



Patricia A. Peshka
Purchasing Agent

Scott Avedisian
Mayor

City of Warwick

Purchasing Division
3275 Post Road
Warwick, Rhode Island 02886
Tel (401) 738-2000 Ext. 6240
Fax (401) 737-2364

The following notice is to appear on the City of Warwick's website Thursday, July 28, 2016.
The website address is <http://www.warwickri.gov/bids>.

**CITY OF WARWICK
BIDS REQUESTED FOR**

Bid2017-081 Municipal Employees' Term-Life Insurance

Specifications are available in the Purchasing Division, Warwick City Hall, Monday through Friday, 8:30 AM until 4:30 PM on or after Thursday, July 28, 2016. Please note that our offices will be closed on Monday, August 8, 2016.

Sealed bids will be received by the Purchasing Division, Warwick City Hall, 3275 Post Road, Warwick, Rhode Island 02886 up until 11:00 AM, Wednesday, August 10, 2016. The bids will be opened publicly commencing at 11:00 AM on the same day in the Lower Level Conference Room, Warwick City Hall.

Awards shall be made on the basis of the lowest evaluated or responsive bid price. Please note that no bids can be accepted via email or fax.

Individuals requesting interpreter services for the hearing impaired must notify the Purchasing Division at 401-738-2000, extension 6241 at least 48 hours in advance of the bid opening date.

Patricia A. Peshka
Purchasing Agent

PLEASE SUBMIT THIS PAGE WITH YOUR BID

Acknowledgement of Addendum (if applicable)

Addendum Number	Signature of Bidder
_____	_____
_____	_____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY ADDRESS: _____

BIDDER'S SIGNATURE: _____

BIDDER'S NAME (PRINT): _____

TITLE: _____ TEL. NO.: _____

EMAIL ADDRESS: _____*

*Please include your email address. Future bids will be emailed, unless otherwise noted.

=====

II. AWARD AND CONTRACT:

The CITY OF WARWICK, acting as duly authorized through its Purchasing Agent/Finance Director/Mayor (delete if inapplicable), accepts the above bid and hereby enters into a contract with the above party to pay the bid price upon completion of the project or receipt of the goods unless another payment schedule is contained in the specifications. All terms of the specifications, both substantive and procedural, are made terms of this contract.

DATE: _____
Bid2017-081 Purchasing Agent

CERTIFICATION & WARRANT FORM*

**This form must be completed and submitted with sealed bid.
Failure to do so will result in automatic rejection.**

Any and all bids shall contain a certification and warrant that they comply with all relevant and pertinent statues, laws, ordinances and regulations, in particular, but not limited to Chapter 16- Conflicts of Interest, of the Code of Ordinances of the City of Warwick. Any proven violation of this warranty and representation by a bidder at the time of the bid or during the course of the contract, included, but not limited to negligent acts, either directly or indirectly through agents and/or sub-contractors, shall render the bidder's contract terminated and the bidder shall be required to reimburse the City for any and all costs incurred by the City, including reasonable attorney fees, to prosecute and/or enforce this provision.

Signature

Date

Company Name

Address

Address

***This form cannot be altered in any way**

**CITY OF WARWICK
NOTICE TO BIDDERS**

Bid2017-081 Municipal Employees' Term-Life Insurance

Specifications are available in the Purchasing Division, Warwick City Hall, Monday through Friday, 8:30 AM until 4:30 PM on or after Thursday, July 28, 2016. Please note that our offices will be closed on Monday, August 8, 2016.

Sealed bids will be received by the Purchasing Division, Warwick City Hall, 3275 Post Road, Warwick, Rhode Island 02886 up until 11:00 AM, Wednesday, August 10, 2016. The bids will be opened publicly commencing at 11:00 AM on the same day in the Lower Level Conference Room, Warwick City Hall.

If you received this document from our homepage or from a source other than the City of Warwick Purchasing Division, please check with our office prior to submitting your bid to ensure that you have a complete package. The Purchasing Division cannot be responsible to provide addenda if we do not have you on record as a plan holder.

Bids received prior to the time of the opening will be securely kept, unopened. No responsibility will be attached to an officer or person for the premature opening of a bid not properly addressed and identified. No bids shall be accepted via facsimile or email.

The opening of bids shall be in the order established by the posted agenda and the agenda shall continue uninterrupted until completion.

Once an item has been reached and any bids on that item has been opened, no other bids on that item will be accepted and any such bid shall be deemed late.

The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap for any position for which the employee or applicant is qualified and that in the event of non-compliance the City may declare the contractor in breach and take any necessary legal recourse including termination or cancellation of the contract.

A bidder filing a bid thereby certifies that no officer, agent, or employee of the City has a pecuniary interest in the bid or has participated in contract negotiations on the part of the City, that the bid is made in good faith without fraud, collusion, or connection of any kind with any other bidder for the same call for bids, and that the bidder is competing solely in his own behalf without connection with, or obligation to, any undisclosed person or firm.

All bids should be submitted with one (1) original and one (1) copy in a sealed envelope, which should read: *YOUR COMPANY NAME* plainly marked on the exterior of the envelope as well as "Bid2017-081 Municipal Employees' Term-Life Insurance."

Should you have any questions, please contact Jane Jordan, Personnel, 3275 Post Rd. Annex, Warwick, RI at 401-738-2000, extension 6246.

All bids should be written in ink or typed. If there is a correction with whiteout, the bidder must initial the change.

Any deviation from the specifications must be noted in writing and attached as part of the bid proposal. The bidder shall indicate the item or part with the deviation and indicate how the bid will deviate from specifications.

The IRS Form W-9 attached should be completed and submitted with the bid if the bidder falls under IRS requirements to file this form.

When a bid is awarded to a corporation, limited liability company or other legal entity, prior to commencing work under the awarded bid, that corporation, company or legal entity may be required to provide to the Purchasing Agent a Certificate of Good Standing dated no more than thirty (30) days prior to the date upon which the bid award was made.

The successful bidder will provide said Certificate of Good Standing within ten (10) calendar days after notification of award or the City reserves the right to rescind said award.

The Certificate of Good Standing can be emailed to bids@warwickri.com. Please refer to the bid number on your response.

Prices to be held firm November 1, 2016 through October 31, 2019. Term contracts may be extended for one additional term upon mutual agreement unless otherwise stated.

The City is exempt from the payment of the Rhode Island Sales Tax under the 1956 General Laws of the State of Rhode Island, 44-18-30, Paragraph I, as amended.

The contractor must carry sufficient liability insurance and agree to indemnify the city against all claims of any nature, which might arise as a result of his operations or conduct of work.

The Purchasing Agent reserves the right to reject any and all bids, to waive any minor deviations or informalities in the bids received, and to accept the bid deemed most favorable to the interest of the City.

The City reserves the right to terminate the contract or any part of the contract in the best interests of the City, upon 30-day notice to the contractor. The City shall incur no liability for materials or services not yet ordered if it terminates in the best interests of the City. If the City terminates in the interests of the City after an order for materials or

services have been placed, the contractor shall be entitled to compensation upon submission of invoices and proper proof of claim, in that proportion which its services and products were satisfactorily rendered or provided, as well as expenses necessarily incurred in the performance of work up to time of termination.

No extra charges for delivery, handling or other services will be honored. All claims for damage in transit shall be the responsibility of the successful bidder. Deliveries must be made during normal working hours unless otherwise agreed upon.

All costs directly or indirectly related to the preparation of a response to this solicitation, or any presentation or communication to supplement and/or clarify any response to this solicitation which may be required or requested by the City of Warwick shall be the sole responsibility of and shall be borne by the respondent.

If the respondent is awarded a contract in accordance with this solicitation and the respondents bid or response and if the respondent fails or refuses to satisfy fully all of the respondents obligations thereunder, the City of Warwick shall be entitled to recover from the respondent any losses, damages or costs incurred by the City as a result of such failure or refusal.

The City reserves the right to award in part or full and to increase or decrease quantities in the best interest of the City.

Any quantity reference in the bid specifications are estimates only, and do not represent a commitment on the part of the City of Warwick to any level of billing activity. It is understood and agreed that the agreement shall cover the actual quantities ordered during the contract period.

The City reserves the right to rescind award for non-compliance to bid specifications.

The successful bidder must adhere to all City, State and Federal Laws, where applicable.

CITY OF WARWICK

MUNICIPAL EMPLOYEES' TERM-LIFE INSURANCE

The Personnel Department is seeking bids for Term-Life Insurance for Municipal Employees.

SPECIFICATIONS:

1. The class of employees is all full-time Municipal employees eligible for employee benefits (excludes uniformed fire, uniformed police and school department employees).
2. The coverage is to be for up to three (3) years and will commence November 1, 2016.
3. The basic life insurance is for \$32,000.
4. In addition to the basic coverage, the successful bidder will also provide an additional equal amount of group insurance for accidental death and dismemberment coverage.
5. The successful bidder will also offer optional coverage to employees who desire such coverage, in the amount of \$10,000 or \$20,000 to be paid for by the employee.
6. The City is seeking a carrier offering one unified rate for all employees of age or other factors.
7. The City reserves the right to terminate such coverage with thirty (30) days notice.

Attached is a census of Municipal employees entitled to term life insurance coverage including their sex, date of birth and amount of coverage (both basic and optional). For the month of **July of 2016**, the City provided the following coverage:

BASIC COVERAGE

Amount of Basic	Number of Lives	Total Basic Insurance
\$32,000	395	\$12,640,000
Totals	395	\$12,640,000

OPTIONAL COVERAGE

Amount of Optional	Number of Lives	Total Optional Insurance
\$10,000	18	\$180,000
\$20,000	36	\$720,000
Totals	44	\$900,000

Criteria For Selection

- Experience and financial resources of the bidder — 10%
- Overall cost of the proposal - 90%
- Since the City Of Warwick only pays for the basic coverage and the employee pays for the optional form, the proposals received will be evaluated with a weighting of 95% for the basic coverage and 5% for the optional coverage.

The total cost of all proposals will be evaluated based upon the above proportions

The City reserves the right to accept proposals for all or part of the request, or for one, two or three years as it sees fit. The City also reserves the right to reject all proposals as it sees fit.

The City of Warwick may award a contract based upon initial proposal received, without discussion of such offer. Accordingly, respondents are advised to submit proposals on the most favorable terms from a price and technical aspect. Bidders may use the attached quotation sheet to submit bids.

Cost Sheet

Year	Basic	Basic AD&D	Optional	Optional AD&D
11/1/16 – 10/31/17				
11/1/17 – 10/31/18				
11/1/18 – 10/31/19				

Please indicate cost per \$1,000/per month for both basic and optional coverage above.

CITY OF WARWICK

BID AND CONTRACT FORM

TITLE OF SPECIFICATION: Bid2017-081 Municipal Employees' Term-Life Insurance

I. BID:

WHEREAS, the CITY OF WARWICK has duly asked for bids for performance of services and/or supply of goods in accordance with the above-indicated specifications.

The person or entity below does irrevocably offer to perform the services and/or furnish the goods in accordance with the specifications, which are hereby incorporated by reference in exchange for the bid price below;

This offer shall remain open and irrevocable until the CITY OF WARWICK has accepted this bid or another bid on the specifications or abandoned the project.

The bidder agrees that acceptance below by the CITY OF WARWICK shall transform the bid into a contract. This bid and contract shall be secured by Bonds, if required by the specifications.

Pricing as Submitted

Municipal Life Insurance Master

GRAND TOTAL GRAND TOTAL OPTIONAL OPTIONAL
BASIC OPTIONAL \$ 10,000 \$ 20,000

SEX	D.O.B.	GRAND TOTAL BASIC	GRAND TOTAL OPTIONAL	OPTIONAL \$ 10,000	OPTIONAL \$ 20,000
1 M	Sep-70	\$ 32,000			
2 F	Oct-84	\$ 32,000			
3 M	Feb-81	\$ 32,000			
4 M	Dec-83	\$ 32,000			
5 M	Apr-72	\$ 32,000	\$ 20,000		1
6 M	Jul-68	\$ 32,000			
7 M	Jun-58	\$ 32,000			
8 M	Nov-55	\$ 32,000			
9 F	Jul-70	\$ 32,000			
10 M	Aug-60	\$ 32,000	\$ 20,000		1
11 M	Nov-85	\$ 32,000			
12 M	Jun-64	\$ 32,000			
13 M	Jul-92	\$ 32,000			
14 M	Aug-77	\$ 32,000			
15 F	Apr-68	\$ 32,000			
16 F	Nov-59	\$ 32,000			
17 M	Mar-67	\$ 32,000			
18 F	Mar-83	\$ 32,000			
19 F	Mar-69	\$ 32,000			
20 M	Jun-68	\$ 32,000			
21 F	Jun-60	\$ 32,000			
22 M	Oct-67	\$ 32,000			
23 M	May-66	\$ 32,000			
24 M	Jul-91	\$ 32,000			
25 M	Jan-85	\$ 32,000	\$ 10,000	1	
26 M	Dec-76	\$ 32,000			
27 M	Aug-67	\$ 32,000			
28 F	May-62	\$ 32,000			
29 M	Oct-76	\$ 32,000			
30 M	Oct-90	\$ 32,000			
31 M	Jul-85	\$ 32,000			
32 M	Oct-64	\$ 32,000			
33 M	Mar-62	\$ 32,000			
34 M	Aug-77	\$ 32,000	\$ 20,000		1
35 F	Oct-68	\$ 32,000			
36 F	Aug-64	\$ 32,000			
37 F	Apr-56	\$ 32,000			
38 M	Sep-67	\$ 32,000			
39 M	May-63	\$ 32,000			
40 M	Sep-69	\$ 32,000			
41 F	Jan-55	\$ 32,000			
42 M	Jul-81	\$ 32,000			
43 M	Jul-63	\$ 32,000			
44 F	Dec-54	\$ 32,000	\$ 20,000		1
45 M	Jul-59	\$ 32,000			
46 M	Feb-57	\$ 32,000			
47 F	Jun-70	\$ 32,000			
48 M	Feb-71	\$ 32,000			

Municipal Life Insurance Master

		GRAND TOTAL	GRAND TOTAL	OPTIONAL	OPTIONAL
SEX	D.O.B.	BASIC	OPTIONAL	\$ 10,000	\$ 20,000

SEX	D.O.B.	GRAND TOTAL BASIC	GRAND TOTAL OPTIONAL	OPTIONAL \$ 10,000	OPTIONAL \$ 20,000
49 F	Aug-71	\$ 32,000			
50 M	Sep-59	\$ 32,000			
51 M	Jul-61	\$ 32,000			
52 M	Apr-92	\$ 32,000			
53 M	Mar-59	\$ 32,000			
54 F	Sep-67	\$ 32,000			
55 M	May-71	\$ 32,000			
56 M	May-64	\$ 32,000			
57 F	Nov-63	\$ 32,000			
58 M	Mar-61	\$ 32,000			
59 M	Feb-67	\$ 32,000			
60 M	Jun-79	\$ 32,000			
61 M	Jan-73	\$ 32,000			
62 F	Oct-67	\$ 32,000	\$ 20,000		1
63 M	Jan-64	\$ 32,000	\$ 20,000		1
64 M	Jan-67	\$ 32,000			
65 M	Feb-63	\$ 32,000			
66 F	Aug-53	\$ 32,000			
67 F	Dec-75	\$ 32,000			
68 M	Sep-76	\$ 32,000			
69 M	Sep-78	\$ 32,000			
70 M	Sep-69	\$ 32,000			
71 F	Jan-63	\$ 32,000	\$ 20,000		1
72 F	Jun-62	\$ 32,000			
73 M	Feb-78	\$ 32,000			
74 M	Jul-58	\$ 32,000			
75 M	Mar-84	\$ 32,000			
76 M	Jul-64	\$ 32,000			
77 F	Dec-64	\$ 32,000			
78 M	Sep-80	\$ 32,000			
79 M	Dec-76	\$ 32,000			
80 M	Aug-61	\$ 32,000			
81 M	Nov-68	\$ 32,000	\$ 20,000		1
82 m	May-88	\$ 32,000	\$ 10,000	1	
83 F	Nov-60	\$ 32,000			
84 M	Jan-56	\$ 32,000	\$ 10,000	1	
85 M	Feb-79	\$ 32,000			
86 M	Aug-65	\$ 32,000			
87 M	Feb-95	\$ 32,000			
88 M	Mar-65	\$ 32,000			
89 M	May-71	\$ 32,000			
90 M	Mar-58	\$ 32,000			
91 M	Aug-77	\$ 32,000			
92 M	Dec-71	\$ 32,000			
93 F	Feb-70	\$ 32,000			
94 M	Jun-62	\$ 32,000			
95 M	Apr-92	\$ 32,000			
96 F	Apr-90	\$ 32,000			

Municipal Life Insurance Master

SEX	D.O.B.	GRAND TOTAL		OPTIONAL	OPTIONAL
		BASIC	OPTIONAL	\$ 10,000	\$ 20,000
97 M	Jan-88	\$ 32,000	\$ 20,000		1
98 F	Jun-69	\$ 32,000			
99 F	Mar-68	\$ 32,000			
100 F	Jul-82	\$ 32,000			
101 M	Nov-65	\$ 32,000	\$ 10,000	1	
102 M	Nov-70	\$ 32,000			
103 M	Dec-74	\$ 32,000			
104 M	May-94	\$ 32,000			
105 M	Oct-81	\$ 32,000			
106 M	Sep-53	\$ 32,000			
107 M	Apr-67	\$ 32,000			
108 M	Aug-79	\$ 32,000			
109 M	Jun-78	\$ 32,000			
110 F	Sep-74	\$ 32,000			
111 F	Jul-70	\$ 32,000			
112 M	Nov-70	\$ 32,000			
113 M	Jul-67	\$ 32,000	\$ 20,000		1
114 M	Dec-72	\$ 32,000			
115 M	Apr-67	\$ 32,000			
116 M	Dec-73	\$ 32,000	\$ 10,000	1	
117 M	Dec-56	\$ 32,000			
118 F	Aug-62	\$ 32,000			
119 M	Oct-53	\$ 32,000			
120 M	May-90	\$ 32,000			
121 M	Mar-62	\$ 32,000			
122 F	May-62	\$ 32,000			
123 F	Jul-76	\$ 32,000			
124 M	Oct-75	\$ 32,000			
125 M	Apr-77	\$ 32,000			
126 F	Sep-70	\$ 32,000			
127 F	Dec-61	\$ 32,000			
128 M	Jun-66	\$ 32,000			
129 F	Apr-68	\$ 32,000			
130 F	Jul-68	\$ 32,000			
131 M	May-54	\$ 32,000			
132 M	Jan-61	\$ 32,000			
133 M	Oct-67	\$ 32,000			
134 F	Sep-63	\$ 32,000			
135 M	Sep-95	\$ 32,000			
136 M	Mar-70	\$ 32,000	\$ 20,000		1
137 F	Aug-80	\$ 32,000			
138 F	Jul-70	\$ 32,000			
139 M	Mar-66	\$ 32,000			
140 F	14-Jul	\$ 32,000			
141 M	May-66	\$ 32,000			
142 F	Jun-77	\$ 32,000			
143 F	Apr-89	\$ 32,000	\$ 10,000	1	
144 M	Apr-67	\$ 32,000			

Municipal Life Insurance Master

SEX	D.O.B.	GRAND TOTAL		OPTIONAL	OPTIONAL
		BASIC	OPTIONAL	\$ 10,000	\$ 20,000
145 M	Jul-51	\$ 32,000	\$ 10,000		1
146 M	May-67	\$ 32,000			
147 M	Apr-91	\$ 32,000			
148 F	Jun-54	\$ 32,000			
149 F	Dec-71	\$ 32,000	\$ 20,000		1
150 M	Jun-83	\$ 32,000	\$ 20,000		1
151 F	Jun-70	\$ 32,000			
152 M	Feb-59	\$ 32,000			
153 M	Mar-68	\$ 32,000			
154 M	Aug-90	\$ 32,000			
155 M	Jun-95	\$ 32,000	\$ 20,000		1
156 M	Mar-64	\$ 32,000			
157 F	Apr-43	\$ 32,000			
158 M	Feb-61	\$ 32,000			
159 M	Feb-66	\$ 32,000			
160 M	Oct-64	\$ 32,000			
161 M	Oct-54	\$ 32,000			
162 M	Feb-52	\$ 32,000			
163 M	Jul-62	\$ 32,000			
164 F	May-65	\$ 32,000			
165 F	Jan-71	\$ 32,000			
166 M	Jul-70	\$ 32,000			
167 M	Jan-57	\$ 32,000			
168 F	May-70	\$ 32,000			
169 M	Sep-57	\$ 32,000			
170 M	Aug-59	\$ 32,000	\$ 20,000		1
171 M	Oct-58	\$ 32,000	\$ 20,000		1
172 M	Oct-61	\$ 32,000			
173 M	Aug-73	\$ 32,000			
174 M	Jun-76	\$ 32,000			
175 F	Jan-50	\$ 32,000			
176 F	Mar-63	\$ 32,000			
177 F	Apr-68	\$ 32,000			
178 F	Apr-52	\$ 32,000			
179 F	Dec-65	\$ 32,000			
180 M	Jul-64	\$ 32,000			
181 M	Dec-85	\$ 32,000			
182 M	Jun-74	\$ 32,000			
183 M	Dec-66	\$ 32,000			
184 F	Dec-62	\$ 32,000			
185 F	Nov-84	\$ 32,000	\$ 20,000		1
186 F	May-66	\$ 32,000	\$ 20,000		1
187 M	Dec-77	\$ 32,000			
188 M	Sep-53	\$ 32,000	\$ 20,000		1
189 F	Jan-58	\$ 32,000			
190 F	May-68	\$ 32,000			
191 M	May-70	\$ 32,000			
192 M	Aug-62	\$ 32,000	\$ 10,000		1

Municipal Life Insurance Master

SEX	D.O.B.	GRAND TOTAL BASIC	GRAND TOTAL OPTIONAL	OPTIONAL \$ 10,000	OPTIONAL \$ 20,000
193 F	Aug-56	\$ 32,000			
194 F	Jun-76	\$ 32,000			
195 F	Sep-54	\$ 32,000			
196 M	Sep-82	\$ 32,000			
197 F	Aug-63	\$ 32,000			
198 M	Sep-91	\$ 32,000			
199 M	Jun-77	\$ 32,000	\$ 10,000	1	
200 M	Oct-61	\$ 32,000			
201 M	Apr-65	\$ 32,000			
202 F	Jan-60	\$ 32,000			
203 M	Aug-55	\$ 32,000			
204 M	Sep-73	\$ 32,000			
205 M	Mar-80	\$ 32,000			
206 M	Apr-68	\$ 32,000			
207 F	Aug-62	\$ 32,000			
208 M	Apr-62	\$ 32,000			
209 F	Jun-63	\$ 32,000	\$ 10,000	1	
210 M	Dec-63	\$ 32,000			
211 M	Aug-58	\$ 32,000			
212 M	Feb-59	\$ 32,000			
213 M	Dec-62	\$ 32,000			
214 M	Feb-55	\$ 32,000			
215 F	Aug-82	\$ 32,000			
216 F	Jun-69	\$ 32,000			
217 M	Jan-66	\$ 32,000			
218 M	Feb-61	\$ 32,000			
219 M	Mar-79	\$ 32,000			
220 F	May-83	\$ 32,000			
221 M	Oct-83	\$ 32,000			
222 M	Apr-66	\$ 32,000			
223 M	Feb-51	\$ 32,000			
224 F	Feb-58	\$ 32,000			
225 F	Sep-53	\$ 32,000			
226 F	May-71	\$ 32,000			
227 M	Oct-69	\$ 32,000			
228 F	Oct-52	\$ 32,000			
229	Sep-70	\$ 32,000			
230 F	Dec-51	\$ 32,000	\$ 20,000		1
231 M	Oct-84	\$ 32,000			
232 F	Jul-63	\$ 32,000			
233 F	Oct-60	\$ 32,000			
234 F	Oct-75	\$ 32,000	\$ 10,000	1	
235 F	Dec-60	\$ 32,000			
236 M	Aug-61	\$ 32,000			
237 M	Nov-57	\$ 32,000			
238 F	Sep-55	\$ 32,000			
239 M	Oct-59	\$ 32,000			
240 M	Aug-67	\$ 32,000			

Municipal Life Insurance Master

SEX	D.O.B.	GRAND TOTAL		OPTIONAL	OPTIONAL
		BASIC	OPTIONAL	\$ 10,000	\$ 20,000
241 M	May-54	\$ 32,000			
242 F	Oct-61	\$ 32,000			
243 M	Apr-67	\$ 32,000			
244 M	May-52	\$ 32,000	\$ 20,000		1
245 M	Nov-70	\$ 32,000			
246 M	Jul-70	\$ 32,000	\$ 10,000	1	
247 M	Mar-73	\$ 32,000			
248 M	Aug-60	\$ 32,000			
249 M	Sep-66	\$ 32,000			
250 F	Sep-70	\$ 32,000	\$ 20,000		1
251 M	Aug-65	\$ 32,000			
252 F	May-67	\$ 32,000			
253 F	Aug-82	\$ 32,000			
254 M	Jan-61	\$ 32,000			
255 M	Oct-79	\$ 32,000			
256 M	Jul-49	\$ 32,000			
257 M	Mar-72	\$ 32,000			
258 F	Apr-50	\$ 32,000			
259 F	Dec-82	\$ 32,000			
260 F	Nov-56	\$ 32,000			
261 F	Jul-66	\$ 32,000			
262 M	Jun-87	\$ 32,000			
263 M	Jul-65	\$ 32,000			
264 M	Jan-59	\$ 32,000			
265 M	Apr-61	\$ 32,000	\$ 20,000		1
266 M	Aug-76	\$ 32,000			
267 M	May-62	\$ 32,000	\$ 10,000	1	
268 F	Jul-64	\$ 32,000			
269 M	Mar-56	\$ 32,000	\$ 20,000		1
270 M	Apr-60	\$ 32,000	\$ 10,000	1	
271 F	May-77	\$ 32,000	\$ 20,000		1
272 F	Aug-84	\$ 32,000			
273 M	Dec-57	\$ 32,000			
274 F	Nov-59	\$ 32,000			
275 F	Jun-64	\$ 32,000	\$ 20,000		1
276 M	Aug-60	\$ 32,000			
277 M	Feb-83	\$ 32,000			
278 M	Jul-88	\$ 32,000			
279 F	Sep-98	\$ 32,000	\$ 20,000		1
280 M	Mar-85	\$ 32,000			
281 M	Jan-50	\$ 32,000			
282 F	Dec-64	\$ 32,000			
283 F	Nov-63	\$ 32,000			
284 F	Feb-65	\$ 32,000			
285 F	Nov-64	\$ 32,000			
286 F	Jul-67	\$ 32,000			
287 F	Apr-69	\$ 32,000			
288 F	Jul-63	\$ 32,000			

Municipal Life Insurance Master

SEX	D.O.B.	GRAND TOTAL		OPTIONAL	OPTIONAL
		BASIC	OPTIONAL	\$ 10,000	\$ 20,000
289 F	May-69	\$ 32,000			
290 M	Jul-87	\$ 32,000			
291 F	Mar-71	\$ 32,000			
292 F	Mar-63	\$ 32,000			
293 F	Apr-54	\$ 32,000			
294 F	Oct-67	\$ 32,000			
295 M	Jul-49	\$ 32,000			
296 M	May-59	\$ 32,000			
297 M	Jan-65	\$ 32,000	\$ 20,000		1
298 F	Apr-68	\$ 32,000	\$ 20,000		1
299 F	Nov-71	\$ 32,000			
300 M	Apr-83	\$ 32,000			
301 F	Apr-71	\$ 32,000	\$ 10,000	1	
302 M	Feb-67	\$ 32,000			
303 F	Jan-86	\$ 32,000			
304 M	Oct-58	\$ 32,000			
305 M	Feb-54	\$ 32,000			
306 F	Aug-52	\$ 32,000			
307 M	Aug-82	\$ 32,000			
308 F	Jul-65	\$ 32,000			
309 M	Nov-50	\$ 32,000			
310 F	Oct-37	\$ 32,000			
311 M	Jun-75	\$ 32,000			
312 M	Aug-38	\$ 32,000			
313 M	Oct-63	\$ 32,000			
314 M	Aug-63	\$ 32,000			
315 F	May-74	\$ 32,000			
316 F	Apr-73	\$ 32,000			
317 F	Jan-74	\$ 32,000			
318 M	Nov-52	\$ 32,000			
319 M	Apr-69	\$ 32,000			
320 M	Dec-57	\$ 32,000			
321 M	May-65	\$ 32,000			
322 M	Jun-64	\$ 32,000			
323 M	Sep-58	\$ 32,000			
324 M	Mar-64	\$ 32,000			
325 F	Mar-61	\$ 32,000			
326 M	Feb-70	\$ 32,000			
327 F	Dec-81	\$ 32,000			
328 M	Aug-71	\$ 32,000			
329 F	Nov-52	\$ 32,000	\$ 20,000		1
330 M	Feb-35	\$ 32,000			
331 M	Oct-71	\$ 32,000			
332 M	Apr-51	\$ 32,000			
333 M	Jul-62	\$ 32,000			
334 F	Sep-71	\$ 32,000			
335 M	Apr-63	\$ 32,000	\$ 20,000		1
336 M	Jun-64	\$ 32,000	\$ 20,000		1

Municipal Life Insurance Master

SEX	D.O.B.	GRAND TOTAL		OPTIONAL	OPTIONAL
		BASIC	OPTIONAL	\$ 10,000	\$ 20,000
337 F	Sep-67	\$ 32,000			
338 F	Aug-83	\$ 32,000			
339 F	Sep-78	\$ 32,000	\$ 10,000	1	
340 F	Dec-53	\$ 32,000			
341 F	Jun-72	\$ 32,000			
342 M	Aug-50	\$ 32,000			
343 M	Jul-51	\$ 32,000			
344	Jun-54	\$ 32,000	\$ 20,000		1
345 M	Oct-51	\$ 32,000			
346 F	Aug-86	\$ 32,000			
347 M	Oct-60	\$ 32,000			
348 M	Aug-65	\$ 32,000			
349 F	Aug-68	\$ 32,000			
350 M	Nov-68	\$ 32,000			
351 M	Mar-62	\$ 32,000	\$ 10,000	1	
352 F	Mar-58	\$ 32,000			
353 F	May-72	\$ 32,000			
354 M	Jan-54	\$ 32,000			
355 M	Jul-58	\$ 32,000			
356 F	Aug-64	\$ 32,000	\$ 10,000	1	
357 F	May-61	\$ 32,000			
358 F	Mar-63	\$ 32,000			
359 F	Oct-58	\$ 32,000			
360 M	Aug-61	\$ 32,000			
361 F	Oct-82	\$ 32,000			
362 M	Apr-56	\$ 32,000			
363 F	Oct-79	\$ 32,000			
364 F	Dec-74	\$ 32,000			
365 M	May-53	\$ 32,000			
366 F	Jan-56	\$ 32,000			
367 F	Apr-56	\$ 32,000			
368 M	Aug-51	\$ 32,000			
369 F	Jun-65	\$ 32,000			
370 F	Dec-54	\$ 32,000			
371 F	Sep-56	\$ 32,000			
372 F	Jul-51	\$ 32,000	\$ 20,000		1
373 M	Jan-50	\$ 32,000	\$ 20,000		1
374 M	Oct-66	\$ 32,000	\$ 20,000		1
375 M	Apr-57	\$ 32,000			
376 F	Jul-58	\$ 32,000			
377 M	Mar-65	\$ 32,000			
378 M	Sep-64	\$ 32,000			
379 F	May-63	\$ 32,000			
380 F	Nov-77	\$ 32,000			
381 M	Mar-63	\$ 32,000			
382 F	Aug-49	\$ 32,000			
383 F	Apr-56	\$ 32,000			
384 F	Sep-75	\$ 32,000			

Municipal Life Insurance Master

SEX	D.O.B.	GRAND TOTAL		OPTIONAL	OPTIONAL
		BASIC	OPTIONAL	\$ 10,000	\$ 20,000
385	M	Apr-81	\$ 32,000		
386	F	Dec-56	\$ 32,000		
387	M	Sep-54	\$ 32,000		
388	F	Feb-58	\$ 32,000		
389	F	Sep-77	\$ 32,000		
390	M	Jul-66	\$ 32,000		
391	F	Oct-64	\$ 32,000		
392	F	Dec-52	\$ 32,000		
393	F	Oct-69	\$ 32,000		
394	M	Jun-57	\$ 32,000		
395	M	Jul-80	\$ 32,000		
TOTAL AMOUNT =		\$	12,640,000	\$	900,000
				18	36
395 Enrolled Basic Coverage				54	
			Enrolled with Optional		

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: <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. 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. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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.

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.

Social security number												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; height: 20px;"></td> </tr> </table>		-		-								
	-		-									
or												
Employer identification number												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></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 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.