

# Thank you for choosing to onboard with GMO Trust!

Please provide the requested documents below, along with your completed application form, and submit them through the GMO-Z.com Trust Company, Inc. ("GMO Trust") portal.

**Please provide all documents in English, or with an official translation with confirmation of the translator's details. Please also ensure that you provide all documents in the "Business Types Requiring Additional Documents" column below, if your business falls into any of the categories described.**

## Required Documents for All Applicants:

### 1. Company Formation Documents

- Certificate of Incorporation
- Articles of Association/Incorporation/Organization
- National/State Government Registry Filings (if applicable)

### 2. Certificate of Good Standing (or similar)

- Required if established for longer than one year
- Please provide a certificate issued within one year

### 3. Tax Identification Number/Registration Number

- Evidence of a TIN/Registration No. issued by the Internal Revenue Service (IRS) or relevant government body

### 4. Beneficial Ownership Chart

- Show ownership for all shareholders with a 25% or more holding of each layer of ownership, up to the UBO
- Show percentage ownership at each level
- Individuals: Include Full Name and Country of Residence
- Entities: Include Entity Name and Country of Registration
- Certified and signed by Director or Company Secretary
- Include statement that *"No shareholders other than those shown own (directly or indirectly) more than 25% of the entity"*

### 5. Proof of Registered Address (for applicant entity)

- Utility bill, bank statement or government-issued document
- Issued within the past six months

### 6. Individual Verification for Beneficial Owners (for persons outlined in on page 6)

- Proof of Identity document (a valid government-issued ID document, such as Passport, Driver's License, National Identity Card, etc.)

## Business Types Requiring Additional Documents:

**Please indicate if each of the following applies to your business**

### Money Service Businesses

- State/National Money Transmission License Evidence
- AML Policy
- Copy of independent AML testing results
- FINCEN MSB registration (for US entities)
- Proof of registration (for non-US entities)

### Investment/Hedge Funds

- Operating/LP Agreement (if applicable)
- Prospectus, Offering Memorandum, Private Placement Memorandum
- Proof of Registration or Regulation of the Fund Manager
- Audited Financial Statements (if established for longer than one year)
- AML Policy or Attestation

### Cryptocurrency Exchanges

- Evidence of regulatory permissions/license
- AML Policy
- Copy of independent AML testing results

### Trust Companies

- Trust Agreement
- Proof and explanation of source of funds

**If your business falls within multiple categories, please provide the documents described above for each category.**

**Please use this space to provide details regarding your documents, such as regarding the availability, accuracy or whether they are applicable to your entity or jurisdiction:**

# Entity Information

## Registered Details for Applicant Entity

Name of legal entity

Doing Business As (DBA) (if applicable)

Type of Entity

Country

Registered Address Line 1 (Street Number, Street Name)

Registered Address Line 2 (Building Number, Building Name, Unit Number)

City

State/Province/Region

Zip/Postal Code

Corporate Phone Number

General Business Email Address

Website Address

## Primary Location of Business Operations

Are business operations for the legal entity primarily managed from a different location to the address detailed above?

Yes

No

If Yes, please provide the full address of the primary location of business operations, including the building number, street name, city/state, zip/postal code and country

## General Business Information

Years in Operation

0-1 year

2-5 years

6-10 years

11-25 years

26-50 years

50+ years

Number of Employees

☐

1 employee

☐

2-10 employees

☐

11-25 employees

26-100 employees

101-250 employees

250+ employees

Please provide a description of the business including products and services offered

Please provide a description of the business's primary source of revenue

Please provide the primary industry that your business operates in

Describe the business's source of funds — please indicate from where and how the funds were originally obtained

How are you intending to use GYEN and/or ZUSD within your business? Please give as much detail as possible.

List any associations (previous or current accounts) the applicant institution, or any of its beneficial owners or signers, have or have had with GMO-Z.com Trust Company, Inc or any of its affiliates.

Is the entity involved in any pending litigation? If so, please provide details.

No

Has the entity ever been fined, penalized, or entered into any settlement with a regulator? If so, please provide details.

No

## Geographic Locations

Please list the primary countries in which your company has offices and operates from

Which countries are your customers located in? (in order of business concentration/transaction volume)

**Country #1 (Required)**

**Country #2**

**Any Additional Countries**

# Business Activity Information

## If Regulated or Publicly Traded

Publicly Traded Company

Name of Exchange

Ticker Symbol

Regulated Financial Institution

Name of Financial Regulator

Country/Jurisdiction of Regulation

Registration Number from Regulator:

Subsidiary of a Publicly Traded Company

Name of Parent Entity

% of Ownership by Parent Entity

Exchange Where Parent Entity is Listed

Parent Entity's Ticker Symbol

Will your business be filing U.S. taxes?

☒ YES

☐ NO

## Anticipated Activity

Please indicate your anticipated monthly activity for purchases and redemptions of GYEN and ZUSD (in USD terms)

Anticipated Asset(s) (select all that apply)

☐ GYEN

☐ ZUSD

Anticipated Blockchain(s) (select all that apply)

☐ Ethereum

☐ Stellar

Solana

<div>Purchases</div> <div>(directly with GMO Trust)</div>	<div><input type="radio"/> \$0K - \$50K</div> <div><input type="radio"/> \$1M - \$5M</div>	<div><input type="radio"/> \$50K - \$250K</div> <div><input type="radio"/> \$5M+</div>	<div><input type="radio"/> \$250K - \$1M</div>
<div>Redemptions</div> <div>(directly with GMO Trust)</div>	<div><input type="radio"/> \$0K - \$50K</div> <div><input type="radio"/> \$1M - \$5M</div>	<div><input type="radio"/> \$50K - \$250K</div> <div><input type="radio"/> \$5M+</div>	<div><input type="radio"/> \$250K - \$1M</div>
<div>Total Digital Asset Trading Volume</div> <div>(on all exchanges and platforms)</div>	<div><input type="radio"/> \$0K - \$50K</div> <div><input type="radio"/> \$1M - \$5M</div>	<div><input type="radio"/> \$50K - \$250K</div> <div><input type="radio"/> \$5M+</div>	<div><input type="radio"/> \$250K - \$1M</div>

# Instructions for providing Ultimate Beneficial Ownership Information

## Legal Entity Ultimate Beneficial Owner(s) Certification

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### I. GENERAL INSTRUCTIONS

#### What are these sections?

To help fight financial crime, regulation requires GMO Trust 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 own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

#### Who has to complete these sections?

These sections must be completed by the person opening a new account on behalf of a legal entity with any U.S. financial institution subject to 31 C.F.R. § 1010.230.

For the purposes of this section, 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 or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

#### What information do I have to provide?

This section requires you to provide the name, address, date of birth, Social Security number (or passport number or other similar information, in the case of foreign persons), indication of PEP status, and country of citizenship for the following individuals (i.e., the beneficial owners):

- i. **Beneficial Owner:** 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. **Control Person:** 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).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed section will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

For each section, we are required to determine whether any of the persons identified are Politically Exposed Persons (“PEPs”). A PEP is a current or former senior official of a government or of a major political party; a senior executive of a foreign government owned commercial enterprise; a corporation, business or other entity that has been formed by, or of the benefit of, any such individual; the immediate family members of any such individual; and a person who is widely and publicly known (or is actually known by the relevant covered financial institution) to be a close associate of such individual. If any person identified in these sections are a PEP, please describe the relationship in the details field.

GMO Trust may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed in these sections.

# Ultimate Beneficial Ownership Information

Please 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 applying for an account.

	Beneficial Owner 1	Beneficial Owner 2
Title		
Full Name		
DOB (mm/dd/yyyy)		
Nationality		
Country of Residence		
Street Address (include apartment and/or building number)		
City		
State		
Zip/Postal Code		
Identifier (SSN for US nationals, Passport Number for non-US)		
Beneficial Ownership Percentage		
Politically Exposed Person (PEP)		
If the individual is a PEP, please provide details		

	Beneficial Owner 3	Beneficial Owner 4
Title		
Full Name		
DOB (mm/dd/yyyy)		
Nationality		
Country of Residence		
Street Address (include apartment and/or building number)		
City		
State		
Zip/Postal Code		
Identifier (SSN for US nationals, Passport Number for non-US)		
Beneficial Ownership Percentage		
Politically Exposed Person (PEP)		
If the individual is a PEP, please provide details		

## Individual with Management Control

Please provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, President or any other individual who regularly performs similar functions. Note: No entities should be listed as a control person; information must be provided for a single natural person.

	Individual with Management Control
Title	
Full Name	
DOB (mm/dd/yyyy)	
Nationality	
Country of Residence	
Street Address (include apartment and/or building number)	
City	
State	
Zip/Postal Code	
Identifier (SSN for US nationals, Passport Number for non-US)	
Position	
Politically Exposed Person (PEP)	
If the individual is a PEP, please provide details	

## Director Information

Please provide the following information for two active directors of the entity (one for a sole proprietorship).

	Director 1	Director 2
Title		
Full Name		
DOB (mm/dd/yyyy)		
Nationality		
Country of Residence		
Politically Exposed Person (PEP)		
If the individual is a PEP, please provide details		

## Certification and Signature

I hereby certify that this application contains the full and complete list of all ultimate beneficial owners with a greater than or equal to 25% equity interest of the legal entity, either directly or indirectly.

Initial

Please confirm how many individual ultimate beneficial owners (UBOs) with a greater than or equal to 25% ownership stake your company has.

Number

If no names have been provided, I certify that there are no ultimate beneficial owners with a greater than or equal to 25% equity interest of the legal entity, either directly or indirectly.

Initial

By signing below, I certify that the documentation and information provided to GMO Trust is accurate and complete and I will notify GMO Trust immediately in the event of any material changes or if I become aware that any information provided is not true, accurate or complete. Further, I certify that I am a duly authorized officer, member, manager, partner, secretary, or trustee of the named legal entity

Title

Full Name (First / Middle / Last)

Position

Signature

Date (mm/dd/yyyy)