



ENTITY BENEFICIAL OWNERSHIP FORM

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. This form must be completed by the person opening a new account on behalf of a legal entity.

Account Registration

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity created by filing a public document with a Secretary of state. It does not include sole proprietorships, unincorporated associations or natural persons.

Name of Corporation or Other Entity

Type of Entity

Business Address

City, State, Zip

Taxpayer Identification Number

Beneficial Owner Information

MANAGEMENT INFORMATION - *Required*

List one individual with significant responsibility for managing the legal entity, such as: executive officer, senior manager or other individual who regularly performs similar functions.

Name of Natural Person Opening Account: First, Middle, Last

Title of Natural Person Opening Account

Address (Residential or Business)

City, State, Zip

Social Security Number and Date of Birth (MM/DD/YYYY)

BENEFICIAL OWNER INFORMATION - 1 *(if any)*

List each individual, if any, who owns, directly or indirectly 25% or more of the equity interest of the legal entity and an individual with significant responsibility for managing the legal entity. If no individual meets this definition, please write "Not Applicable".

Name of Natural Person Opening Account: First, Middle, Last

Title of Natural Person Opening Account

Address (Residential or Business)

City, State, Zip

Social Security Number and Date of Birth (MM/DD/YYYY)

BENEFICIAL OWNER INFORMATION – 2 *(if any)*

Name of Natural Person Opening Account: First, Middle, Last

Title of Natural Person Opening Account

Address (Residential or Business)

City, State, Zip

Social Security Number and Date of Birth (MM/DD/YYYY)

BENEFICIAL OWNER INFORMATION – 3 (if any)

Name of Natural Person Opening Account: First, Middle, Last

Title of Natural Person Opening Account

Address (Residential or Business)

City, State, Zip

Social Security Number and Date of Birth (MM/DD/YYYY)

BENEFICIAL OWNER INFORMATION – 4 (if any)

Name of Natural Person Opening Account: First, Middle, Last

Title of Natural Person Opening Account

Address (Residential or Business)

City, State, Zip

Social Security Number and Date of Birth (MM/DD/YYYY)

AUTHORIZED TRADER SIGNATURE

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

Signature: _____ Date: _____

Mailing Address

Send completed form via regular mail to:

Sequoia Fund, Inc.

c/o SS&C GIDS, Inc.

P. O. Box 219477

Kansas City, MO 64121-9477

Registered certified mail to:

Sequoia Fund, Inc.

c/o SS&C GIDS, Inc.

801 Pennsylvania Ave, Ste. 219477

Kansas City, MO 64105-1307