

# Supplemental Entity Client Account Form

Use this form for additional Trust Donors/Trustees or managers and beneficiaries to the Entity Client Account Form.

VALIC Financial Advisors, Inc. (VFA)

New Account  Update for All Accounts or for Existing Account # \_\_\_\_\_

Use this form if additional Trust Donors/Trustees or managers and beneficiaries exist.

## 1. ENTITY ACCOUNT PROFILE

Entity or Trust Legal Name: \_\_\_\_\_

Entity or Trust DBA: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

## 2. ADDITIONAL TRUST DONOR/CONTRIBUTOR OR TRUSTEES

Trust Donor/Contributor OR  Trustee's Name: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Legal Address (no P.O. Boxes)  Same as Entity's Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Identity Verification: (Required for all VFA Accounts and all VALIC IRA and NQDA accounts)

Driver's License  Passport  Alien Registration  Other Government Issued I.D. \_\_\_\_\_

Document Number (Required): \_\_\_\_\_

Issued By (Required): \_\_\_\_\_ Issue Date (If Available): \_\_\_\_\_ Expiration Date (Required): \_\_\_\_\_

Trust Donor/Contributor OR  Trustee's Name: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Address (no P.O. Boxes)  Same as Entity's Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Identity Verification: (Required for all VFA Accounts and all VALIC IRA and NQDA accounts)

Driver's License  Passport  Alien Registration  Other Government Issued I.D. \_\_\_\_\_

Document Number (Required): \_\_\_\_\_

Issued By (Required): \_\_\_\_\_ Issue Date (If Available): \_\_\_\_\_ Expiration Date (Required): \_\_\_\_\_

## 3. ADDITIONAL MANAGERS AND OWNERS

Name and Title of Natural Person opening account: \_\_\_\_\_

Managing\* Person: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Address (no P.O. Boxes)  Same as Entity's Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Managing Person's Identity Verification: (Required for all VFA Accounts and all VALIC IRA and NQDA accounts)

Driver's License  Passport  Alien Registration  Other Government Issued I.D. \_\_\_\_\_

Document Number (Required): \_\_\_\_\_

Issued By (Required): \_\_\_\_\_ Issue Date (If Available): \_\_\_\_\_ Expiration Date (Required): \_\_\_\_\_

\*Includes an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, managing members, general partner, president, vice president, treasurer) or any other person who regularly performs similar functions. If appropriate, a managing person may also qualify as a beneficial owner as described below.

Name and Title of Natural Person opening account: \_\_\_\_\_

Managing\* Person: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Address (no P.O. Boxes)  Same as Entity's Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Managing Person's Identity Verification: (Required for all VFA Accounts and all VALIC IRA and NQDA accounts)

Driver's License  Passport  Alien Registration  Other Government Issued I.D. \_\_\_\_\_

Document Number (Required): \_\_\_\_\_

Issued By (Required): \_\_\_\_\_ Issue Date (If Available): \_\_\_\_\_ Expiration Date (Required): \_\_\_\_\_

Beneficial Owner: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Legal Address (no P.O. Boxes)  Same as Entity's Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Beneficial Owner's Identity Verification: (Required for all VFA Accounts and all VALIC IRA and NQDA accounts)

Driver's License  Passport  Alien Registration  Other Government Issued I.D. \_\_\_\_\_

Document Number (Required): \_\_\_\_\_

Issued By (Required): \_\_\_\_\_ Issue Date (If Available): \_\_\_\_\_ Expiration Date (Required): \_\_\_\_\_

Beneficial Owner: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Legal Address (no P.O. Boxes)  Same as Entity's Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Country Citizenship: \_\_\_\_\_

Beneficial Owner's Identity Verification: (Required for all VFA Accounts and all VALIC IRA and NQDA accounts)

Driver's License  Passport  Alien Registration  Other Government Issued I.D. \_\_\_\_\_

Document Number (Required): \_\_\_\_\_

Issued By (Required): \_\_\_\_\_ Issue Date (If Available): \_\_\_\_\_ Expiration Date (Required): \_\_\_\_\_

**4. CERTIFICATION**

I, \_\_\_\_\_ (name of natural person opening account) hereby certify, to the best of my knowledge, that the information provided concerning managing persons and beneficial owners is complete and correct.

\_\_\_\_\_  
Signature of person opening account Date

\_\_\_\_\_  
Primary authorized person/Trustee's Signature Primary authorized person/Trustee (Print Name) Date

\_\_\_\_\_  
Authorized person/Trustee's Signature Authorized person/Trustee (Print Name) Date

Financial Advisor Phone: \_\_\_\_\_ Financial Advisor E-mail Address: \_\_\_\_\_  
Area Code Phone

Financial Advisor's Name (Please Print): \_\_\_\_\_ FA Number: \_\_\_\_\_ Region: \_\_\_\_\_

Financial Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_