

### Filing Information

1. \* Type of filing (check only one box for lines 1a – 1d)
  - a. Initial report
  - b. Correct prior report (if this box is checked, then you must fill out lines 1e – 1h (Reporting Company information associated with most recent report))
  - c. Update prior report (if this box is checked, then you must fill out lines 1e – 1h (Reporting Company information associated with most recent report))
  - d. New exempt entity (if this box is checked, then you must fill out lines 1e – 1h (Reporting Company information associated with most recent report) and no other lines in the report)

**Reporting Company information associated with most recent report, if any: (Lines 1e – 1h must be filled out when the type of filing is "Correct prior report" (line 1b), "Update prior report" (line 1c), or "Newly exempt entity" (line 1d) to link the new filing to the previous filing)**

  - e. Legal name
  - f. Tax identification type (select one from list of options)
    - EIN
    - SSN/ITIN
    - Foreign
  - g. Tax identification number
  - h. Country/Jurisdiction (if foreign tax ID only) (select from list of countries/ jurisdictions)
2. Date prepared (assigned automatically when filer finalizes report) (line 2 populates automatically with the date when the filer selects "Finalize" on the form)

### Part I. Reporting Company Information

3. Request to receive FinCEN Identifier (FinCEN ID) (check the box to receive a FinCEN ID)
  4. Foreign pooled investment vehicle (check the box if Reporting Company is a foreign pooled investment vehicle)
- Full legal name and alternate name(s):**
5. \* Reporting Company legal name
  6. Alternate name (e.g., trade name, DBA) (multiple alternate names may be reported)
- Form of identification:**
7. \* Tax identification type (select one from list of options)
    - EIN
    - SSN/ITIN
    - Foreign
  8. \* Tax identification number
  9. Country/Jurisdiction (if foreign tax ID only) (select from list of countries/jurisdictions)
- Jurisdiction of formation or first registration:**
10. \* a. Country/Jurisdiction of formation (select from list of countries/ jurisdictions, including the United States, each U.S. territory, and all foreign countries. If United States is selected, complete lines 10b, 10c, or 10d as applicable; if a U.S. territory is selected, line 10b populates automatically with the selected U.S. territory; if a foreign country is selected, complete lines 10e, 10f, or 10g as applicable.)
- Domestic Reporting Company:**
- b. State of formation (select from list of U.S. States; if a U.S. territory is selected in line 10a, line 10b populates automatically with the selected U.S. territory)
  - c. Tribal jurisdiction of formation (select from list of Tribes and "Other Tribe")
  - d. Name of other Tribe (enter name of other Tribe not included in list for line 10c, only available if "Other Tribe" selected in line 10c)
- Foreign Reporting Company:**
- e. State of first registration (select from list of U.S. States and U.S. Territories)
  - f. Tribal jurisdiction of first registration (select from list of Tribes and "Other Tribe")
  - g. Name of other Tribe (enter name of other Tribe not included in list for line 10f, only available if "Other Tribe" selected in line 10f)
- Current U.S. address:**
11. \* Address (number, street, and apt. or suite no.)
  12. \* City
  13. \* U.S. or U.S. territory
  14. \* State (select from list of U.S. states; if a U.S. territory is selected in line 13, line 14 populates automatically with the selected U.S. territory)
  15. \* ZIP code
  16. Existing Reporting Company (check if Reporting Company was created or registered before Jan. 1, 2024) (if this box is checked, then Company Applicant information is not required)

### Part II. Company Applicant Information (report up to two Company Applicants, lines 18–33 are repeated for each Company Applicant)

17. Unable to identify all Company Applicants (check if you are unable to obtain any required information about one or more Company Applicants)
- Company Applicant FinCEN ID:**
18. FinCEN ID (if FinCEN Identifier is not provided, information about the Company Applicant must be provided in the lines below)
- Full legal name:**
19. \* Individual's last name
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  20. \* First name
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  21. Middle name (required if the Company Applicant has a middle name)
  22. Suffix (required if the Company Applicant's name has a suffix)
- Date of birth:**
23. \* Date of birth
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
- Current address:**
24. \* Address type (check the appropriate box for lines 24a, 24b, or 24z)
    - a. Business address
    - b. Residential address
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  25. \* Address (number, street, and apt. or suite no.)
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  26. \* City
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  27. \* Country/Jurisdiction (select from list of countries/jurisdictions)
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  28. \* State (select from list when United States, Canada, or Mexico is the country/ jurisdiction selected in line 27; if a U.S. territory is the country/ jurisdiction selected in line 27, line 28 populates automatically with the selected U.S. territory; if a foreign country is the country/jurisdiction selected in line 45, line 46 remains empty)
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  29. \* ZIP/Foreign postal code
    - z. Unknown (check the box if you are not able to obtain this information about the Company Applicant)

**Note:** Lines that must be filled in for a report to be accepted are identified with the \* symbol next to the line number. Italicized text provides a description and/or explanation of lines and response options.

**Form of identification and issuing jurisdiction:**

30. \* Identifying document type (select one from list of lines 30a–30d or check box 30z)
- State-issued driver's license
  - State/local/Tribe-issued ID
  - U.S. passport
  - Foreign passport
  - Unknown (check the box if you are not able to obtain this information about the Company Applicant)
31. \* Identifying document number
- Unknown (check the box if you are not able to obtain this information about the Company Applicant)
32. \* Identifying document issuing jurisdiction (select country/jurisdiction in line 32a or checkbox 32z, and complete lines 32b–32d if applicable)
- Country/Jurisdiction (select from list of countries/jurisdictions)
    - Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  - State (select from list when the United States is the country/jurisdiction selected in line 32a and the identifying document is issued by a state; if a U.S. territory is the country/jurisdiction selected in line 32a, line 32b populates automatically with the selected U.S. territory; if a foreign country is the country/jurisdiction selected in line 32a, line 32b remains empty)
    - Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  - Local/tribal (select from list when the United States is the country/jurisdiction selected in line 32a and the identifying document is issued by a local jurisdiction or Tribe; if local jurisdiction or Tribe is not included in list, select "Other" and go to line 32d; if a U.S. territory or foreign country is the country/jurisdiction selected in line 32a, line 32c remains empty)
    - Unknown (check the box if you are not able to obtain this information about the Company Applicant)
  - Other local/Tribal name (only available if "Other" selected in line 32c; enter name of local jurisdiction or Tribe that was not included in the list for line 32c)
33. \* Identifying document image (attach image of identifying document referred to in lines 31–33) (instructions on upload process will be provided here)
- Unknown (check the box if you are not able to obtain this information about the Company Applicant)

**Part III. Beneficial Owner Information (multiple Beneficial Owners may be reported, lines 35–51 are repeated for each Beneficial Owner)**

34. Unable to identify all Beneficial Owners (check if you are unable to obtain any required information on one or more Beneficial Owners)
35. Parent/Guardian information instead of minor child (check if the Beneficial Owner is a minor child and the parent/ guardian information is provided instead)

**Beneficial Owner FinCEN ID:**

36. FinCEN ID (if FinCEN Identifier is not provided, information about the Beneficial Owner must be provided in the lines below)

**Exempt entity:**

37. Exempt entity (check the box when an exempt entity is being reported in lieu of a Beneficial Owner's information; if checked, provide the legal name of the exempt entity in line 38, and lines 39–41 are grayed out)

**Full legal name:**

38. \* Individual's last name (or Exempt entity's legal name if line 37 box is checked)
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
39. \* First name
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
40. Middle name (required if the Beneficial Owner has a middle name)
41. Suffix (required if the Beneficial Owner's name has a suffix)

**Date of birth:**

42. \* Date of birth
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)

**Residential address:**

43. \* Address (number, street, and apt. or suite no.)
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
44. \* City
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
45. \* Country/Jurisdiction (select from list of countries/jurisdictions)
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
46. \* State (select from list when United States, Canada, or Mexico is the country/jurisdiction selected in line 45; if a U.S. territory is the country/jurisdiction selected in line 45, line 46 populates automatically with the selected U.S. territory; if a foreign country is the country/jurisdiction selected in line 45, line 46 remains empty)
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
47. \* ZIP/Foreign postal code
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)

**Form of identification and issuing jurisdiction:**

48. \* Identifying document type (select one from list of lines 48a–48d or checkbox 48z)
- State-issued driver's license
  - State/local/Tribe-issued ID
  - U.S. passport
  - Foreign passport
  - Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
49. \* Identifying document number
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
50. \* Identifying document issuing jurisdiction (select country/jurisdiction in line 50a or checkbox 50z, and complete lines 50b–50d if applicable)
- Country/Jurisdiction (select from list of countries/jurisdictions)
    - Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
  - State (select from list when the United States is the country/jurisdiction selected in line 50a and the identifying document is issued by a state; if a U.S. territory is the country/jurisdiction selected in line 50a, line 50b populates automatically with the selected U.S. territory; if a foreign country is the country/jurisdiction selected in line 50a, line 50b remains empty)
    - Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
  - Local/tribal (select from list when the United States is the country/jurisdiction selected in line 50a and the identifying document is issued by a local jurisdiction or Tribe (if local jurisdiction or Tribe is not included in the list, select "Other" and go to line 50d); if a U.S. territory or foreign country is the country/jurisdiction selected in line 50a, line 50c remains empty)
    - Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)
  - Other local/tribal name (only available if "Other" selected in line 50c; enter name of local jurisdiction or Tribe that was not included in list for line 50c)
51. \* Identifying document image (attach image of identifying document referred to in lines 48–50) (instructions on upload process will be provided here)
- Unknown (check the box if you are not able to obtain this information about the Beneficial Owner)