



# Legal Entity Beneficial Ownership Certification

## INFORMATION NOTICE – THE U.S.A. PATRIOT ACT

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 own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

## PURPOSE

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a non-profit and any similar business entity formed in the United States.

## IMPORTANT NOTES

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):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and** (ii) 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).

**Please Print, Preferably with Black Ink**

## Step One Account Information

Persons opening an account on behalf of a legal entity must provide the following information:

NAME AND TITLE OF NATURAL PERSON OPENING ACCOUNT (FIRST, MIDDLE, LAST)

NAME AND ADDRESS OF LEGAL ENTITY FOR WHICH THE ACCOUNT IS BEING OPENED

## Step Two Beneficial Owner(s)

The following information for **each** individual, **if** any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

**NOTE: Non-profits do not have to complete this section. If no individual meets this definition, please write "Not Applicable."**

### Owner One

OWNER'S NAME/TITLE

DATE OF BIRTH (MM/DD/YYYY)

**FOR U.S. CITIZENS** OWNER'S SOCIAL SECURITY NUMBER

**FOR FOREIGN PERSONS** PASSPORT NUMBER AND COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER

OWNER'S RESIDENTIAL MAILING ADDRESS (STREET OR PO BOX NUMBER)

CITY, STATE, ZIP CODE

### Owner Two

OWNER'S NAME/TITLE

DATE OF BIRTH (MM/DD/YYYY)

**FOR U.S. CITIZENS** OWNER'S SOCIAL SECURITY NUMBER

**FOR FOREIGN PERSONS** PASSPORT NUMBER AND COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER

OWNER'S RESIDENTIAL MAILING ADDRESS (STREET OR PO BOX NUMBER)

CITY, STATE, ZIP CODE

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## Step Two Beneficial Owner(s) (continued, if necessary)

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### Owner Three

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OWNER'S NAME/TITLE

DATE OF BIRTH (MM/DD/YYYY)

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**FOR U.S. CITIZENS** OWNER'S SOCIAL SECURITY NUMBER

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**FOR FOREIGN PERSONS** PASSPORT NUMBER AND COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER

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OWNER'S RESIDENTIAL MAILING ADDRESS (STREET OR PO BOX NUMBER)

CITY, STATE, ZIP CODE

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## Step Three Control Person

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. (If appropriate, an individual listed under Step Two above may also be listed in this section).

**Please select one of the following:**     Control Person     Owner     Both Control Person and Owner

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CONTROL PERSON'S NAME/TITLE

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CONTROL PERSON'S SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

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CONTROL PERSON'S MAILING ADDRESS (STREET OR PO BOX NUMBER)

CITY, STATE, ZIP CODE

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## Step Four Certification

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

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SIGNATURE OF BENEFICIAL OWNER OR CONTROL PERSON

DATE

In Lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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LEGAL ENTITY IDENTIFIER (OPTIONAL)

### Mail to:

The Royce Funds  
c/o DST AMS  
PO Box 219012  
Kansas City, MO 64121-9012

**Questions?** Call (800) 221-4268