



# Ownership Structure Form for Entities

PO Box 2209 ■ Omaha, NE 68103-2209

Fax: 866-468-6268

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

☐ Update to an existing account ☒ New Account

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

## 1. ACCOUNT INFORMATION

Account Number:

Tax ID Number:

13-2804148

Title of Entity:

Veratex, Inc.

Select Current Account Type:

☒ S Corporation  
☐ Non-Incorporated Organization  
☐ Partnership

☐ C Corporation  
☐ Limited Liability Company  
☐ Limited Partnership

☐ Foreign Corporation

## 2. BENEFICIAL OWNER ENTITY INFORMATION

Title of Entity/Trust:

Select Beneficial Owner Entity Type:

☐ S Corporation  
☐ Non-Incorporated Organization  
☐ Partnership

☐ C Corporation  
☐ Limited Liability Company  
☐ Limited Partnership

☐ Foreign Corporation

## 3. 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.

Full Legal Name:

Claude Simon

Home Street Address:

(no PO Box or mail drop) 71 Tonjes Road

City:

Callicoon

State:

NY

ZIP Code:

12723

Country:

USA

Date of Birth:

(MM-DD-YYYY) 03-05-1956

U.S. Social Security Number:

(SSN)\* 106-50-1158

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

USA

Country of Dual or Secondary Citizenship:

Country of Birth:

USA

Non-U.S. citizens\*\*: Do you hold a current U.S. immigration visa?

☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

\*If none, I will submit a photocopy of my passport.

\*\*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.

Full Legal Name:

Home Street Address:

(no PO Box or mail drop)

City:

State:

ZIP Code:

Country:

Date of Birth:

(MM-DD-YYYY)

U.S. Social Security Number:

(SSN)\*

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:





Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens**: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

\*If none, I will submit a photocopy of my passport.

\*\*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): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.			
Full Legal Name:			
Home Street Address: (no PO Box or mail drop)			
City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)		U.S. Social Security Number: (SSN)*	
<input type="checkbox"/> Check here if you are <b>NOT</b> a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens**: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

\*If none, I will submit a photocopy of my passport.

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

### BENEFICIAL OWNER #4

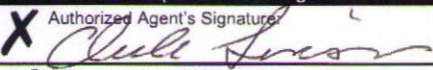
Name Prefix (optional): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.			
Full Legal Name:			
Home Street Address: (no PO Box or mail drop)			
City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)		U.S. Social Security Number: (SSN)*	
<input type="checkbox"/> Check here if you are <b>NOT</b> a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens**: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

\*If none, I will submit a photocopy of my passport.

\*\*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.

### 4. SIGNATURE (Authorized Agent of the Entity Listed in Section 1)

<input checked="" type="checkbox"/> Authorized Agent's Signature: 	Date: 03-26-2020
<input checked="" type="checkbox"/> Authorized Agent's Printed Name: CLAUDE SIMON	Title: President

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

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

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