

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

## Who has to complete this form?

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

## What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or, in the case of foreign persons, passport number and country of issuance, or other similar identification number) 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).

## 1. Legal Entity Information

Name of Natural Person Opening Account

Title

Name of Legal Entity

Street Address

City, State

ZIP Code

## 2. Legal Entity Type

Please select the appropriate entity type from the options below.

Complete Sections 3–5 if the entity is any of the following:

- Partnership (General, Limited, Limited Liability)
- Limited Liability Company (LLC)
- Corporation
- Statutory Trust

Complete **only** Sections 4 and 5 if the entity is a:

- Non-Profit Organization

Complete **only** Section 5 below if the entity is any of the following:

- Sole Proprietorship
- Unincorporated Association
- Domestic Financial Institution
- SEC-Registered Entity (such as an Issuer of Securities, Investment Company, Exchange, Clearing Agency, or Investment Advisor)
- CFTC-Registered Entity
- Governmental Department, Agency, or Authority
- Non-Governmental Agency Engaged in US Government Activities
- Municipal Department, Agency, or Authority
- Publicly Traded Company (listed on major exchange)
- Subsidiary of Publicly Traded Company (listed on major exchange)
- Trust (Non-Statutory), Registered Public Accounting Firm, or Estate



Investment Products Offered

• Are Not FDIC Insured • May Lose Value • Are Not Bank Guaranteed

### 3. Beneficial Owner Information

Please provide the following information for each Natural Person 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:

No Natural Person owns 25 percent or more of the equity interests of the legal entity listed above.

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Name	Social Security Number	Date of Birth (MM/DD/YYYY)
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Street Address	City, State	ZIP Code
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Resident status: <input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien
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Name	Social Security Number	Date of Birth (MM/DD/YYYY)
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Street Address	City, State	ZIP Code
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Resident status: <input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien
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Name	Social Security Number	Date of Birth (MM/DD/YYYY)
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Street Address	City, State	ZIP Code
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Resident status: <input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien
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Name	Social Security Number	Date of Birth (MM/DD/YYYY)
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Street Address	City, State	ZIP Code
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Resident status: <input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien
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### 4. Control Person Information

Please provide the following information for the one individual with significant responsibility for, and control over, 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
- An individual who regularly performs similar functions
- (Non-profit only) An individual with significant responsibility to control, manage, or direct the Legal Entity

**Note:** This section **must** be completed, even if the Control Person was previously identified in Section 3.

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Name	Social Security Number	Date of Birth (MM/DD/YYYY)
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Street Address	City, State	ZIP Code
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## 5. Authorized Signature

By signing below, I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

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Authorized Signature of Natural Person Opening Account

Date

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Printed Name of Authorized Signer

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Please mail the completed form to:

**AllianceBernstein**  
P.O. Box 786003  
San Antonio, TX 78278-6003

For certified or overnight deliveries, send to:

**AllianceBernstein**  
8000 IH 10 W, 13th Floor  
San Antonio, TX 78230

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