





**STARK & KNOLL CO., L.P.A.  
CTA CHECKLIST**

**BENEFICIAL OWNER INFORMATION**

	<b>LEGAL NAME OF INDIVIDUAL</b>	<b>OFFICIAL TITLE (DIRECTOR, OFFICER SHAREHOLDER, MANAGER, MEMBER, GRANTOR, TRUSTEE, BENEFICIARY, ETC.)</b>	<b>OWNERSHIP PERCENTAGE (IF OWNER)</b>	<b>RESIDENTIAL ADDRESS</b>
<b>PERSON 1</b>				
<b>PERSON 2</b>				
<b>PERSON 3</b>				
<b>PERSON 4</b>				
<b>PERSON 5</b>				
<b>PERSON 6</b>				
<b>PERSON 7</b>				
<b>PERSON 8</b>				
<b>PERSON 9</b>				
<b>PERSON 10</b>				
<b>PERSON 11</b>				
<b>PERSON 12</b>				

**PROVIDE COPY OF DRIVER’S LICENSE FOR EACH INDIVIDUAL**

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**I HEREBY ACKNOWLEDGE AND AGREE THAT THE INFORMATION PRESENTED IN THIS CTA CHECKLIST IS TRUE, ACCURATE AND COMPLETE. I FURTHER AUTHORIZE STARK & KNOLL Co. L.P.A. TO CHARGE MY CREDIT CARD THE APPLICABLE FEE UPON THE FILING OF THE BENEFICIAL OWNERSHIP REPORT.**

**UNLESS OTHERWISE APPROVED, STARK & KNOLL WILL NOT FILE THE BENEFICIAL OWNERSHIP REPORT WITHOUT A VALID CREDIT CARD.**

CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CVV:	
BILLING ZIP CODE:	
PRIMARY STARK & KNOLL ATTORNEY:	

ENTITY NAME:	
NAME OF SIGNING INDIVIDUAL:	
TITLE OF SIGNING INDIVIDUAL:	
SIGNATURE & DATE:	

**Submit completed CTA Checklist via Stark & Knoll's secure document link or via email to [CTACompliance@Stark-Knoll.com](mailto:CTACompliance@Stark-Knoll.com)**