

your
annuity&life
retirement designers

LICENSING REQUIREMENTS

Please include the following requirements and Fax to **888.207.9489**
Or E-Mail to **contracting@retiredesign.com**

Contracting Requirements

- Completed Contracting Packet
- Copies of all Resident and Non-Resident Licenses
- Current E&O Coverage Declaration Page
- Voided Check for EFT
- If you answered “yes” to any question re: special circumstances, please include an Explanation Document.

Training Requirements

- If you are submitting new business with contracting, please provide a copy of the client application. Also please ensure you have completed the Carrier Product Training PRIOR to dating any new business.
- If applicable, provide a copy of your NAIC state required suitability training completion certificate.
- Please complete your AML Training via the LIMRA site.

<https://aml.limra.com>

Username: First four letters of last name and last six of the social - all lowercase

Password: First time users will use the last name (lowercase)

Licensing Questions please call:

800.931.0138

www.RetireDesign.com



AGENT CONTRACT COVER AND TRANSMITTAL

IMO Name _____
Region Code: _____ IMO contact telephone: _____
IMO contact email: _____
Additional contact email: _____

Agent Name: _____

SSN: _____

Corporation Name: _____
(if commissions are to be paid to a corporation)

Tax Id: _____

Contract Type:

- Licensed Only Agent (aka – AAA or LOA)
 - 1. Producer Application - Form 10005-AAA
 - 2. Appointed Agent’s Agreement - Form 10007

- Commissioned Agent
 - 1. Producer Application - Form 10005
 - 2. Contract to Represent w/ Authority to Recruit - Form 10009
 - 3. Commission Level: _____
(attach appropriate addendum i.e.: 80-GA1 or 80-GA)

- 4. Advance Commissions Requested: YES (submit Annualized Financial Agreement)
NO (commissions will be paid as earned)
- 5. Direct Deposit Requested: YES (submit voided check)
NO (manual commission payments)

| Hierarchy Level | Name | Agent # |
|-----------------|------|---------|
| IMO | | |
| Direct Upline | | |
| Applicant | | pending |

EMAIL CONTRACTING DOCUMENTS TO: agentcontract@royalneighbors.org



PRODUCER CONTRACTING CHECKLIST

Attach the following forms and supporting documents:

CONTRACTING

- Producer Application
 - Voided Check
 - Documentation for Corporation or Partnership (i.e., Certified Articles of Incorporation)
- Contract to Represent
- Commission Addendum
- Annualized Financial Agreement
- Commitment Agreement (for commission levels of TGA and above)
 - Production History for prior 12 months

LICENSING

- Copy of current Resident Insurance License
 - Individual license (contracting as an individual or partnership)
 - Corporate license (contracting as an agency)
 - Individual license of the Corporation's Principal (Authorized Officer who signed the Contract to Represent)

If you are requesting any Non-Resident appointments:

- Copy of current Non-Resident License(s)
- Non-Resident appointment fees for each requested appointment

ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENT

- Certificate of Completion

Return ALL Forms to your Recruiting Agent →



PRODUCER CONTRACTING APPLICATION

I. Personal Information (authorized officer or partner if corporation or partnership)

First name _____ MI _____ Last name _____ Suffix _____ Social Security no. _____ - _____ - _____
(*Jr., III, etc.*)
 Male Female Date of birth ____/____/____ Driver's license no./State _____
National Producer Number (NPN) _____ Resident Insurance License no./State _____ / _____

II. Addresses (mailing address for all correspondence and supplies)

Send ALL mail (correspondence, commissions, supplies, etc.) to: Business Home

Business: Street _____ Apt./Suite _____ Telephone no. (____) _____
City _____ State _____ ZIP _____
Home: Street _____ Apt./Suite _____ Telephone no. (____) _____
City _____ County _____ State _____ -Zip _____
E-mail address _____ Cell phone no. _____ FAX _____

III. Corporation, LLC or Partnership Information

(If commissions are to be paid to a corporation, LLC or partnership and income reported to the Federal Tax ID no. below).

Name of Corporation, LLC or Partnership _____ Federal Tax ID no. _____ - _____
Resident Insurance License no./State _____ / _____ Resident state does not require a corporate license

IV. Insurance Licenses

I have attached a copy of the Resident Insurance License(s) shown above.
 I also wish to be appointed in the following states, and all corresponding non-resident licenses and fees for such licenses are attached.
_____, _____, _____, _____, _____, _____, _____, _____

V. Exam Ordering

Underwriting automatically orders and schedules all exam requirements. Exams are ordered within one business day of receiving an application. If you prefer to order your own exams, Royal Neighbors of America has four approved paramedical exam vendors: APPS, Portamedic, Exam One, and EMSI.
 I would like Royal Neighbors to order my paramedical exams.
 I would like to order my own paramedical exams.

VI. Background Information

Have you ever represented, or are you currently representing Royal Neighbors of America? If "YES", Producer Code # _____ YES NO
Have you ever had your insurance license or securities license suspended or revoked, or have you ever had an application for an insurance license denied or revoked by an insurance department? YES NO
Have you ever had a complaint filed against you with an insurance department or other regulatory agency? YES NO
Has any claim ever been made against you, your surety company, or errors & omissions insurer arising out of insurance sales or practices, or have you been refused surety bonding or errors & omission coverage? YES NO
Are you at present involved in any litigation or are there any unsatisfied judgments or liens (including tax liens) against you?..... YES NO
Do you currently have a pending bankruptcy or have you declared bankruptcy within the past seven years? YES NO
Have you pled guilty or nolo contendere to, or been found guilty of, a felony or a crime involving dishonesty or breach of trust? YES NO
Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business? YES NO

LETTER OF EXPLANATION IS REQUIRED FOR ANY "YES" ANSWER(S)



Notice of Vector One Report

Royal Neighbors of America is a participant in the Vector One Program. Vector One is a cooperative service which provides member insurance companies information about agent debit account balances.

Fair Credit Reporting Act Disclosure

This notice is provided to you pursuant to 15 U.S.C.A. §1681b(b) of the Fair Credit Reporting Act. Please be advised that Royal Neighbors of America may obtain your consumer report for use in evaluating you as an applicant and prospective producer. A consumer report is any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, previous employment, character, general reputation, personal characteristics, mode of living, criminal records, or education records. Information obtained from a credit reporting agency will not be used for any impermissible purpose or in violation of any federal or state equal protection law or regulation.

By your signature below, you acknowledge that you have received and understand the contents of this notice, and authorize Royal Neighbors of America to obtain your consumer report from any credit reporting agency. You further release any employer, former employer, and each other person from any and all liability of whatever nature by reason of furnishing any of the above information. You recognize that you may be the subject of an investigative consumer report and to the extent permitted by law you waive any requirements of notification with respect to this investigation. You understand that you have the right to request a complete and accurate disclosure regarding the nature and scope of any consumer investigative report prepared on you. You further authorize Royal Neighbors of America to provide any report or information obtained in connection herewith to any other insurance company with whom you request appointment.

Check here if you wish to receive a copy of your consumer report.

Certification of Taxpayer Identification Number

By my signature below and under penalties of perjury, I certify that the number(s) shown on this form is/are the correct taxpayer identification number(s), and I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. person (including a U.S. resident alien).

Application for General Membership

By my signature below, I am applying for general membership in the Society, Royal Neighbors of America. I support the purposes of the Society and will comply with its laws.

VII. DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Royal Neighbors of America to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries made in error to my:

Void check or letter from banking institution is required for verification.

- Checking
- Savings account

Bank name _____ Branch _____

Mailing address _____

City _____ State _____ ZIP _____

Account number _____ Routing transit number _____

This authority is to remain in full force and effect until terminated with written notification by me.

Signature _____ Date _____

Printed name _____

Conditions and Agreements

By my signature below, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and Royal Neighbors of America. I agree to be bound by all of the terms and conditions of such contract, supplements, and addendums, a personalized copy of which will be subsequently forwarded to me by Royal Neighbors of America. I agree not to solicit business until I have been notified by Royal Neighbors of America that I am authorized to do so.

I represent and warrant that all information and answers to questions are true and complete. Any marketing materials which have not been provided by Royal Neighbors of America must be approved by the Home Office prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I further acknowledge that I am familiar with and will adhere to the Royal Neighbors of America Agent's Code of Ethics and that I have been trained and understand Royal Neighbors of America products.

Signature _____ Date _____

Printed name _____





CONTRACT TO REPRESENT WITH AUTHORITY TO RECRUIT Royal Neighbors of America

This Contract, with attachments, is entered into between You (the agent/agency) and Royal Neighbors of America, a fraternal benefit society whose Home Office is located in Rock Island, Illinois.

Agent/Agency Name (as shown on the resident insurance license)

A. Designation & Appointment

1. Designation

The Agent/Agency named above is herein referred to as You, Your or Agent. Royal Neighbors of America is herein referred to as the Society or It. This contract and all addendums and amendments attached are referred to as “the” or “this” contract, and are entered into between You and the Society in consideration for the mutual agreements set forth herein.

2. Appointment

Upon execution of this contract You are an agent of the Society for the purpose of soliciting applications for the Society’s insurance and annuity certificates in states where you are licensed and appointed to sell Royal Neighbors of America Products. In addition, You are granted authority to recruit and develop Agents to market the products and services of the Society, in accordance with the guidelines below, in any state of the United States in which the Society is duly licensed to sell insurance and annuity certificates and has filed and received approval for any product which the Society permits you to offer for sale. This contract does not grant exclusive rights in any territory or for any product. This contract is limited to the types of products offered by Royal Neighbors of America, shown in the Commission Addendum, attached hereto and made a part hereof by reference.

B. General Provisions

1. General

During the continuation of this contract, You agree to:

- (a) Be responsible for the prompt delivery of certificates sent to You in accordance with the Society’s rules and instructions.
- (b) Follow all Society bylaws, rules and regulations.
- (c) Solicit only in the state(s) in which You are licensed and appointed with the Society;
- (d) Comply with all State and Federal laws, orders, rules and regulations.

2. Relationship

Nothing contained herein is intended to create the relationship of employer and employee between You and the Society, and You shall at all times be an independent contractor. You shall be free to exercise your own judgment as to the time, place and means of performing all acts hereunder, subject to the rules, regulations and instructions concerning solicitation and delivery of insurance and annuity certificates set forth by the Society or any insurance department.

3. Prompt Remittance

You shall promptly submit any applications for insurance and annuity certificates and any premiums collected by You for the benefit of the Society. Applications and premiums collected should be mailed to the Division Office, whose address is shown on the signature page of this contract. All certificates issued by the Society, must be delivered to the certificateholder within ten (10) days of Your receipt. You shall obtain a signed delivery receipt for the certificate, and return it to the Society. If the health condition of the applicant has changed since the application date, You shall promptly return the certificate to the Society and no issuance or delivery will occur.

4. Limitations

You are not authorized to waive, alter, or change any provision or condition of the Society’s insurance or annuity certificates, Contract to Represent, literature, or receipts; modify or extend the amount of time of any premium payment due to the Society, or receive any money due or to become due to the Society except the initial premium. You shall not enter into any contract, incur any expense or obligation of any kind, nor shall you bind the Society to any coverage or risk. No coverage will be effective with respect to any application until approved by the Society. The Society reserves the right, based upon Its sole discretion and without liability to You, to approve or disapprove any application, limit the amount of coverage issued, or charge a higher premium based upon Its evaluation of the risks.

5. Hold Harmless

You agree to defend, at the Society’s request and through counsel acceptable to the Society, indemnify and hold the Society harmless from any claims, demands, losses, expenses, costs and damages arising or resulting directly or indirectly from any breach by You of any term or condition of this contract, or violation of any law or regulation or failure to comply with any court order.

You shall not institute any legal proceedings in the Society’s name. Should any claims or lawsuits be made by any third party against You or the Society as a result of alleged wrongdoings by You, then You shall hold the Society harmless from, and indemnify It for any claim,

loss, expense, cost, or liability which It may incur defending the action and for any settlement of, or judgment resulting from such action. The Society may, at Its sole discretion, defend or settle any such claim.

C. Compensation, Accounting & Indebtedness

1. Compensation

- (a) You shall be paid compensation according to the terms of this contract, the Commission Addendum and any Annualization Addendum that may be attached. The Commission and / or Annualization Addendums are subject to change by the Society upon notice in writing to You. However, any change shall not affect any certificates issued on applications solicited prior to the effective date of the change.
- (b) Commissions shall not be owed or paid on certificates continued in force under any waiver of premium provision of any certificate, or on collected premiums that are subsequently refunded by the Society. You shall promptly repay the Society any commissions paid prior to the refund.

2. Accounting

- (a) The Society shall provide to You a statement showing compensation and deductions made within the accounting period. Each statement is deemed to be correct and accurate unless You object in writing within thirty (30) days after it has been delivered or posted for review.
- (b) If commissions due to You total less than \$50 in any pay period, then the commission payable will be deferred until accrued commissions exceed \$50.
- (c) All accounting records maintained by You, relating to business conducted with the Society, are subject to inspection at any reasonable time by our authorized representative.

3. Indebtedness

- (a) Any compensation due under this contract may be applied to payment of any indebtedness You may have to the Society. Indebtedness includes any monetary claim the Society may have against you, including but not limited to advances paid, overpayment of commissions, reversal of commissions, the Society's membership fees, indebtedness of your sub-agents which has been deemed uncollectible, and other miscellaneous charges that you have authorized.
- (b) As additional security for the payment of indebtedness under this contract, the Society shall have a first and prior lien against the compensation due You under this contract. The Society's lien is superior to all other liens under this contract. The Society may, at any time, offset any such indebtedness against compensation due You under the contract or any contract You have with the Society. If the Society does elect to offset, the offset shall not constitute an election by the Society to forego any other available remedies to collect the indebtedness.
- (c) You shall reimburse the Society and / or indemnify the Society, for any loss, including attorney's fees, that the Society may incur in recovering from You any indebtedness due the Society.

D. Advertising Guidelines

All representations or references to Royal Neighbors of America, its products or agents, in any advertising or marketing material, shall be submitted to the Society prior to its use or distribution, and shall not be utilized until You receive written approval from an authorized employee of the Society. Advertising includes any material which is designed to create public interest in Royal Neighbors of America, its products or agents. This includes, but is not limited to, consumer material designed to induce the public to purchase, increase, modify, retain, renew, or reinstate a certificate, as well as agent recruiting and training materials. You are responsible for submitting all advertising and marketing material to the Society for approval. Furthermore, You shall maintain a file copy of all such advertising and marketing materials utilized, for a minimum of three years, and provide a copy to the Society upon request.

1. "Agent Use Only" Advertising

All agent directed advertising, training, or recruiting material must display the disclaimer "FOR AGENT USE ONLY" prominently and in bold type.

2. Consumer Directed Advertising

All materials that make reference to Royal Neighbors of America products, directly or indirectly, must include the full Society name and product form number.

3. Contractual Language

Guarantees or promises beyond the guarantee in the certificate are not permitted. Any use of investment type language is not permitted.

E. Termination

If this contract is terminated "without cause" or "with basis", any first year commissions or renewal commissions earned by You shall be fully vested and payable until such commission amounts are less than \$600 in any one calendar year. Servicing fees due in the eleventh (11th) and subsequent certificate years are not vested.

1. Termination "Without Cause"

- (a) At any time, either You or the Society may terminate this contract "without cause" by giving fifteen (15) days written notice, sent to the last known address of the other.
- (b) If You are an individual, this contract shall immediately terminate "without cause" upon Your death.
- (c) If You are a partnership, this contract shall immediately terminate "without cause" upon the death of any partner, unless the surviving partners shall elect by written notice to the Society, within thirty (30) days of the death of the partner, to continue this contract in force and in effect.
- (d) If You are a partnership, this contract shall immediately terminate "without cause" upon the dissolution of the partnership.

(e) If You are a corporation, this contract shall immediately terminate “without cause” upon Your sale, bankruptcy or insolvency.

2. Termination “With Basis”

Without notice, this contract shall immediately terminate “with basis” if the Society has reasonable cause to believe,

- (a) You have breached any provision of this contract;
- (b) You have willfully failed to obey any rule or procedure set-forth by the Society;
- (c) You have knowingly or intentionally induced or attempted to induce any Society certificateholder to surrender or discontinue paying premiums, where such recommendation is not in the best interest of the certificateholder;
- (d) You have committed any other willful act with the intent to injure the Society in Its public relations;
- (e) You have failed to maintain an active insurance license;
- (f) You have failed to maintain membership in the Society.

3. Termination “With Cause”

Without notice, this contract shall immediately terminate “with cause” if You,

- (a) commit a fraudulent, illegal or dishonest act, which adversely affects the Society, including but not limited to any misrepresentation as to the terms or provisions of an authorized certificate; any alteration, falsification or withholding of information, whether written or oral, about an applicant or prospective insured; any alteration of any application materials; withholding of any required underwriting material;
- (b) violate any insurance law, regulation, or rules of any jurisdiction in which You transact business.
- (c) Personally engage in or cause or permit agents under your control to engage in a pattern or practice of replacing, twisting or rewriting of the Society’s life or health certificates. It is understood that the occasional unintentional replacement of a certificate does not constitute a pattern or practice. Any dispute regarding this matter that cannot be resolved by the parties to this agreement will be submitted to arbitration pursuant to paragraph G. 1. of this Agreement

If this contract is terminated “with cause”, You shall forfeit to the Society all right, title and interest in any compensation under this contract. Forfeiture under this paragraph shall not constitute an election by the Society to forego any and all other claims or remedies it may have against You.

F. Membership in the Fraternal Society

You are required to maintain membership in the Society, at all times. If You are a corporation, all officers are required to maintain memberships. If You are a limited liability company, all members are required to maintain memberships. If You are a partnership, all general partners are required to maintain membership.

G. Miscellaneous Provisions

1. Arbitration / Governing Law

Any dispute arising between You and the Society shall be governed by and construed and enforced pursuant to the laws of the state of Illinois. In consideration of the execution of this contract, You agree that any dispute arising between You and the Society regarding the terms, the applicability or the enforcement of this contract, which cannot be resolved amicably, shall be first submitted to the American Arbitration Association for binding resolution. The rules of the American Arbitration Association shall govern any dispute under this paragraph. The prevailing party shall be entitled to recovery of reasonable attorney’s fees and costs including the cost of the mediation and/or arbitration. The arbitrator shall determine the prevailing parties, the costs and the amount of the attorneys’ fees.

2. Supersede & Waiver

This contract supersedes and replaces any contract or agreement previously entered into between You and the Society on behalf of the Society with respect to any future transactions. However, any rights You and the Society have under any previous contract are otherwise unaffected except as expressly provided in this contract. The Society’s failure to enforce any provision of this contract shall not constitute a waiver of any other provision of this contract.

3. Assignment & Modification

No assignment of this contract or any compensation due hereunder shall be valid unless in writing and approved, in advance, by the Society. No modification of this contract shall be binding on the Society unless in writing and signed and approved by an authorized officer of the Society.

4. Savings Clause

If any provision of this contract shall be contrary to the laws of the particular state, county, or jurisdiction where used, such contrary provision shall not entirely invalidate this contract, and this contract shall be construed as not containing the particular provision held to be invalid in such state, county, or jurisdiction and the rights and obligations of You and the Society shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the contract.

5. Entire Contract

This contract and all addendums attached herein, which have been approved by the Society, contain the entire agreement between You and the Society. This contract shall become effective only when first executed by You and thereafter accepted by the Society.

6. Copies & Electronic Retention of this Contract

You agree that the Society may retain this contract solely as an imaged or electronic version and may destroy any original signed version of this contract; provided the imaged or electronic version accurately represents this contract including the

parties' signatures. You and the Society agree that a facsimile or other electronic reproduction of this contract shall be deemed as valid as the original.

7. Privacy Act Notice

By your signature below You acknowledge you have received a copy of the Privacy Notice, attached to and made a part of this contract. You acknowledge and agree You are acting as a third party service provider to the Society, as contemplated under §503 of the Gramm-Leach-Bliley Privacy Act and are therefore bound by the stated policy of the Society regarding the release of nonpublic information derived by, or for, the Society in Its normal course and conduct of business.

This contract becomes effective on the date it is accepted by the Society.

By: _____ Executed this _____ day of _____, _____
Your Signature
(if Corporation, authorized officer)

Accepted this _____ day of _____, _____

By: _____
Signature for Royal Neighbors of America

Printed name

Royal Neighbors of America • Austin Division
5910 Courtyard Drive, Ste 150
Austin, Texas 78731
(866) 733-9758

**Royal Neighbors of America
CODE OF ETHICS**

Royal Neighbors of America believes that serving the needs of our customers with integrity is of utmost importance. All employees and agents are expected to conduct themselves at all times with the highest degree of ethical business practices and in accordance with all state insurance laws and Society regulations.

As a Royal Neighbors of America agent, I agree to:

- Adhere to all provisions contained in the Agent's contract.
- Fully comply, at all times, with all laws and regulations regarding the solicitation and sale of any Royal Neighbors of America product.
- Make a conscientious effort to ascertain and understand the needs and financial circumstances of my clients, and make every effort to render the same quality of service to my clients which, in the same circumstances, I would expect myself.
- Not place the Society under any legal obligation that is not within the scope of my authority.
- Not accept risks of any kind, make, modify, or discharge contracts; extend the time for paying the premiums; waive forfeitures or any of the Society's rights or requirements; bind the Society by any statement, promise, or representation; or collect any monies other than as provided in the Contract to Represent.
- Use only appropriate sales materials approved by the Society and include all appropriate disclaimers.
- Make sure all signatures on applications or other documents submitted by me are authentic.
- Deliver all certificates and contracts to the respective owner in an expedient manner.
- Not enter into any contracts for the solicitation of insurance or annuities or to share commissions with anyone not licensed and under contract with the Society.
- Not represent the Society in any manner whatsoever before any state insurance department or official thereof, or any governmental agency, without the knowledge and approval of the Society.



Direct Deposit Electronic Funds Transfer (EFT) Authorization Agreement

We offer an easy and convenient way for you to receive your commission checks. Within 24 banking hours of issuing your business, we electronically transmit your commission information to our bank, which in turn transmits to your bank by the following morning. Banks will vary, but most will post your funds at the close of that business day.

More and more of our agents and agencies are using this program for these reasons:

- The hassle of waiting for your check to arrive is gone, **increasing your time** available to sell.
- EFT Direct Deposit is **Free!** There is a \$2.50 charge for all paper checks.
- Needless trips to the bank are eliminated.
- **Overnight express fees are eliminated.**

EFT Direct Deposit is easy to get started. Simply complete this form and submit along with a voided check. EFT Direct Deposits will begin two weeks after we receive your authorization and check.

I hereby authorize Royal Neighbors of America to initiate credits to my __ checking or __ savings account with the financial institution indicated below. If the Society determines that funds were deposited to my account in error, I authorize the bank to return funds to the Society upon request by the Society.

Bank name _____ Branch _____

Address _____

City _____ State _____ ZIP _____

Account number _____ Routing transit number _____

This authority is to remain in effect until you have received written notification from me of its termination.

Bank account name _____

Agent name _____

Signature _____ Date _____

You must enclose a voided check for us to process this form.

Please do not send a deposit slip.

Attn.: Commission Accounting Department
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502.

**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | - | | | - | | | | |
|--|--|--|---|--|--|---|--|--|--|--|

or

Employer identification number

| | | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|--|
| | | | - | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|--|

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.