



GREAT LAKES FUNDS

# Certification of Beneficial Owners

Regular Mail: Great Lakes Funds  
U.S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Delivery: Great Lakes Funds  
U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

For additional information please call toll-free 855-278-2020 or visit us on the web at [www.glafunds.com](http://www.glafunds.com)

## Types of Legal Entities

- C Corporations, including incorporated entities and LLCs that elect to be treated as a corporation
- Partnerships, including LLCs that elect to be treated as partnerships
- S Corporations, including incorporated entities and LLCs that elect to be treated as a corporation
- Investment Clubs
- Unions
- Unincorporated associations, miscellaneous organizations
- Nonprofit organizations (exempt from section 2)
- REITs

## 1. Account Information

Please complete the spaces below with the information for the Legal Entity associated with the account:

NAME OF LEGAL ENTITY

TAX IDENTIFICATION NUMBER

ACCOUNT NUMBER

## 2. Beneficial Owner Information

**A.** Please complete the table below for *each* individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed above**. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

*Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).*

For Foreign Persons: 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 can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

|   | Name | Date of Birth | Address (Residential or Business Street Address) | Social Security Number (For U.S. Persons) | Passport Number and Country of Issuance (For Foreign Persons) |
|---|------|---------------|--|---|---|
| 1 |      |               |  |   |   |
| 2 |      |               |  |   |   |
| 3 |      |               |  |   |   |
| 4 |      |               |  |   |   |

**B.** If any of the Beneficial Owners currently on file should be **removed**, please indicate the name(s) of the individual(s) to be removed below:

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### 3. Controller Information

Please complete the table below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in section 1, such as an executive officer or senior manager (ex. 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 (a beneficial owner named in section 2 can be listed here if appropriate).

For a Foreign Person: 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 can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

| Name | Date of Birth | Address (Residential or Business Street Address) | Social Security Number (For U.S. Person) | Passport Number and Country of Issuance (For Foreign Person) |
|------|---------------|--|--|--|
|      |               |  |  |  |

### 4. Signature

I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

PRINTED NAME OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)