Certification Regarding Beneficial Owners of Legal Entity Customers

PLEASE PRINT ALL ITEMS CLEARLY

This form must be completed along with a new account application for new accounts registered under an entity.

Mail To: IVA Funds
P.O. Box 219061
Kansas City, MO 64121-9061

Overnight Mail To: IVA Funds
430 W 7th Street
STE 219061
Kansas City, MO 64105-1407

For more information, call 1-866-941-4482 or visit the Funds' website at www.ivafunds.com.

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 abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately 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 statutory trust, corporation, limited liability company, partnership, and any other similar business entity formed in the U.S. or a foreign country.

What information do I have to provide?

This form requires you to provide the name, address, date of birth, and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e. the beneficial owners):

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); and
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

1. SHAREHOLDER REGISTRATION

Name of person opening account or maintaining the business relationship

Name of legal entity for which the account is being opened/maintained

Telephone Number

Type of Legal Entity (check 1 of the boxes below):

<input type="checkbox"/>	C-Corporation
<input type="checkbox"/>	Cemetery / Funeral Home
<input type="checkbox"/>	Charitable / Welfare Organization
<input type="checkbox"/>	Church / Religious Institution
<input type="checkbox"/>	Club / Fraternal Organization

<input type="checkbox"/>	College / University
<input type="checkbox"/>	Hospital / Medical Institution
<input type="checkbox"/>	Investment Club
<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Partnership

<input type="checkbox"/>	School District
<input type="checkbox"/>	S-Corporation
<input type="checkbox"/>	Statutory Trust
<input type="checkbox"/>	Union

2. CERTIFICATION OF BENEFICIAL OWNER(S)

Definitions:

Ownership Prong: each individual, if any, who, directly or indirectly, owns 25% or more of the equity interests of a legal entity customer. If no individual meets this definition, please check the box below.

Ownership Prong Not Applicable

Control Prong: an individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions. This list of positions is illustrative, not exclusive, as there is significant diversity in how legal entities are structured. It is required to have at least one beneficial owner named as Control.

Instructions:

Please list all beneficial owners in the areas provided below.

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the (SSN/ITIN) and leave Primary ID Type, Description, and ST/Ctry/Prov blank.
- For a Foreign person without a (SSN/ITIN), attach a copy of your passport and provide the Passport Number and Country of Issuance below. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Beneficial Owner 1 Information: Control Ownership Both

Citizenship: US Citizen Resident Alien Non-Resident Alien

<input type="text"/>	<input type="text"/>			
Individual Name	Residential Address			
<input type="text"/>	<input type="text"/>			
Date of Birth	Address Line 2			
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____	<input type="text"/>			
	Address Line 3			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary ID Type	Primary ID Description	City	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Primary ID St/Ctry/Prov	Zip/Postal Code			

Beneficial Owner 2 Information: Control Ownership Both

Citizenship: US Citizen Resident Alien Non-Resident Alien

<input type="text"/>	<input type="text"/>			
Individual Name	Residential Address			
<input type="text"/>	<input type="text"/>			
Date of Birth	Address Line 2			
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____	<input type="text"/>			
	Address Line 3			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary ID Type	Primary ID Description	City	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Primary ID St/Ctry/Prov	Zip/Postal Code			

Beneficial Owner 3 Information: Control Ownership Both

Citizenship: US Citizen Resident Alien Non-Resident Alien

Individual Name Residential Address

Date of Birth Address Line 2

TIN type SSN ITIN Number _____
Address Line 3

Primary ID Type Primary ID Description City State Country

Primary ID St/Ctry/Prov Zip/Postal Code

Beneficial Owner 4 Information: Control Ownership Both

Citizenship: US Citizen Resident Alien Non-Resident Alien

Individual Name Residential Address

Date of Birth Address Line 2

TIN type SSN ITIN Number _____
Address Line 3

Primary ID Type Primary ID Description City State Country

Primary ID St/Ctry/Prov Zip/Postal Code

3. SIGNATURE (The Authorized Trader Must Sign)

I, _____, hereby certify,
Authorized Trader - Print Name

to the best of my knowledge, that the beneficial owner information provided in Section 2 is true and correct and that I am authorized to act on behalf of the legal entity stated in Section 1.

Authorized Trader - Signature Date
