

Certification Regarding Beneficial Owners of Legal Entity Customers

General Instructions

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 on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) 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 CEO, CFO, COO, Managing Member, General Partner, President, Vice President or Treasurer).

First Eagle may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

1. Certification of Beneficial Owner(s)

Persons opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:

A. Name of Person opening account or maintaining the Business Relationship

First Name

MI

Last Name

B. Name of Legal Entity for which the account is being opened/maintained

C. Provide the following information for each individual, if any, 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. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to Section 2.

Beneficial Owner Not Applicable

Beneficial Owner 1 Information: % of ownership.

First Name MI Last Name

Street Address

City State Zip Code

SSN or ITIN -- Date of Birth (MM/DD/YYYY) /

Beneficial Owner 2 Information: % of ownership.

First Name MI Last Name

Street Address

City State Zip Code

SSN or ITIN -- Date of Birth (MM/DD/YYYY) /

Beneficial Owner 3 Information: % of ownership.

First Name MI Last Name

Street Address

City State Zip Code

SSN or ITIN -- Date of Birth (MM/DD/YYYY) /

Beneficial Owner 4 Information: % of ownership.

First Name MI Last Name

Street Address

City State Zip Code

SSN or ITIN -- Date of Birth (MM/DD/YYYY) /

D. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., a CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (C) above may also be listed in this section (D)).

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN

Individual with Control Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN or ITIN	Date of Birth (MM/DD/YYYY)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

2. Certified/Agreed To:

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

Signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

3. Mail the completed form to:

Regular Mail:

First Eagle Funds
P.O. Box 219324
Kansas City, MO 64121-9324

Overnight Mail:

First Eagle Funds
801 Pennsylvania Avenue
Suite 219324
Kansas City, MO 64105-1307