

Michigan Gaming Control Board

3062 W. Grand Blvd, Suite L-700, Detroit, MI 48202-6062



Institutional Investor Form

Name of Institutional Investor

Date

REPORT SUSPICIOUS OR ILLEGAL GAMBLING RELATED ACTIVITY ANONYMOUSLY

**ANONYMOUS TIP LINE PHONE NUMBER:
1-888-314-2682**

**SUBMIT AN ANONYMOUS TIP AT:
WWW.MICHIGAN.GOV/MGCB**

Institutional Investor Form

This form should be used by institutional investors holding an equity interest for investment purposes only of greater than 5%, but less than 25% in a licensee/applicant. An institutional investor must notify the Michigan Gaming Control Board ("MGCB") within 14 days after the institutional investor acquires the interest.

The term "institutional investor" means a person that is any of the following:

- A retirement fund administered by a public agency for the exclusive benefit of federal, state, or local public employees.
- An employee benefit plan or pension fund that is subject to the employee retirement income security act of 1974, Public Law 93-406.
- An investment company registered under the investment company act of 1940, 15 USC 80a-1 to 80a-64.
- A collective investment trust organized by a bank under 12 CFR part 9.
- A closed end investment trust.
- A chartered or licensed life insurance company or property and casualty insurance company.
- A chartered or licensed financial institution.
- An investment advisor registered under the investment advisers act of 1940, 15 USC 80b-1 to 80b-21.

The following activities are considered to be consistent with holding equity securities for investment purposes only:

- (a) Voting, directly or indirectly, through the delivery of a proxy furnished by the board of directors, on all matters voted on by the holders of the voting securities.
- (b) Serving as a member of a committee of creditors or security holders formed in connection with a debt restructuring.
- (c) Nominating a candidate for election or appointment to the board of directors in connection with a debt restructuring.
- (d) Accepting appointment or election as a member of the board of directors in connection with a debt restructuring and serving in that capacity until the conclusion of the board member's term.
- (e) Making financial and other inquiries of management of the type normally made by securities analysts for information purposes and not to cause a change in its management, policies, or operations.
- (f) Other activities that the board determines to be consistent with the investment intent.

The term "fund manager" refers to the individual(s) responsible for managing the institutional investor and/or fund.

The term "Licensee/Applicant" means a person applying for or holding any of the following: sports betting operator license, internet gaming operator license, fantasy contest operator license, sports betting supplier license, internet gaming supplier license, or fantasy contest management company license.

The term "securities" in this form means any equity instrument representing a source of funds provided to a licensee/applicant.

The institutional investor must provide the MGCB all information, documents, materials, and certifications as requested in this form, to the best of its knowledge and at the institutional investor's sole expense.

If the MGCB denies a request for an institutional investor exemption, the institutional investor must, within 30 days, either divest itself of the interest or file application and disclosure forms as part of the relevant licensee's license or the relevant applicant's application.

It is the responsibility of the Licensee/Applicant to complete Part III (b) of the certification page and submit this form to the MGCB.

Submit form, including required attachments, to:

Michigan Gaming Control Board
ATTN: Enterprise Licensing
3062 W. Grand Blvd., Suite L-700
Detroit, MI 48202

For questions, please contact our helpdesk at:

Telephone: (313) 456-1459

Email: MGCB-suppliers@michigan.gov

Part I – Institutional Investor Information

1. Name of Institutional Investor:	
2. D/B/A or Trade Name:	
3. FEIN:	
4. Business Address (do not enter P.O. Box):	
Street:	
City:	
State:	
Zip Code:	Country:
Telephone Number:	Fax Number:
5. Mailing Address (if different than Business Address):	
Street:	
City:	
State:	
Zip Code:	Country:
6. Authorized Contact Name:	
Title:	
Business Address	
Street:	
City:	
State:	
Zip Code:	Country:
Telephone Number:	Fax Number:
7. The institutional investor is an investor in: _____ (Licensee/Applicant Name)	
OR	
The institutional investor intends to be an investor in: _____ (Licensee/Applicant Name)	
8. The institutional investor holds the following percentage of securities: _____ (Percentage of Securities)	
OR	
The institutional investor intends to hold the following percentage of securities: _____ (Percentage of Securities)	

Part II – Additional Information

1. Describe in detail the type of securities involved (e.g. common stock).

2. State the amount of the investments in the securities described above as a percentage of your total assets.

3. Describe the type of the institutional investor's business organization (e.g. corporation, partnership, trust).

4. State the basis for being meeting the definition of "institutional investor."

5. State whether the institutional investor has ever been denied, restricted, suspended, revoked, or not renewed as to any license or certificate applied for, or granted or issued by, any licensing authority in Michigan or any other jurisdiction.

6. State whether the institutional investor obtained funds from another source for purposes of financing the acquisition of the securities involved in this transaction. If so, identify the source and amount of funds.

7. Provide as **Exhibit 1** the names, titles, tax identification numbers, and addresses of each person or affiliate who has a greater than 5% direct or indirect ownership interest in the institutional investor.

8. Provide as **Exhibit 2** a list of all regulatory agencies and contact information with which the institutional investor or any affiliate files periodic reports.

9. Provide as **Exhibit 3** a current certificate from any regulatory agency related to the conduct of the institutional investor's investment activities, certifying the institutional investor is authorized to conduct the investment activities and is in good standing.

Part III (a) - CERTIFICATION

To be filled out by the individual completing this form on behalf of the Institutional Investor:

State of _____

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state,

1. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief
2. I swear (or affirm) that I, acting on behalf of myself or on behalf of the institutional investor, am not significantly involved in and have no authority over the Licensee/Applicant's conduct of fantasy contest operations.
3. I swear (or affirm) the institutional investor's investment in the Licensee/Applicant is not for the purpose of causing, directly, or indirectly, the election of a majority of the board of directors or any change in the corporate charter, bylaws, management, policies, or operations of the Licensee/Applicant. Furthermore, ownership interest held in the Licensee/Applicant is for investment purposes only and it is not the intention of the institutional investor to influence or affect the affairs of the Licensee/Applicant.

(Individual's signature)

(Title)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, of 20_____.

Notary Public (Written Signature)

Notary Public (Printed Signature)

My commission expires: _____

County of Residence: _____

State of _____

County of _____

Part III (b) - CERTIFICATION
To be filled out by Licensee/Applicant:

State of _____

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state,

1. Licensee/Applicant is responsible for the submission of this form.
2. Licensee/Applicant agrees to be bound by and comply with the Lawful Internet Gaming Act, Lawful Sports Betting Act, or Fantasy Contests Consumer Protection Act, to be subject to the jurisdiction of the courts of Michigan, and to choose Michigan as the forum if a dispute, question, or controversy arises under the Lawful Internet Gaming Act, Lawful Sports Betting Act, or Fantasy Contests Consumer Protection Act.
3. Licensee/Applicant agrees to provide, upon request, any information and documentation as may be required by the MGCB to establish and determine eligibility for exemption of the institutional investor.
4. Licensee/Applicant understands that any material changes to this form, of which it has knowledge of, must be filed with the MGCB without undue delay.

(Individual's signature)

(Title)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, of 20_____.

Notary Public (Written Signature)

Notary Public (Printed Signature)

My commission expires: _____

County of residence: _____

State of _____

County of _____

Institutional Investor Fund Manager

Part IV is to be completed by the “fund manager” (the individual responsible for managing the institutional investor and/or fund).

Part IV – Fund Manager Information	
Institutional Investor and/or Fund Name:	
Fund Manager’s Personal Information	
Individual’s Name:	
Date of Birth:	Social Security Number:
Present Residential Address	
Street Address:	
City:	
State:	
Zip Code:	Country:
Contact Information	
Telephone Number:	Extension:
Email Address:	

VOLUNTARY CONSENT TO RELEASE INFORMATION
To be filled out by the Fund Manager

I, _____
(NAME OF FUND MANAGER EXECUTING THIS RELEASE)

Authorize the Michigan Gaming Control Board, its employees, and agents to conduct a preliminary background check.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supersedes and countermands any prior authorization and request to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of _____,
State of _____, on this _____ day of _____, 20_____.

Individual's Signature

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, 20_____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____