



Please Mail, Fax or E-Mail Completed Forms to:

Hard Asset Alliance  
 118A Fulton Street #231  
 New York, NY 10038  
 FAX: 646-219-1615  
 EMAIL: support@hardassetsalliance.com

**Corporate Application Form**

Corporation     Partnership     Sole Proprietorship     Limited Liability Corporation (LLC)

Entity Name*		Street Address*		
Tax Identification Number (TIN)*	Date of Incorporation, if applicable (MM/DD/YYYY)	City*	State*	Postal Code*
Telephone (Primary)*	Telephone (Alternate)	Country*		

<b>Tax Forms*</b>
Select applicable tax form and submit with application: <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY

Principal Name (First, Middle, Last)*		Mr.	Mrs.	Ms.	Street Address*	
Social Security Number*	Date of Birth (MM/DD/YYYY)*	City*		State*	Postal Code*	
Telephone (Primary)*	Telephone (Alternate)	Country*		E-mail*		

<b>Affiliate*</b>
Identify the affiliate that referred you to this program: <b>Sovereign International Pension Services</b>

\*\*By signing this form I attest that the above information is accurate and I also agree that I have read, understand and agree to the Account Opening and Disclosure Agreement, Terms of Use and Privacy Policy.

<b>Signatures**</b>	
Signature:*	Date:*
Full Name (Print):*	

\* Mandatory Field