



Is the **Proposed Annuitant** a member of ISDA?

Yes  No

(If no, with this application the Annuitant is applying for membership.)

**1. Full Name of Proposed Annuitant:**

Address:

City: State: Zip:

Phone:

E-mail:

Date of Birth: Age: Sex:  
 M  F

Social Security #: Birth Place:

**2. Owner:** Complete only if **Owner** is different from Proposed Annuitant

Full Name of Proposed Owner:

Address:

City: State: Zip:

Phone:

E-mail:

Date of Birth: Age: Sex:  
 M  F

Social Security # OR EIN# (if owner is non-person entity)

**3. Plan: Flexible Premium Deferred Annuity Name**

2 Year Annuity  5 Year Annuity  8 Year Annuity

Other \_\_\_\_\_

Single Premium Immediate Annuity (SPIA)

Settlement Option desired (must provide proof of age)

(ex. Driver's License, Passport, State ID, Birth Certificate)

**4. Plan Type: Qualified**

IRA  SEP  HSA  Roth

Simple  Coverdell  Other \_\_\_\_\_

**Plan Type: Non-Qualified**

Other \_\_\_\_\_

**5. Replacement:**

a. Does the applicant have existing life insurance or annuity contracts with any company?

Yes  No

b. Will the annuity now applied for replace or change any existing insurance or annuity?  Yes  No

If yes, you must complete and submit a Replacement Form.

**6. Payment:**

Amount Paid with Application \$ \_\_\_\_\_

Expected Transfer Amount \$ \_\_\_\_\_

Billing Form:  Annually  Bank Draft ACH

Other \_\_\_\_\_  Do Not Bill

Amount of Modal Premium, if any \$ \_\_\_\_\_

Special Request \_\_\_\_\_

**7. Beneficiary Information:** Provide name, address, share/percentages, and relationship to proposed annuitant.

Primary:

Contingent:

**Fraud Warning**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The Proposed Annuitant shall be the Owner of any contract issued except when the Owner may be other than the Annuitant or is an entity other than a person, the Applicant will be the Owner.

The contract will be effective on the later of: (1) the effective date requested by in this Application; or (2) the date the full premium is received by the ISDA at its home office.

Having read the above statements and answers, I (we) represent that they are true and complete and agree that: (1) This application shall be the basis for and a part of any policy issued; and (2) No policy of ISDA can be made, modified, or discharged, nor may any of its rights or requirements be waived, except in writing signed by an ISDA Officer.

I (We) declare that the Proposed Annuitant is a citizen of the United States of America. I (We) desire to fraternally join the Order Italian Sons and Daughters of America and ISDA for financial security and other fraternal benefits.

ISDA FRATERNAL ASSOCIATION IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Proposed Annuitant  
(Parent or Guardian if under the age of 18)

**X** \_\_\_\_\_  
Signature of Owner (if other than Proposed Annuitant)

\_\_\_\_\_  
Agent Name (Print)

# \_\_\_\_\_  
Agent State License Number

**X** \_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**Please NOTE, the appropriate Disclosure Statement and Suitability Questionnaire must be included with this Application**

**Agent's Report**

- 1. Did you ask each question as set forth in the application?  Yes  No
- 2. To the best of your knowledge, is insurance or annuity replacement involved in this transaction?  Yes  No  
If yes, you must complete and submit a Replacement Form.
- 3. I have verified the Proposed Annuitant's identity by viewing the individual's photograph in a driver's license, passport, or other official document.  Yes  No

**X** \_\_\_\_\_  
Agent Signature

# \_\_\_\_\_  
ISDA Agent Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Name (Print)

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANNUITY SUITABILITY QUESTIONNAIRE**

This form must be completed and submitted with the application before we can offer you a policy.

Proposed Annuitant \_\_\_\_\_ Age \_\_\_\_\_

Annuity Plan  2 Year  3 Year  5 Year  8 Year Premium Amount \$ \_\_\_\_\_  
 Qualified/IRA  Non-Qualified

ISDA is required by the state insurance department to ask information that will help determine whether an annuity contract is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the annuity for which you are applying. This information will not be used for any other purpose and will remain confidential.

**You have the legal right to decline to provide this information. If this is your wish, please skip to the 'Consumer Refusal to Provide Information' form and read and complete it.**

**NO I REFUSE to answer all/some of the questions below and will complete the 'Consumer Refusal to Provide Information' form**

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that ISDA may elect to NOT issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

What is your overall risk tolerance?  Conservative  Moderate  Aggressive

What is your federal income tax bracket?  0-15%  16-25%  26-35%  over 35%

Annual household income  \$0-\$24,999  \$25,000-\$49,999  \$50,000-\$99,999  over \$100,000

Source of income - check all that apply:  Employment  Investments  Social Security  
 Retirement  Other \_\_\_\_\_

What is your net worth?  \$0-\$49,999  \$50,000-\$99,999  \$100,000-\$249,000  
 \$250,000-\$499,999  \$500,000-\$749,000  \$750,000-\$999,999  over \$1,000,000

Proposed annuity represents \_\_\_\_\_% of my net worth

Investment objectives in purchasing this annuity - check all that apply:

Preservation of Capital  Future Income  Wealth Accumulation  Inheritance  
 Charitable Giving  Education Planning  Tax Deferral  Immediate Income

How do you expect to take money out of this annuity (except for RMDs)?  
 Regular income stream  Lump sum  Interest withdrawals  Other \_\_\_\_\_

When do you expect to take money out of this annuity?  
 Under 1 year  1-3 Years  4-5 Years  6-9 Years  10+ years  Never

Check all of the following financial products that you have prior experience with - check all that apply:  
 CDs  Fixed Annuities  Variable Annuities  Stocks/Bonds  
 Mutual Funds  None

What is your source for this annuity's premium? (check all that apply)  
 Annuity  Life Insurance  CDs  Other \_\_\_\_\_

Will you incur any surrender charges, early termination fees or any other fees from the funding source for this annuity that you indicated in the previous question?  NO  YES amount \$ \_\_\_\_\_

What is your employment status?  Employed  Unemployed  Retired

Do you have funds available to you in case of an emergency?  NO  YES

After purchasing this annuity will you have enough other assets to meet your liquidity needs?  NO  YES

Has the proposed owner replaced or exchanged this annuity contract at another financial institution within the past 36 months?  YES  NO

#### AGENT'S STATEMENT

I have made a reasonable effort to obtain information from my client concerning the financial status, investment objectives, and other pertinent information.

It is my belief that, based on the information provided by my client and all the circumstances known to me at the time that the recommendation was made, the annuity being applied for, based on my recommendation, is suitable for my client's insurance needs and/or financial objectives.

It is my belief that my client does not have any diminished capacity with regards to making financial decisions on his/her own behalf.

Advantages of purchasing the proposed annuity: \_\_\_\_\_

Disadvantages of purchasing the proposed annuity: \_\_\_\_\_

The basis for my recommendation to purchase the proposed annuity or to replace/exchange the owner's existing annuity(ies): \_\_\_\_\_

\_\_\_\_\_

**X**

Agent's Signature

Date

#### OWNER'S STATEMENT AND ACKNOWLEDGEMENTS

I have been given, have read, and understand the Annuity Disclosure Statement which informs me of the proposed annuity features such as minimum interest rate guarantees, potential surrender charges and tax penalties if I surrender or annuitize the annuity.

After discussing my risk tolerance and financial needs with my agent, I have determined that buying this annuity helps me meet my long-term financial objectives.

I have reviewed the information in this form supplied by/about me and acknowledge it is accurate. I understand that ISDA will use this information to review the recommendation for suitability that was made by my agent.

**X**

Owner's Signature

Date

**CONSUMER REFUSAL TO PROVIDE INFORMATION**

***Do not sign unless you have read and understand the information in this form***

Why are you being given this form?

You are buying a financial product, an annuity. In order for the agent and/or company to recommend a product that meets your needs and makes sense in your situation, information regarding your financial situation and objectives is needed.

By signing this form you are confirming that you have declined to provide some or all of the information needed by the agent and/or company to effectively determine which, if any, annuity products are suitable for you.

- I REFUSE to provide information at this time.
- I have chosen to provide LIMITED information at this time.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**ANNUITY DISCLOSURE STATEMENT**

- Form ICC19FPDA2 - Flexible Premium Deferred Annuity 2 Year Surrender Period
- Form ICC21FPDA3 - Flexible Premium Deferred Annuity 3 Year Surrender Period
- Form ICC19FPDA5 - Flexible Premium Deferred Annuity 5 Year Surrender Period
- Form ICC19FPDA8 - Flexible Premium Deferred Annuity 8 Year Surrender Period
- Form ICC20JTANN – Flexible Premium Deferred Joint Annuity 8 Year Surrender Period

This disclosure statement is for your protection. It gives you basic information about the annuity being considered and is not intended to be a complete explanation of the annuity. Only the annuity contract contains complete details. Please read this disclosure carefully before signing any agreement to buy an annuity or before accepting your contract.

A. Owner/Annuitant Name \_\_\_\_\_

Joint Owner/Annuitant Name \_\_\_\_\_

Applicant Name \_\_\_\_\_  
(If different than Owner/Annuitant)

B. Insurer:                   ISDA Fraternal Association                   419 Wood Street  
                                  (A Fraternal Benefit Society)                   Pittsburgh, PA 15222-1825

C. Description: A fixed annuity is a contract whereby for the premium or multiple premiums received, ISDA agrees to pay the Owner income from this annuity at a later date. Annuities are meant to provide funds for retirement and are considered to be long term. See *Annuity Buyer’s Guide* posted on our website [www.orderisda.org](http://www.orderisda.org).

Note: If an Owner other than the annuitant purchases the annuity, that Owner shall have control of the annuity contract issued until ownership is transferred to the annuitant.

1. The interest rate on accumulated funds paid by ISDA on this annuity is guaranteed to never be less than:

Annuity	Minimum Guaranteed Interest Rate
Liquid 2	1.00%
Silver 2	1.25%
Titanium 3	1.50%
Gold 5	1.75%
Elite 8	1.75%
Platinum 8	2.00%

2. The actual interest credited rate (non-guaranteed) on premiums paid by ISDA will be based on the new money rates in effect at the time the money is received, and that rate is guaranteed for one year. Thereafter, the credited interest rate is subject to periodic review by ISDA and will change from time to time. The ISDA board of directors may declare a dividend which is also a non-guaranteed element.
3. At settlement, the interest rate payable on the periodic income option selected by the Annuitant shall be as established by ISDA, but not less than your minimum guaranteed interest rate. See the *Annuity Buyer’s Guide* (posted on our website [www.orderisda.org](http://www.orderisda.org)) for a complete description of the periodic income options, also referred to as settlement option or income payment option.

4. Withdrawals during the first and later years of the contract are subject to a withdrawal charge of:

Annuity	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Liquid 2	½%	½%							
Silver 2	4%	4%							
Titanium 3	5%	4%	2%						
Gold 5	5%	4%	2%	2%	1%				
Elite 8	8%	7%	6%	5%	4%	3%	2%	1%	
Platinum 8	7%	6%	5%	5%	4%	3%	2%	1%	

The withdrawal charges are based on the amount withdrawn. After the first year the Owner may withdraw, each contract year, up to 15% on the anniversary date cash value with NO withdrawal charge.

5. The cash value of the annuity will be paid upon maturity or alternate maturity date of the contract or at the death of the Annuitant. The cash surrender value is paid upon the Owner's request for the surrender value of the contract. Partial withdrawals are available.
6. The death benefit payable at the death of the Annuitant shall be the contract cash value as of the date of death. The contract cash value is (1) the sum of premiums paid plus (2) interest credits plus (3) any dividends added less (4) any withdrawals.
7. Federal Income Tax on the taxable portion of the annuity proceeds will be deferred until the Annuitant or Beneficiary draws funds from the annuity or on funds paid to the beneficiary. If taxable proceeds are withdrawn by the Owner prior to age 59 1/2, there may be a 10% Federal Excise tax payable on the taxable portion of funds withdrawn.
8. Riders added: NONE
9. Fees and Charges: NONE

#### CERTIFICATION OF DISCLOSURE STATEMENT DELIVERY

I certify that the original copy of this Disclosure Statement was given to the Proposed Annuitant no later than the time the application was signed by the Applicant or within five days after receipt of application along with the Annuity Buyer's Guide. (See Buyer's Guide posted on our website [www.orderisda.org](http://www.orderisda.org))

Proposed Annuitant Name \_\_\_\_\_

Annuity Disclosure was provided to the Proposed Annuitant on \_\_\_\_\_, 20\_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_\_

**IMPORTANT NOTICE  
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

*This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.*

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  YES  NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  YES  NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing(F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because (Answer N/A if you are not replacing.):

I certify that the responses herein are, to the best of my knowledge, accurate:

Signature of Applicant	Printed Name	Date
Signature of Joint Applicant	Printed Name	Date
Signature of Agent/Producer	Printed Name	Date



I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

Should you have any questions regarding this form, please contact your insurance representative or the Company at the address or telephone number shown on your application.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**Premiums:**

Are they affordable?

Could they change?

You're older – are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

**Policy values:**

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

**Insurability:**

If your health has changed since you bought your old policy, the new one may cost you more, or you may be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

**If You are keeping the Old Policy as well as the New Policy:**

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

**If You are Surrendering an Annuity or Interest Sensitive Life Product:**

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

**Other Issues to Consider for All Transactions:**

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

**IRC Sec 1035 EXCHANGE FOR NON-QUALIFIED TRANSFERS TO ISDA**

**Section 1: Existing Contract or Policy to be Transferred**

Owner's Name _____	Social Security # _____
Name of Surrendering Co _____	Surrendering Co Phone # _____
Co Address _____	Current Contract/Policy # _____
City _____ State _____ Zip _____	Type: <input type="checkbox"/> Annuity Contract <input type="checkbox"/> Life Insurance Policy

**Section 2: Transfer Instruction:**

- I wish to liquidate **all funds** from the above-referenced contract/policy. This transfer is intended to be processed as a tax-free exchange under Internal Revenue Code Section 1035(a).  
**Expected transfer amount \$** \_\_\_\_\_
- I wish to liquidate **a partial amount** from the above-referenced contract/policy in the amount totaling \$ \_\_\_\_\_  
*(Not all companies allow partial exchanges. IRS regulations for partial withdrawals are not finalized, consult your tax advisor.)*
- A.** I authorize and approve ISDA's intent to surrender the above-referenced contract/policy:  
 Immediately      OR       Other date \_\_\_\_\_, 20\_\_\_\_\_
- B. Existing Contract:**  
 My contract is attached with this application.  
 I declare that the contract has been lost or destroyed. I will not claim any right if found in the future.
- C.** Apply proceeds to:  New ISDA Contract # \_\_\_\_\_  Existing ISDA Contract # \_\_\_\_\_

**Section 3: Statement of Understanding Applies When Replacing Life Insurance with an Annuity**

I understand that, as a result of the 1035(a) exchange from the above-referenced life insurance policy into an ISDA annuity, there will be a reduced death benefit (at the time of the exchange) from the amount payable upon the death of the insured under the life insurance contract, to the amount payable upon the death of the owner under the ISDA annuity.

I understand that the death benefit from the replaced life insurance contract is income tax-free to the beneficiary, whereas the gain in the annuity contract will be taxable to the beneficiary as ordinary income.

**Section 4: Transfer Authorization**

I understand that any tax obligations of this transaction are mine. I am not relying on ISDA (nor any of its agents or employees) for any tax advice. In order to effectuate this 1035 Exchange, I hereby make irrevocable and absolute assignment of the above-referenced contract to ISDA, and irrevocably transfer and deliver to ISDA all rights, title and interest of the contract therein.

**X** \_\_\_\_\_  
Owner's Signature \_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Witness Signature

**ISDA Authorized Letter of Acceptance**

Based on the authorization and assignment above, please liquidate the assets as instructed. ISDA agrees to serve as the new Custodian/Trustee. ISDA will accept the check as stated above and transfer it under IRC Sec 1035(a).

  
ISDA Officer

Make check payable to:  
ISDA Fraternal Association  
FBO: *(insert policy owner name)*  
419 Wood Street  
Pittsburgh, PA 15222-1825

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.