

**This form is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.**

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. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in The United States of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publically traded on an exchange or subject to ERISA.

### MAILING INSTRUCTIONS

Please send completed form to:

#### Regular Mail Delivery

OCM Gold Fund  
PO Box 1328  
Milwaukee WI 53201-1328

#### Overnight Delivery

OCM Gold Fund  
C/O UMB Fund Services, Inc  
235 W Galena Street  
Milwaukee WI 53212-3948

### PART I: ENTITY INFORMATION

OCM Gold Funds Account Number

Legal Entity Name

Entity's Tax Payer Identification Number

Entity's Street Address

City, State, ZIP

Legal Name and Title of Individual Completing this Form

### PART II: BENEFICIAL OWNERS

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

**Note:** For a nonresident alien ("NRA") individual, provide IRS Form W-8 and a copy of your passport. In lieu of a passport, foreign persons may also provide a U.S government-issued ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph.

Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

#### Beneficial Owner 1:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

**Beneficial Owner 2:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

**Beneficial Owner 3:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

**Beneficial Owner 4:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

**PART III: AUTHORIZED CONTROLLING INDIVIDUAL**

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.). If appropriate, an individual listed as beneficial owner may also be listed as the authorized controlling individual.

**Note:** For a nonresident alien (“NRA”) individual, provide IRS Form W-8 and a copy of your passport. In lieu of a passport, foreign persons may also provide a U.S government-issued ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph.

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

**PART IV: CERTIFICATION**

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

Signature

Date