



## VanEck Funds

### Legal Entity Beneficial Ownership Certification Form

This form may be used to update information on existing business legal entity accounts held directly at VanEck Funds and to supplement VanEck Funds Account Applications, as needed, if you are opening a new business legal entity account directly with the VanEck Funds. You cannot open a new business legal entity account with this form alone. To obtain an Account Application or for assistance, call VanEck Account Assistance at 800.544.4653. Mail completed form to VanEck Funds, P.O. Box 218407, Kansas City, MO 64121.

**Important Information:** To help the government fight the funding of terrorism and money laundering activities, federal law under the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, you must provide names, addresses, dates of birth, and other information that will allow us to identify you and certain other natural persons and/or entities associated with the account. Corporations, Partnerships, and other legal entities must provide documentation regarding the entity and persons who beneficially own, control, and are authorized to act on the account. Failure to provide all requested information for all individuals registered to and/or authorized to act on this account and/or for the business legal entity provided on this account registration may result in delays to your investment or even the return of your investment. VanEck accepts no responsibility for trading losses associated with delays in receiving and verifying the required information.

### Type of Account Registration *(Select one type only. Please print clearly.)*

#### **Business Account** *(Select the type(s) of business legal entity and complete the information below.)*

Your business legal entity must be established and located in the U.S. You are required to provide information for all "Beneficial Owners" and for one "Control Person" as defined below. Also, information for at least one "Authorized Trader" must be provided to satisfy USA Patriot Act requirements before this form for the account can be accepted. However, if your business legal entity is an "Excluded Entity" under the USA Patriot Act, information for "Authorized Trader" and "Beneficial Owner" and "Control Person" may not be required – see "Excluded Entity" box below for details.

- |  |   |
|--|---|
| <input type="checkbox"/> C-Corporation under Chapter 1(C) of IRS Code  | <input type="checkbox"/> Limited Liability Company          |
| <input type="checkbox"/> S-Corporation under Chapter 1(S) of IRS Code  | <input type="checkbox"/> Broker/Dealer                      |
| <input type="checkbox"/> Bank/Trust Co.  | <input type="checkbox"/> Retirement Plan (ERISA Plans only) |
| <input type="checkbox"/> Bank Nominee Name   | <input type="checkbox"/> Sole Proprietorship                |
| <input type="checkbox"/> Omnibus (registered in name of financial institution for the benefit of multiple underlying shareholders) | <input type="checkbox"/> Partnership                        |
| <input type="checkbox"/> 501(c)(3) Non-Profit/Charitable Organization  | <input type="checkbox"/> Statutory Trust                    |
|  | <input type="checkbox"/> Other _____                        |

Account Registration: *Business name of Corporation, Non-Profit/Charitable Organization, or other legal entity under which account will be registered* \_\_\_\_\_

Existing VanEck Funds Account Number(s) (if applicable): \_\_\_\_\_

Business Tax Identification Number: \_\_\_\_\_

Social Security Number for Sole Proprietorship, etc.: \_\_\_\_\_

**Excluded Entity** *If you indicate here by checking the applicable box that this business account is one of the following entities excluded under the USA Patriot Act, you do not need to complete the Authorized Trader section below.*

- |  |   |
|--|---|
| <input type="checkbox"/> FINRA-registered broker/dealer            | <input type="checkbox"/> U.S. publicly traded corporation. Stock symbol _____ |
| <input type="checkbox"/> Federal, state or local government entity | <input type="checkbox"/> Federal or state-regulated bank or trust company     |
| <input type="checkbox"/> Retirement Plan (ERISA Plans only)        | <input type="checkbox"/> Other Federal-regulated financial institution        |

**Authorized Trader(s)** *If you are not an Excluded Entity as checked in the box above, you are required to provide the following information for at least one individual who is legally authorized to act on behalf of this account for the business legal entity. If you wish to provide information for additional Authorized Traders, please attach a list with all the required information.*

Print Full Name & Title of Authorized Trader	Authorized Trader's Date of Birth (MM/DD/YYYY)	Print Authorized Trader's Street Address, City, State, and Zip Code	Authorized Trader's SSN or ITIN*	<u>Check one box:</u>
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien

**Beneficial Owner(s)** *(Excluded Entities, non-profits, religious organizations, and sole proprietorships are not required to complete this section.) The following information is required for each individual person or entity, 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 under which the account will be registered. All Beneficial Owners that meet this definition must provide the required information. For additional Beneficial Owners, please attach a list with all the required information. Note: If no individual meets the definition of a Beneficial Owner, please write "Not Applicable" below.*

Print Full Name & Title of Beneficial Owner(s)	Beneficial Owner's Date of Birth (MM/DD/YYYY)	Print Beneficial Owner's Street Address, City, State, and Zip Code	Beneficial Owner's SSN or ITIN*	<u>Check one box:</u>
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien

\*Social Security Number ("SSN") or Individual Taxpayer Identification Number ("ITIN"). For a non-U.S. Person, you must provide your U.S.-issued SSN or ITIN. If you do not have a U.S.-issued SSN or ITIN, you are required to provide your Passport Number and country of Issuance, or your country's government-issued identification card number and country of issuance, or other similar government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Control Person** (Excluded Entities are not required to complete this section. All other legal entities are required to complete this section, including non-profits, religious organizations, and sole proprietorships. The following information is required for one individual with significant responsibility for managing the legal entity listed above, such as 1) 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 2) any other individual who regularly performs similar functions. If appropriate, an individual listed as a Beneficial Owner may also be listed in this section as a Control Person.

Print Full Name & Title of Control Person	Control Person's Date of Birth (MM/DD/YYYY)	Print Control Person's Street Address, City, State, and Zip Code	Control Person's SSN or ITIN*	Check one box:
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien

\*Social Security Number ("SSN") or Individual Taxpayer Identification Number ("ITIN"). For a non-U.S. Person, you must provide your U.S.-issued SSN or ITIN. If you do not have a U.S.-issued SSN or ITIN, you are required to provide your Passport Number and country of Issuance, or your country's government-issued identification card number and country of issuance, or other similar government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Person Opening or Updating Information for this Legal Entity Account** (All legal entities are required to complete this section.) Print full name and title of the natural person opening or updating information for this legal entity account, who can be the same or different than the Control Person named above, and who is authorized to sign this form on behalf of the legal entity.

Print Full Name of Natural Person	Print Title

**Certification Signature and Date** (All legal entities are required to complete this section.) I hereby certify under penalty of perjury that I have the full right, power and authority to sign this form on behalf of the legal entity named in the Account Registration and that the information provided on this form, including any Tax Identification Number or Social Security Number and Beneficial Owner information, to the best of my knowledge, is true, complete, and correct.

Signature of Natural Person Opening or Updating Information for this Legal Entity Account	Date (mm/dd/yyyy)

Important: If you are opening a new business legal entity account directly with the VanEck Funds, you cannot open such an account with this form alone. To obtain an Account Application or for assistance, call VanEck Account Assistance at 800.544.4653.

**Regular mail to:**

VanEck Funds  
 P.O. Box 218407  
 Kansas City, MO 64121-8407

**Express mail to:**

VanEck Funds  
 430 W 7th Street  
 Suite 218407  
 Kansas City, MO 64105-1407

For account-related questions call: **Account Assistance 800.544.4653**