



## 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
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Title of Entity:  
Veratex, Inc.

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:
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Select Beneficial Owner Entity Type:  S Corporation  C Corporation  Foreign Corporation  
 Non-Incorporated Organization  Limited Liability Company  
 Partnership  Limited Partnership

### 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): <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.
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Full Legal Name: Claude Simon
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Home Street Address: (no PO Box or mail drop) 71 Tonjes Road
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City: Callicoon	State: NY	ZIP Code: 12723	Country: USA
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Date of Birth: (MM-DD-YYYY) 03-05-1956	U.S. Social Security Number: (SSN)* 106-50-1158
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<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship: USA
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Country of Dual or Secondary Citizenship:	Country of Birth: USA
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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:
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\*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): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.
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Full Legal Name:
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Home Street Address: (no PO Box or mail drop)
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City:	State:	ZIP Code:	Country:
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Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*
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<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:
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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):  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)*		
<input type="checkbox"/> 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 #4

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

Full Legal Name:

Home Street Address:  
(no PO Box or mail drop)

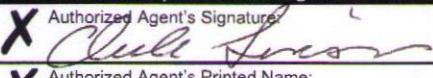
City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens**: Do you hold a current U.S. 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.

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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