



Statement of Beneficial Interest Form

Please make a copy of this original and retain it for future use. Fill out the copy and mail it to the address listed below or fax it to 801.409.8079

[FORM 105 US]

Statement of Beneficial Interest

Date: [/ /]
month day year

I (we) state that the true names, addresses, social security numbers, and contact information of all persons who have beneficial interest in the following business entity are listed on this form.

_____ print company name				
primary business officer (please print)	first name	middle initial	distributor ID number	
address (street)	city	state	zip	
phone	fax	email	date	signature

Type of Business Entity and List of Parties

Check Appropriate Boxes: Partnership LLC Corporation EIN# _____

last name (please print)	first name	middle initial	social security number	
address (street)	city	state	zip	
phone	fax	email	date	signature
last name (please print)	first name	middle initial	social security number	
address (street)	city	state	zip	
phone	fax	email	date	signature
last name (please print)	first name	middle initial	social security number	
address (street)	city	state	zip	
phone	fax	email	date	signature
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phone	fax	email	date	signature
last name (please print)	first name	middle initial	social security number	
address (street)	city	state	zip	
phone	fax	email	date	signature

Terms and Conditions

The above signatories (and others as may be appended to this document) certify that each is authorized to sign any document necessary to conduct business with SISEL™, and is liable for all contracts entered into between the business entity identified above and SISEL jointly and severally. Each acknowledges that they are individually bound to and must comply with the terms and conditions of the SISEL Distributor Agreement and Policies and Procedures. Violation of the SISEL Distributor Agreement and/or Policies and Procedures by any partner, member, shareholder, employee, trustee or other individual associated with the ownership or management of the said business entity shall be jointly and severally imputed to the entity and all other owners, partners, shareholders, trustees, managers, members or persons with other ownership or managerial responsibility for the entity. Failure to list all appropriate persons on this Statement of Beneficial Interest Form shall be grounds for disciplinary sanctions as described in the Policies and Procedures.