

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																				
2 Business name/disregarded entity name, if different from above																				
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </td> </tr> <tr> <td colspan="5"> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Other (see instructions) ▶ _____ </td> </tr> </table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<input type="checkbox"/> Other (see instructions) ▶ _____				
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4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):																				
Exempt payee code (if any) _____																				
Exemption from FATCA reporting code (if any) _____																				
<small>(Applies to accounts maintained outside the U.S.)</small>																				
5 Address (number, street, and apt. or suite no.) See instructions.																				
6 City, state, and ZIP code																				
7 List account number(s) here (optional)																				

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
- -
or
Employer identification number
-

Part II Certification

- Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here	Signature of U.S. Person ▶ _____	Date ▶ _____
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For further information in filling out this form please see <https://www.irs.gov/pub/irs-pdf/iw9.pdf>

PARTNERSHIP CERTIFICATION & AUTHORIZATION

FOR PARTNERSHIP ACCOUNTS ONLY

The undersigned general partner(s) of _____, a _____ (general/limited) partnership organized and existing under the laws of _____ (the "Partnership"), having its principal office at _____ DO HEREBY CERTIFY that the Partnership is authorized under its partnership agreement, as amended from time to time, to trade in commodities, contracts for the future delivery of commodities, and related options contracts (collectively, "Commodity Contracts") and possesses the power and authority to undertake the transactions contemplated by the Commodity Futures Client Agreement of Advantage Futures LLC ("Advantage").

The undersigned further certify that any of the following persons:

Name	Name
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Name	Name
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acting alone hereby are authorized to act for the Partnership in every respect concerning the Partnership's account(s) with Advantage; the authority hereby granted including, without limitation, the authority to do any or all of the following acts or actions necessary in connection with the account(s) and the Commodity Contract transactions effected therein:

- (a) To open one or more accounts in the name of the Partnership with Advantage for the purpose of trading in Commodity Contracts, and to execute in the name of the Partnership and execute and deliver to Advantage any and all agreements, documents, instruments or notices necessary to the opening, maintenance and/or trading of such account(s);
- (b) To buy, sell and trade and agree to buy, sell and trade Commodity Contracts, on margin or otherwise, which power shall include the power to sell "short";
- (c) To receive and promptly comply with any request or demand for additional margin, any notice of intention to liquidate, and any notice or demand of any other nature;
- (d) To borrow funds from Advantage (on a secured basis) or its affiliates to finance any Commodity Contract transactions effected through or with Advantage; and
- (e) To take such other actions as may be necessary or desirable to carry out the intent of the foregoing and the satisfaction of each and every obligation of the Partnership in connection with the account and the Commodity Contract transactions effected therein.

Advantage is directed to send all written confirmations of all Commodity Contract transactions effected for the Partnership and carried in the account(s) and all statements of account of the Partnership with Advantage and other pertinent documents and records to _____ (Name and Title of Partner or Agent) who is not authorized to trade with Advantage but hereby is authorized to receive and acquiesce in the correctness of such confirmations, statements, and other records and documents.

In consideration of Advantage maintaining the account(s) of the Partnership the undersigned agrees that:

- (1) The undersigned is/are jointly and severally liable to Advantage for any and all obligations arising out of transactions in or relating to the account(s) of the Partnership with Advantage.
- (2) If there is any change in this Authorization or if any of the general partners withdraw from the Partnership, die or are judicially declared incompetent, the undersigned will notify Advantage in writing immediately. Until Advantage has actually received such written notice, Advantage shall be entitled to act in reliance on this Authorization. The Partnership will indemnify Advantage and hold Advantage harmless from and against any loss suffered or liability incurred in continuing to act in reliance on this Authorization prior to Advantage's actual receipt of such written notice.

Any and all past transactions between the Partnership and Advantage of the kind provided for by this Authorization are hereby ratified, approved and confirmed in all respects.

Dated this _____ day of _____, 20__.

General Partners: **(EVERY GENERAL PARTNER MUST SIGN)**

_____ Signature	_____ Name, Please Print
_____ Signature	_____ Name, Please Print
_____ Signature	_____ Name, Please Print
_____ Signature	_____ Name, Please Print
_____ Signature	_____ Name, Please Print
_____ Signature	_____ Name, Please Print
_____ Signature	_____ Name, Please Print
_____ Signature	_____ Name, Please Print

(Please provide a copy of the Partnership Agreement)

APPENDIX A TO § 1010.230

Certification Regarding Beneficial Owners Of Legal Entity Customers

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions 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 this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, 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 form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) 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) 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 percent equity interest). Thus, a completed form 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)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name and Address of Legal Entity for Which the Account is Being Opened:

c. 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 listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ¹

(If no individual meets this definition, please write "Not Applicable.")

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d. The following information for one individual with significant responsibility for managing the legal entity listed above, 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, Treasurer); or
- Any other individual who regularly performs similar functions.
(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ¹

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

Legal Entity Identifier _____ (Optional)

PERSONAL GUARANTEE

In order to induce **Advantage Futures LLC** ("Advantage") to enter into the Client Agreement to which this Guarantee is incorporated by reference and attached, with _____ (referred to therein as "Client"), and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned individual (the "Guarantor") hereby unconditionally guarantees the prompt, full and complete payment of any and all obligations, damages, costs and expenses, including attorneys' fees, that may at any time be owing by Client to Advantage under the Client Agreement.

The guarantee shall remain in full force and effect until the termination of the Client Agreement; provided, however, that the Guarantor shall not be released from its obligations hereunder so long as there is any claim of Advantage against Client, which claim arises out of, or related to, directly or indirectly, said Client Agreement during the time period the guarantee is in effect, that is not settled or discharged in full. This Guarantee is one of payment, and not of collection. Advantage may exercise its rights against the Guarantor without first having to take any action against Client. The Guarantor hereby expressly waives notice of non-performance, in any respect, by Client of any of its duties or obligations.

This guarantee shall inure to benefit of Advantage and its successors and assigns, and shall be binding on the Guarantor, his heirs and assigns.

The Guarantor acknowledges his understanding that Advantage has permitted Client to trade in account in reliance upon this guarantee.

Guarantor's Signature	Print Guarantor's Name		
Guarantor's Income	Guarantor's Net Worth (excluding value of equity in primary residence)		
Date of Birth	Social Security Number		
Address	City	State	Zip Code
<input type="checkbox"/> Office <input type="checkbox"/> Home, <input type="checkbox"/> Cell			
Phone #	Date		

ALL GUARANTORS MUST PROVIDE A FINANCIAL STATEMENT

CORPORATE GUARANTEE

In order to induce **Advantage Futures LLC** ("Advantage") to enter into the Client Agreement to which this Guarantee is incorporated by reference and attached, with _____ (referred to therein as "Client"), and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned individual (the "Guarantor") hereby unconditionally guarantees the prompt, full and complete payment of any and all obligations, damages, costs and expenses, including attorneys' fees, that may at any time be owing by Client to Advantage under the Client Agreement.

The guarantee shall remain in full force and effect until the termination of the Client Agreement; provided, however, that the Guarantor shall not be released from its obligations hereunder so long as there is any claim of Advantage against Client, which claim arises out of, or related to, directly or indirectly, said Client Agreement during the time period the guarantee is in effect, that is not settled or discharged in full. This Guarantee is one of payment, and not of collection. Advantage may exercise its rights against the Guarantor without first having to take any action against Client. The Guarantor hereby expressly waives notice of non-performance, in any respect, by Client of any of its duties or obligations.

This guarantee shall inure to benefit of Advantage and its successors and assigns, and shall be binding on the Guarantor, his heirs and assigns.

The Guarantor acknowledges his understanding that Advantage has permitted Client to trade in account in reliance upon this guarantee.

Guarantor's Name

Authorized Signatory of Guarantor

_____ Name and Title of Authorized Signatory (please print)	_____ Guarantor's Net Worth
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_____ Address	_____ City	_____ State	_____ Zip Code
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_____ Telephone Number	_____ Tax ID Number	_____ Date
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ALL GUARANTORS MUST PROVIDE A FINANCIAL STATEMENT