ISDA FINANCIAL LIFE
Life Insurance and Annuities

INDIVIDUAL ANNUITY APPLICATION

Please Print

ISDA Fraternal Association
A Fraternal Benefit Society
(Herein called ISDA)

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 ASSOCATION 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 _____

ISDA FINANCIAL LIFE
Life Insurance and Annuities

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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

ISDA Financial Life
Life Insurance and Annuities

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 ICC19 FPDA2 - Flexible Premium Deferred Annuity 2 Year Surrender Period
Form ICC21 FPDA3 - Flexible Premium Deferred Annuity 3 Year Surrender Period
Form ICC19 FPDA5 - Flexible Premium Deferred Annuity 5 Year Surrender Period
Form ICC19 FPDA8 - Flexible Premium Deferred Annuity 8 Year Surrender Period
Form ICC20 JTANN - Flexible Premium Deferred Joint Annuity 8 Year Surrender Period
Form ICC22 MEGA 2 - Flexible Premium Deferred Annuity 2 Year Surrender Period
Form ICC22 MEGA 2 Choice - Flexible Premium Deferred Annuity 2 Year Surrender Period
Form ICC22 MEGA 3 - Flexible Premium Deferred Annuity 3 Year Surrender Period
Form ICC22 MEGA 5 - Flexible Premium Deferred Annuity 5 Year Surrender Period
Form ICC22 MEGA 8 - Flexible Premium Deferred 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 (A Fraternal Benefit Society) 419 Wood Street 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.isdafinancial.com.*

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	2.65%
Silver 2	2.65%
Titanium 3	2.65%
Gold 5	2.65%
Elite 8	2.65%
Platinum 8	2.65%

MEGA Flex Annuity	Minimum Guaranteed Interest Rate
MEGA Flex 2	2.65%
MEGA Choice 2	2.65%
MEGA Flex 3	2.65%
MEGA Flex 5	2.65%
MEGA Flex 8	2.65%

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 may 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.isdafinancial.com) 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% (Non-MEGA only) on the anniversary date cash value with NO withdrawal charge.

MEGA Flex	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
MEGA Flex 2	9%	9%							
MEGA Choice 2	9%	0%							
MEGA Flex 3	9%	9%	8%						
MEGA Flex 5	9%	9%	8%	7%	6%				
MEGA Flex 8	9%	9%	8%	7%	6%	5%	4%	3%	

The withdrawal charges are based on the amount withdrawn. After the first year the Owner may withdraw, each contract year, up to 10% (MEGA only) 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.isdafinancial.com)

Proposed Annuitant Name_____

Annuity Disclosure was provided to the Proposed Annuitant on _____, 20_____

Agent Name_____

Agent Signature_____

Date_____, 20_____

ISDA Financial Life
Life Insurance and Annuities

Qualified "Best Interest" Disclosure Statement – PTE 84-24

This PTE 84-24 form is being provided to you as required by law under the ERISA Prohibited Transaction Exemption 84-24 (PTE 84-24). This statement contains information that you should read and understand prior to using funds from an individual retirement or qualified plan retirement account to purchase an annuity.

Relationship of Agent to Insurance Company
You will be purchasing your annuity through an agent who is independent of ISDA Financial Life and has no contractual obligation to recommend only ISDA Financial Life's annuity contracts. Agents can recommend annuity contracts that are issued by ISDA Financial Life as well as other insurance companies.

Commissions
ISDA Financial Life will pay your agent a commission for each deposit made to your annuity with ISDA Financial Life. The total commission to be received by the agent and/or an affiliate of the agent is between 0.15% and 4.0% of the annuity premium amount. Commissions are paid by ISDA Financial Life and are **NOT** subtracted from your deposit payments or from your annuity contract values.

Other Material Conflicts of Interest
A material conflict of interest exists if the agent has a financial interest that a reasonable person would conclude could affect the exercise of the agent's judgement in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest: _____
_____
_____

Contract Charges
Early Withdrawal Charge: An early withdrawal charge will be deducted from contract values if you took a withdrawal during the first _____ contract years. No further withdrawal charges will apply to this contract, and no charges will apply if the contract terminates due to death.

Applicant/Owner Acknowledgement and Consent
I acknowledge receipt of this Disclosure Statement and have received it prior to the purchase of the annuity contract. As IRA Owner I hereby approve the purchase of the annuity contract.

_____ _____
Signature of IRA Owner Date

Agent Acknowledgement
I have not made any materially misleading statements in connection with the proposed annuity. My recommendation has been made with the best interest standard of care, and I believe this annuity purchase is appropriate based on the information supplied and reviewed with the applicant/owner.

_____ _____
Signature of Agent Date

ISDA FINANCIAL LIFE
Life Insurance and Annuities

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

ISDA FRATERNAL ASSOCIATION 419 Wood Street Pittsburgh PA 15222-1825
Ph: (800) 457-4732 Fax: (412) 261-9897 www.orderisda.org

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?

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QUALIFIED PLAN TRANSFER/ROLLOVER TO ISDA

Owner's Name

Date of Birth | Soc Sec #

Street Address | Phone #

City | State | Zip | Email Address

Section 1: Transferring from: *(Please check one)*

- ❑ Annuity
- ❑ Bank/S & L
- ❑ Employer Plan
- ❑ Credit Union
- ❑ Securities/Brokerage
- ❑ Other _____

Bank Institutions/ Securities may require a Medallion Signature/Stamp

Section 2: Current Custodian/Trustee

Please process a Transfer/Direct Rollover as requested below. This transfer is intended to qualify as a Direct Rollover and shall not constitute either actual or constructive receipt of income for federal income tax purposes.

Current Custodian/Trustee | Policy/Account #

Street Address | Maturity Date

City | State | Zip | Phone #

Section 3: Current Account Type: *(Please check one)*

- ❑ IRA
- ❑ 401(k)
- ❑ TSA
- ❑ HSA
- ❑ Roth IRA
- ❑ Coverdell Education
- ❑ SEP
- ❑ Other_____

Section 4: Transfer/Rollover to ISDA Account Type:

- ❑ IRA
- ❑ TSA
- ❑ SEP
- ❑ HSA
- ❑ Roth IRA
- ❑ Coverdell Education
- ❑ Other_____
- ❑ ISDA Policy #_____

Section 5: Required Minimum Distribution (RMD): *(Please check one)*, if applicable:

❑ The current year RMD has already been satisfied. ❑ The current year RMD has NOT been satisfied.

Section 6:Transfer/Rollover Amount: *(Please check one)*

- ❑ Liquidate entire account balance $_____
- ❑ Liquidate partial account balance $_____
- ❑ Maximum available $_____
- ❑ Surrender free amount $_____

Section 7: Date of Transfer: ❑ Process Immediately ❑ Process on (date)_____, 20_____

Section 8: Authorization: I authorize you, my current custodian/trustee, to process the transfer of funds as requested to ISDA.

X _____ _____

Owner's Signature | Date

ISDA Authorized Letter of Acceptance

ISDA has received and approved an application for an annuity contract of the type indicated above. ISDA will accept the funds being transferred and serve as the new Custodian/Trustee for the qualified account of the above-named applicant.

Joann Bluekwell

ISDA Officer

Make check payable to:

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

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

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.

☐ 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: 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.

☐ 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.) 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.

Social security number

			–			–				

or

Employer identification number

		–						

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here **Signature of U.S. person** ▶ _____ **Date** ▶

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*.

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.*