

Thank you for choosing to open a Paxos account!

Below are the required documents to finalize your Paxos Institutional account.

Please scan/upload all of the below documents and send them to help@paxos.com

Sections to be filled out:

01
INSTITUTION INFORMATION
02
AUTHORIZED USERS
03
DECLARATION OF BENEFICIAL OWNERSHIP
04
ADDITIONAL QUESTIONS
05
AUTHORIZATION

Documents to be provided by all applicants:

Organizational Documents

e.g., Certificate of Incorporation, Articles of Incorporation, Certificate of Formation, Articles of Organization, National/State Government Registry filings

Certificate of Good Standing

(if established for longer than 1 year)

Tax Identification Number/ Registration Number

Evidence of a TIN/Registration # issued by the Internal Revenue Service (for US entities) or relevant governing body (for international entities)

Beneficial Ownership Information:

For each person identified in Section 3 (pgs 3&4), please provide:

A. Valid Passport / Driver's License / National ID
Scanned COLOR document

B. Proof of Residential Address
Scanned PDF, not older than 6 months (e.g., utility bill, cell phone bill, or bank statement)

If your institution applies to one of the types below please also send in the following documents:

Investment/Hedge Fund

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 over 1 year)

AML Policy or Attestation

Fund Structure Chart

Money Service Business

State/Local Money Transmission Licensing Evidence

AML Policy

Copy of independent AML Testing Results or indication of future plans to do so

FINCEN MSB Registration (if US)

Self Directed IRA

Operating Agreement

Proof and explanation of source of funds

Trust/401K

Trust Agreement

Proof and explanation of source of funds

01

Institution Information

Institution Name		State of Incorporation (if Non-US, Country of Incorporation)	
Registration Date (mm/dd/yyyy)	Tax ID (if US)/Registration Number (if Non-US)	Telephone Number	

Registered Mailing Address

Street address or P.O. box number			
City	State/Province/Region	Zip/Postal Code	Country

Principal Place of Business Address (if different than above)

Street address			
City	State/Province/Region	Zip/Postal Code	Country

If Regulated or US Publicly Traded

<input type="checkbox"/> Regulated Financial Institution Name of Financial Regulator Country/Jurisdiction of Regulation Register Number from Regulator	<input type="checkbox"/> US Publicly Traded Company Name of Exchange Ticker Name/Symbol	<input type="checkbox"/> Subsidiary of a US Publicly Traded Company % of Ownership by Parent Entity Name of Parent Entity Exchange Where Parent Entity Is Listed Parent Entity's Ticker Name
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Will your business be filing US taxes?

Yes

No

N/A

02 | Authorized Users

Provide the name and title of the natural person authorized to submit instructions and otherwise act on behalf of the Institution specified in Section 1 (the "Institution").

Name (First, Last)	Name (First, Last)	Name (First, Last)
Position or Title	Position or Title	Position or Title
Are any authorized users listed above a Politically Exposed Person (PEP)* Yes NO		If yes, please explain

03 | Declaration of Beneficial Ownership

Step 1 of 2 Please indicate the **individual(s)** who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns or controls 25% (10% for Money Services Businesses) or more of the equity interests of the Institution, including their ownership or control percentage.

If the institution's beneficial ownership structure includes intermediary entities, please provide a beneficial ownership chart, with percentage of ownership by each intermediary entity as well as individual beneficial owners of each intermediary entity.

Beneficial Owner #1

Name (First, Last)		DOB (mm/dd/yyyy)	
Residential Street Address			
City			
State/Province/Region		Zip/Postal Code	
Country			
Identification Number**	SSN	National ID	
	Passport	Other	
Ownership or Control Percentage	Nationality		
Politically Exposed Person (PEP)*		Yes	No
If yes, please explain.			

Beneficial Owner #2

Name (First, Last)		DOB (mm/dd/yyyy)	
Residential Street Address			
City			
State/Province/Region		Zip/Postal Code	
Country			
Identification Number**	SSN	National ID	
	Passport	Other	
Ownership or Control Percentage	Nationality		
Politically Exposed Person (PEP)*		Yes	No
If yes, please explain.			

*PEP = Politically Exposed Person - 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.

**For US persons - Social Security number/For Non-US persons - Passport number and Country of issuance (or similar government- issued identification number)

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Declaration of Beneficial Ownership Cont...

Beneficial Owner #3

Name (First, Last)		DOB (mm/dd/yyyy)	
Residential Street Address			
City			
State/Province/Region		Zip/Postal Code	
Country			
Identification Number**	SSN	National ID	
	Passport	Other	
Ownership or Control Percentage	Nationality		
Politically Exposed Person (PEP)*		Yes	No
If yes, please explain.			

Beneficial Owner #4

Name (First, Last)		DOB (mm/dd/yyyy)	
Residential Street Address			
City			
State/Province/Region		Zip/Postal Code	
Country			
Identification Number**	SSN	National ID	
	Passport	Other	
Ownership or Control Percentage	Nationality		
Politically Exposed Person (PEP)*		Yes	No
If yes, please explain.			

Step 2 of 2 Please indicate one (1) **individual** with significant responsibility to manage, control or direct the legal entity, such as an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) or any other individual who regularly performs similar functions:

Person with Management Control

Name (First, Last)		Position or Title		DOB (mm/dd/yyyy)	
Residential Street Address					
City		State/Province/Region		Zip/Postal Code	Country
Identification Number**	SSN	National ID		Ownership or Control Percentage	Nationality
	Passport	Other			
Politically Exposed Person (PEP)*		If yes, please explain			
Yes	NO				

*PEP = Politically Exposed Person - 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.

**For US persons - Social Security number/For Non-US persons - Passport number and Country of issuance (or similar government- issued identification number)

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 | Additional Questions

Provide us a brief description of your business. Indicate your main business products and services, main customer types, and geographies served. If you have a business website please provide the URL.

Please state the purpose of your account with us.

Describe your source of funds. Please indicate from where and how your funds were originally obtained.

Please indicate the name(s) of the exchanges, OTC desk(s), and/or wallet providers you utilize.

Please provide us with your anticipated monthly activity for purchases and redemptions (in USD).

Purchases

- \$0 - \$50K | \$50K - \$250K | \$250K - \$1M | \$1M - \$5M | \$5M + | N/A

Redemptions

- \$0 - \$50K | \$50K - \$250K | \$250K - \$1M | \$1M - \$5M | \$5M + | N/A

Exchange Trading Volume

- \$0 - \$50K | \$50K - \$250K | \$250K - \$1M | \$1M - \$5M | \$5M + | N/A

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 | Signature

I understand that Paxos will be relying on the accuracy of the documentation and information provided and I represent and warrant to Paxos that the documentation and information provided is complete and correct.

(to be executed by an authorized signatory)

Name (First, Last)	Position or Title	
Signature		Date (mm/dd/yyyy)