



Baird Funds

Certification of Beneficial Owners Change Form

Please complete this form if you are the below type of Legal Entity and need to make additions or changes to the beneficial owners of an existing account.

Overnight express mail to:

Baird Funds
c/o U.S. Bancorp Fund Services, LLC
615 East Michigan Street, 3rd Floor
Milwaukee, WI 53202-5207

Mail to:

Baird Funds
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Types of entities that require this form:

- C Corporation
- S Corporation
- Partnership
- Limited Liability Corporation
- Nonprofit organizations (exempt from Section 2)
- Unions
- Non-Qualified Plans
- Other organizations

1. Account Information

Complete the spaces below with the information for the Legal Entity associated with the account:

Name of Legal Entity

Taxpayer I.D. number

Account number

2. Beneficial Owner Information

- A.** Please complete the table below for **each** individual, if any, who directly or indirectly, through any contact, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed above.** If no individuals meet these criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table, (Ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.)

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)*
1					
2					
3					
4					

*For Foreign Persons: 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, can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card or other government-issued document must be included with the form.**

- B.** If any of the Beneficial Owners currently on file should be **removed**, please indicate the name(s) of the individual(s) to be removed below:

3. Controller Information

Please complete the table below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in Section 1, such as an executive officer or senior manager (ex. 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 (a beneficial owner named in Section 2A can be listed here if appropriate).

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)*

*For Foreign Persons: 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, can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

4. Signature

I hereby certify that to the best of my knowledge, the information provided about me and the information provided about the Beneficial Owner(s) and/or the individual with control over the Legal Entity is complete and correct.

**To complete the
application, you
must sign here.**

X

Signature of authorized individual

Please print name

Date