



Submit for all Organization/Entity Owned Applications

Important Information about Identifying our Entity/Organization Customers

Federal law requires us to “know our customer” by obtaining and maintaining information about the identity of each individual, corporation, partnership, trust, or other organization recognized as a legal person for whom we open or hold an account.

What this means for you

To open an account or maintain an existing account, we need the organization, legal entity or trust name, address, taxpayer identification number (TIN), and all other information requested.

Definitions for the following sections can be found on the last page of this form.

Policy Number(s)	Proposed Insured Name(s)
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Organization/Entity Information

Legal Name

Doing Business As (DBA), if any

Address (No P.O. Box)

City	State	Zip Code
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Taxpayer Identification Number	Country
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State/Country of Registration or Incorporation (organizations/entities only)

Organization Type (select one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Government Unit or Agency | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Indian Tribal Government | <input type="checkbox"/> Non-Profit (Endowment, Foundation, Charity or Unincorporated Association) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership |

What is the nature of the business?

In what country/countries does the Organization/Entity do business in? Provide up to three countries from which Organization/Entity derives the largest percentage of revenue. (include U.S. if appropriate)

Country	Country	Country
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If the Organization/Entity is **publicly traded** provide:

Ticker Symbol	Exchange	Country
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If the Organization/Entity is a **Financial Institution**; provide Regulator:

NAICS Code(s): include the top 3 primary industries you do business in? (<https://www.census.gov/naics/>)

NAICS Code	NAICS Code	NAICS Code
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If more space is required, attach an additional page that has been signed by the Owner

Additional Party Information (e.g., Authorized Representative to Sign, Power of Attorney)

Legal Name #1			Taxpayer Identification Number		
Address (No P.O. Box)					
City		State	Zip Code	Country	
State/Country of Registration or Incorporation (organizations/entities only)		Date of Birth (mm/dd/yyyy) (individuals only)		Country of Citizenship (individuals only)	
Additional Party Type:					
<input type="checkbox"/> Authorized Financial Professional	<input type="checkbox"/> Investment Manager	<input type="checkbox"/> Nominee Shareholder	<input type="checkbox"/> Ultimate beneficial owner(s) of the funds in the account		
<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Participating Employer			
<input type="checkbox"/> Authorized User	<input type="checkbox"/> Member of investor group (managing or general partners)	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Unspecified		
<input type="checkbox"/> Individual who has control over the account	<input type="checkbox"/> Member of the Board of Directors	<input type="checkbox"/> Principal	<input type="checkbox"/> Other		

Legal Name #2			Taxpayer Identification Number		
Address (No P.O. Box)					
City		State	Zip Code	Country	
State/Country of Registration or Incorporation (organizations/entities only)		Date of Birth (mm/dd/yyyy) (individuals only)		Country of Citizenship (individuals only)	
Additional Party Type:					
<input type="checkbox"/> Authorized Financial Professional	<input type="checkbox"/> Investment Manager	<input type="checkbox"/> Nominee Shareholder	<input type="checkbox"/> Ultimate beneficial owner(s) of the funds in the account		
<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Participating Employer			
<input type="checkbox"/> Authorized User	<input type="checkbox"/> Member of investor group (managing or general partners)	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Unspecified		
<input type="checkbox"/> Individual who has control over the account	<input type="checkbox"/> Member of the Board of Directors	<input type="checkbox"/> Principal	<input type="checkbox"/> Other		

Legal and Beneficial Ownership Information

If Organization/Entity is a **U.S. publicly traded entity** or a **U.S. wholly owned subsidiary of a U.S. publicly traded entity** you may skip this section.

Legal owners are defined as the individual(s) or organization of the customer that hold legal title to an asset or entity. Please provide the legal owners of the Organization/Entity.

Beneficial owners are those parties, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns equity interests of a legal entity customer.

- For U.S. organizations/entities, any individual or entity with 25% or more ownership must be identified in the section.
- For non-U.S. organizations/entities, any individual or entity with 20% or more ownership must be identified in this section.

If no organization/entity meets the definition of legal owner then the response is "Not Applicable".

<input type="checkbox"/> Legal / <input type="checkbox"/> Beneficial Owner Name #1			Taxpayer Identification Number		
Address (No P.O. Box)					
City		State	Zip Code	Country	
Date of Birth (MM/DD/YYYY) (individuals only)		Country of Citizenship (individuals only)		Percent of Ownership	
State/Country of Registration or Incorporation (organizations/entities only)					

If more space is required, attach an additional page that has been signed by the Owner

Legal and Beneficial Ownership Information (continued)

<input type="checkbox"/> Legal / <input type="checkbox"/> Beneficial Owner Name #2			Taxpayer Identification Number	
Address (No P.O. Box)				
City		State	Zip Code	Country
Date of Birth (MM/DD/YYYY) (individuals only)		Country of Citizenship (individuals only)		Percent of Ownership
State/Country of Registration or Incorporation (organizations/entities only)				

<input type="checkbox"/> Legal / <input type="checkbox"/> Beneficial Owner Name #3			Taxpayer Identification Number	
Address (No P.O. Box)				
City		State	Zip Code	Country
Date of Birth (MM/DD/YYYY) (individuals only)		Country of Citizenship (individuals only)		Percent of Ownership
State/Country of Registration or Incorporation (organizations/entities only)				

<input type="checkbox"/> Legal / <input type="checkbox"/> Beneficial Owner Name #4			Taxpayer Identification Number	
Address (No P.O. Box)				
City		State	Zip Code	Country
Date of Birth (MM/DD/YYYY) (individuals only)		Country of Citizenship (individuals only)		Percent of Ownership
State/Country of Registration or Incorporation (organizations/entities only)				

Other Information

Are any of the Legal Owners or Additional Parties a non-U.S. person?

Yes No

If Yes, indicate parties who are non-U.S.

Are any of the Legal/Beneficial Owners or Additional Parties classified as Politically Exposed Persons (PEPs)?

Yes No

If Yes, indicate parties who are classified as PEPs

I certify the organization/entity is in compliance with all state-required formalities, and the organization/entity has not been dissolved, nor is a dissolution request anticipated to be filed with the state and is in existence as of the date of signature.

Under penalty of perjury, the undersigned verify/verifies that all information contained herein is true and complete and agree/agrees to indemnify Principal Financial Group, Inc. (Principal) and its affiliates and hold them harmless from a liability arising from any action or inaction taken in reliance on this Certification. The undersigned agree/agrees to release and hold harmless Principal from any and all claims, demands, controversies, action, and losses including income taxes, court costs, and reasonable attorney's fees that may arise. Any holder of the Certification may rely solely on the statements made herein.

Signature Information

Signature of Organization/Entity Representative	Printed Name of Organization/Entity Representative	Date (mm/dd/yyyy)
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If more space is required, attach an additional page that has been signed by the Owner

DEFINITIONS

Organization/Legal Entity Information

Legal Name:

Please provide the full legal name of Organization/Legal Entity.

Under the USA PATRIOT Act, customer is defined as a "person" (an individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens a new account, who is added to an account or maintains an existing account. An entity is a corporation, limited liability, partnership, or other organization.

DBA, if any:

"Doing Business As" is a term meaning the name under which the business is conducted and presented to the public which is not the legal name of the person or corporation of the business. U.S. jurisdictions may require businesses not operating under their legal names to file a DBA statement for consumer protection purposes.

What is the nature of the business?

Please provide a description of the Organization//Entity's business. For example, what products do they produce, or what service(s) do they offer?

Example: An American supermarket chain operating in the midwestern United States.

An American retailer of home improvement and construction products and services.

If Yes, list ticker symbol, exchange, and country:

Provide the ticker symbol, the name of the exchange it is traded on, and the country of the stock exchange.

If Yes, list regulator:

Respond "YES" if sponsor/employer is a financial institution that is regulated by one of the following Federal Functional Regulators:

- The Board of Governors of the Federal Reserve System
- The Office of the Comptroller of the Currency
- The Board of Directors of the Federal Deposit Insurance Corp.
- The National Credit Union Administration
- The Securities and Exchange Commission
- The Commodity Futures Trading Commission

Note: Foreign entities may indicate they are a financial institution. The field is not limited to domestic financial institutions only.

Is organization/entity a government agency or instrumentality?

Foreign entities may also indicate they are a government agency or instrumentality.

NAICS Code:

The North American Industry Classification System (NAICS) code is used to classify businesses and used by Federal statistical agencies. This code appears on IRS Form 5500 in field 2D. List no more than three NAICS codes.

Source: [2017 U.S. NAICS Search](#)

Additional Party Information

Additional parties are parties that have control over the account or the organization/entity. They include an Authorized Signer, Authorized Financial Professional, Beneficiary, Power of Attorney.

Other Information

A Non-U.S. Person for purposes of this form is any individual who is not a U.S. Citizen and does not have a valid Social Security Number.

If Yes, indicate individual(s) who are classified as PEPs.

A Politically Exposed Person (PEP) is defined as a Senior Foreign Political Figure (SFPF), their immediate family members, and/or close associates. A SFPF is defined as a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government, whether or not they are or were elected officials; a senior official of a major foreign political party; and a senior executive of a foreign government-owned commercial enterprise. This definition also includes a corporation, business, or other entity formed by or for the benefit of such an individual. Senior executives are individuals with substantial authority over policy, operations, or the use of government-owned resources.