

Certification of Beneficial Owner(s)

Use this form to add beneficial owners to a legal entity account. Please print in capital letters and in black ink.

Important Notice – The USA PATRIOT Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who own or control a legal entity that opens an account.

When you open an account on behalf of a legal entity, we will ask for names, addresses, dates of birth and other information that will allow us to identify key individuals associated with the accounts. This information will be verified to ensure the identity of all such natural persons.

A legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a non-profit organization and any similar business entity formed in the United States or a foreign country.

Important Notes

This form requires you to provide the name, address, date of birth and Social Security number for the following individuals:

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% 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).

Questions?

Call 800-422-1050

To obtain additional forms or to complete this form online, visit us at harborcapital.com.

Step 1: Account Information

Name and Title of Natural Person Opening the Account:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

M.I.

Last Name

Title

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

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

Firm Name

<input type="text"/>	<input type="text"/>
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Contact Name

Telephone Number

Address

Step 2: Beneficial Owner Information

Beneficial Owner(s):

<input type="text"/>	<input type="text"/>
Name	Title

Mailing Address (Street or P.O. Box)

<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="checkbox"/> U.S. Citizen
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage		<input type="checkbox"/> U.S. Resident Alien
				<input type="checkbox"/> Nonresident Alien

<input type="text"/>	<input type="text"/>
Name	Title

Mailing Address (Street or P.O. Box)

<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="checkbox"/> U.S. Citizen
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage		<input type="checkbox"/> U.S. Resident Alien
				<input type="checkbox"/> Nonresident Alien

<input type="text"/>	<input type="text"/>
Name	Title

Mailing Address (Street or P.O. Box)

<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="checkbox"/> U.S. Citizen
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage		<input type="checkbox"/> U.S. Resident Alien
				<input type="checkbox"/> Nonresident Alien

<input type="text"/>	<input type="text"/>
Name	Title

Mailing Address (Street or P.O. Box)

<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="checkbox"/> U.S. Citizen
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage		<input type="checkbox"/> U.S. Resident Alien
				<input type="checkbox"/> Nonresident Alien

➤ The following information is required for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the legal entity listed. If no individual meets this definition, please write "not applicable."

Note: Non-profit organizations do not need to complete the Beneficial Owner(s) portion but do need to provide the information in the Control Person(s) section below.

Important: In the case of an entity or entities owning a 25% or more equity stake, please ensure you input the end natural person(s) in this section.

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Step 2: Beneficial Owner Information *Continued*

Control Person(s) (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer):

<input type="text"/>	<input type="text"/>
Name	Title

Mailing Address (Street or P.O. Box)

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> U.S. Citizen
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	<input type="checkbox"/> U.S. Resident Alien
		<input type="checkbox"/> Nonresident Alien

➤ The following information is required for a minimum of one individual with significant responsibility for managing the legal entity for which the account is being established.

Note: If appropriate, an individual listed as a Beneficial Owner may also be listed as a Control Person.

<input type="text"/>	<input type="text"/>
Name	Title

Mailing Address (Street or P.O. Box)

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> U.S. Citizen
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	<input type="checkbox"/> U.S. Resident Alien
		<input type="checkbox"/> Nonresident Alien

I have included the necessary information for **additional Beneficial Owners** on a separate sheet, in the same format.

Step 3: Signature

Sign Below:

In addition, you hereby confirm that you have complete authority to allow Harbor Funds, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this form. You agree to indemnify Harbor Funds, its affiliates and agents from and against, any and all losses, damages, costs, charges, counsel fees, payments, expenses and liabilities arising out of, or attributable to honoring these instructions. You hereby certify that to the best of your knowledge, the information provided herein is complete and correct.

Owner(s)/Authorized Person(s) Sign Below:

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Signature of Owner	Date (mm/dd/yyyy)

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Signature of Joint Owner - <i>If any</i>	Date (mm/dd/yyyy)

Mail completed form to:

Standard Mail

Harbor Funds
P.O. Box 804660
Chicago, IL 60680-4108

Overnight Delivery

Harbor Funds
111 South Wacker Drive, 34th Floor
Chicago, IL 60606-4302