



IBN CARRIER APPOINTMENT CHECKLIST

The carrier appointment paperwork and contracting will depend on what state you in which you reside and any non-resident states in which you are selling. You must be appointed in your resident state and all non-resident states in which you will personally be writing business.

NOTE: Fees include a \$3.00 processing fee. There are a few states that do not have an appointment fee, but do require the \$3.00 a processing fee.

**Check off the states below for which you are applying.
American Medical Life Insurance Company (AMLIC)**

State	Check States	Appointment Fee
Alabama		\$33.00
Arizona		No fee
Arkansas		\$3.00
Delaware		\$28.00
District of Columbia		\$28.00
Florida		\$63.00
Georgia		\$20.85
Hawaii		\$3.00
Illinois		No fee
Indiana		No fee
Kentucky		\$43.00(Resident) \$53.00(Non-Resident)
Louisiana		\$23.00
Maryland		No fee
Michigan		\$3.00
Mississippi		\$28.00
Missouri		No fee
Nebraska		\$11.00
Nevada		\$18.00
North Carolina		\$23.00
North Dakota		\$13.00
Ohio		\$23.00
Oklahoma		\$43.00
Pennsylvania		\$18.00
Rhode Island		No fee
South Carolina		\$3.00
Tennessee		\$18.00
Texas		\$13.00
Utah		\$3.00
West Virginia		\$28.00
Wisconsin		\$10.00(Resident) \$27.00(Non-Resident)
Wyoming		\$18.00

Total Appointment Fees Applicable: \$ _____



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Are you currently appointed with AMLI? **NO** **YES**

If yes, there is no need to send appointment fee to IBN. We will verify with AMLI to make sure you are appointed. All other forms are needed by IBN.

- IBN New Agent Appointment Request Form (IBN/AGTAPPTREQ/032409)
- Producer Agreement (Must be obtained from your FMO or Manager.)
- Carrier data form (AML I (IBN/AGENT DATA FORM/0112109)
- AMLI Agent Appointment and Licensing Policy (IBN/AGTAPP/012109)
- AMLI Policy and Procedure for Advertising, Promotions and Marketing Materials (IBN/ADV/012109) – Sign and submit last page (#4).
- Copy of state license(s) with license number
- Copy of E&O (required for all agents)
- W-9 Form
- Check for appointment fee(s) made payable to Insurance Brokers Network, Inc.

All forms and checks should be sent to your FMO or manager.



CoreValue Medical

New Agency Appointment Request

To be completed by new agent: Please print or type.

Agent Name: _____

Email Address: _____

Phone Number: _____ Fax #: _____

Commissions to be paid to:

Individual (confirm name): _____

Agency (name): _____

Assigning to: _____

Commission check (if not assigning) should be mailed to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

To be completed by FMO or Manager:

Agent Hierarchy (if applicable):

Name of FMO : _____ FMO CODE: _____

Name of GA II : _____ GA II Code: _____

Name of GA: _____ GA Code: _____

Name of PPGA: _____ PPGA Code: _____

Email (for contracting correspondence): _____

**Note: FMO and Manager send completed contracting to:
IBN Contracting – Gettysburg Health, 400 Baltimore Street, Gettysburg, PA 17325**

To be completed by IBN:

Date Received: _____ Reviewed by: _____

Date Sent to Insurer: _____ Date Approved by Insurer: _____

Contract _____

AGENT DATA FORM

This form must be completed and a copy of your current Certificate of Qualification (CQ)/License attached if state appointment is desired.

Type Requested: Individual Agency Partnership Corporation

Effective Date (Date Agent Contract Effective): ____/____/____

State(s) Applying for: _____

Are you currently licensed/have a CQ in above State(s)? Yes No

Lines of Authority currently held: _____

Individual Name: _____
(Type or Print Name exactly as it appears on Agent's License/CQ)

Indicate fictitious name(s) currently used: _____

Soc. Sec. #: ____/____/____ Birthdate: ____/____/____ Birth Place: _____

Residence:
Street Address - _____
City - _____ State - _____ County - _____
Zip - _____ Home Telephone Number - () _____

Business:
Street Address - _____
City - _____ State - _____ County - _____
Zip - _____ Bus. Telephone Number - () _____
Bus. Fax Number () _____
Email Address _____

Agent License/CQ Number: _____ (Attach current copy)

Agency/Partnership/Corporation Name: _____

Federal ID #: _____ Incorporated Date: ____/____/____

List Names and License/CQ Numbers of qualifying active partners/officers:

Name: _____ Number: _____
Name: _____ Number: _____
Name: _____ Number: _____
Name: _____ Number: _____

Signature of Company Official: _____

Print Name of Company Official: _____

PLEASE ANSWER ALL QUESTIONS OF THE REVERSE SIDE.

		Yes	No
Has the Individual or Corporation named on the reverse side ever been or are they currently:	1) known by any other name?	<input type="checkbox"/>	<input type="checkbox"/>
	2) an agent or employed by us?	<input type="checkbox"/>	<input type="checkbox"/>
	3) a leading institution, public utility, bank holding company, savings and loan holding company or a subsidiary or affiliate of the foregoing or an officer or employee thereof?	<input type="checkbox"/>	<input type="checkbox"/>
	4) (for a partnership or corporate appointment) a qualifying active partner or qualifying active officer of the partnership or corporation who is not eligible for an Individual license/CQ?	<input type="checkbox"/>	<input type="checkbox"/>
	5) refused a license/CQ or had a license/CQ suspended or revoked or not renewed when requested in another state, territory or possession of the US, District of Columbia, or any Canadian provinces?	<input type="checkbox"/>	<input type="checkbox"/>
	6) fined/formally disciplined by an Ins. Dept/government authority?	<input type="checkbox"/>	<input type="checkbox"/>
	7) charged in any capacity whatsoever by any insurer, financial institution, employer or others, with financial irregularities, misconduct, or fraud or discharged from employment for cause or for any of the above reasons?	<input type="checkbox"/>	<input type="checkbox"/>
	8) convicted of a crime (other than traffic infractions/youth offender)?	<input type="checkbox"/>	<input type="checkbox"/>
	9) currently covered for errors and omissions?	<input type="checkbox"/>	<input type="checkbox"/>
a. Name of Carrier _____			
b. E&O coverage amounts _____			

By signing below, you: 1) certify that the above information is true and complete to the best of your knowledge and belief; 2) authorize verification of the above information, at our discretion; 3) understand: a) an investigative report may be made; b) you have no authority or power to modify, alter, or waive any of the terms and conditions of our insurance contracts; c) you have no authority to bind us by accepting any representation or information for insurance or by making any agreement with or promise to the applicant in connection with said insurance; and, d) if we should, for any reason, refund any premiums, you lose all right to any commission on such premium and agree to return such commission.

Individual Signature _____ Date ____/____/____

Corporation Signature _____ Date ____/____/____
(Principal, Partner, Officer or Director)



AGENT APPOINTMENT AND LICENSING POLICY

AMLI strictly enforces all state licensing and appointment requirements for agents who place business with us. The overarching principle is that we expect the selling agent to be trained in the product, properly licensed and appointed by AMLI before they can solicit business on our behalf. In order to be considered for appointment, the Agent must satisfy the following conditions:

- For Individual or Association Business, any person who is selling, soliciting, marketing or verifying AMLI coverage even if only as part of a program of other products or services, must be duly licensed and appointed by AMLI in the state in which the certificate holder resides. The definition of "selling" is deliberately broad and is deemed to be anybody who describes rates and benefits. It is acceptable for a fully licensed and appointed agent to initiate discussions with a prospect located outside of their state of licensure, but any verification of coverage must be completed by an agent properly licensed in that member's state of residence, except in New York who requires that anyone who discusses rates and benefits with a NY resident must be licensed and appointed in NY. "Greeters" need not be licensed providing they are simply gathering some information before referring to a licensed agent.
- For Group Business, the agent must be licensed in the state in which the Group Contract is situated.
- Appropriate background checks will be done prior to appointment. The applicant must not have any prior felony convictions or any felony charges pending; applicant does not have more than (2) misdemeanor occurrences and/or convictions in the past (3) years; applicant has not omitted or provided erroneous information to questions on AMLI's Agent Data form; applicant's insurance license is neither currently nor has it previously been suspended or cancelled for cause; applicant is not a party to outstanding or unsettled Insurance Department or policyholder complaints
- Any entity that is receiving a commission from AMLI (directly or indirectly) must sign an Agent agreement and be appointed as well. Further, we have determined that any General Agent or Program Manager receiving a commission from AMLI by virtue of remunerating a "net rate" to AMLI, is in receipt of a commission and even if the commission is distributed to selling agents, that General Agent /Program Manager must be licensed and appointed by AMLI in the states in which it does business.
- If distribution includes independent agents or call centers, those entities will need to be licensed and appointed by AMLI and sign agent agreements. If their agents are salaried employees and not receiving direct commissions, they will still need to be licensed and appointed, but will not need to individually sign the Agent Agreement.
- We look for the Program Manager/GA to be responsible for managing the distribution channel to insure complete compliance. This means overseeing the agents, on boarding them to AMLI, training them on the new program and performing frequent checks to insure compliance.
- As an added check, we are asking our marketers to include the actual selling agent on the eligibility feeds. Every certificate holder needs to be attached to a licensed agent. This may be different than where the commission goes; we want to know which agent actually engaged in the sales transaction.
- In order for a agent to be considered for appointed by AMLI, they need to complete the appropriate forms in the Agent Compliance manual.
- In order for an agent to receive compensation and maintain their appointment, all licenses must be kept current and in good standing.

If an agent does not meet these requirements, he or she will not be appointed and is not authorized to sell AMLI products.

We thank you for adhering to these guidelines. If you have any questions, please contact Lorraine Classi, Chief Compliance Officer at (646) 223-9300.

I have read this document and understand AMLI's licensing requirements:

Signature

Date

5/7/2008



AMLI POLICY AND PROCEDURE FOR ADVERTISING, PROMOTIONS, AND MARKETING MATERIALS

Policy

It is the objective of the Company to provide advertising and sales promotion materials that are unambiguous as to purpose, and truthful and fair as to content and presentation. To ensure that any advertising materials, as defined below, whether created by home office staff or AMLI producers, have the written approval AMLI's Compliance Department.

Many states mandate the filing of all advertising material, which must be approved prior to the use of any material. It is imperative that AMLI receive all advertising material in advance of its use. AMLI requires that any advertisement desired to be distributed, printed or televised be pre-approved by AMLI and where applicable the appropriate state departments. AMLI reserves the right to immediately cease and desist the use of any material distributed, printed or aired without AMLI's written pre-approval.

The central theme of all state laws and regulations governing advertising is that advertising must be complete and clear so as to avoid deception, and that such advertising must not have the capacity or tendency to mislead or deceive. Generally, discretion is left to the Commissioner of Insurance of each state based upon overall impression that the advertisement may reasonably be expected to create upon a person of average education or intelligence within the segment of the public to which it is directed.

Often, what is and is not "advertising" is not apparent. The NAIC Model defines the term "advertisement" to include virtually any marketing or sales practice in any medium designed to create interest in 1) an insurer, 2) producer, or 3) an insurance product. Therefore, any question as to what is meant by the word "advertisement" will most likely be resolved in favor of considering the material in the advertisement.

Generally, advertisement encompasses any materials that are used in conjunction with the marketing or sale of any AMLI product and/or service. That includes letters, newsletters, advertisements, third party materials, and seminar and training materials, regardless of the media used. Examples of advertising materials include:

- Articles
- Billboards
- Business cards
- Cassettes
- Direct mail letters
- E-mail, voice mail messages, fax mail
- Fact finders
- Flyers
- Illustrations
- Informational releases
- Letters
- Mailers
- Newsletters
- Newspaper ads



AMLI POLICY AND PROCEDURE FOR ADVERTISING, PROMOTIONS, AND MARKETING MATERIALS

- Posters
- Print, radio, TV and all forms of media advertising
- Product brochures
- Promotional items, such as pens, T-shirts and other premium items
- Recruiting materials
- Slide presentations
- Software
- Stationary
- Testimonials and endorsements
- Training and educational material

Note that the above list is by no means exhaustive. Anything that is used to create interest in AMLI or an AMLI product may be construed as advertising.

Guidelines for Describing AMLI Products

1. These guidelines are provided to assist you in understanding the fundamentals of ethical advertising; they are by no means exhaustive.
2. Materials should be neither be slanted to target only those consumers whose medical conditions would otherwise prevent them from qualifying for major medical coverage nor discourage them from purchasing by actively soliciting only healthy enrollees.
3. We require all vendors and distributors to produce marketing pieces that are in accordance with the NAIC marketing guidelines. All advertisements and marketing pieces must be submitted to AMLI for approval prior to publishing. The Compliance Department shall review all advertisement materials for compliance with State Insurance Laws. The advertising will be submitted to the Compliance Department who will maintain a system of control over the content, form and method of dissemination of all advertisements of its policies.
4. Advertising should avoid statements that are blanket such as "most charges covered" or "no copays or coinsurance"
5. Including rates in a marketing piece makes it an "invitation to contract" vs. an "invitation to inquire". An "invitation to contract" has more rigid requirements.
6. Advertisements for policies with premiums that are modest because of their limited coverage or limited amount of benefits shall not describe premiums as "low," "low cost," "budget" or use qualifying words of similar import. The use of words such as "only" and "just" in conjunction with statements of premium amounts when used to imply a bargain are prohibited.
7. Any advertisement that is an invitation to contract shall, in negative terms, disclose the extent to which any loss is not covered if the cause of the loss is traceable to a condition



AMLI POLICY AND PROCEDURE FOR ADVERTISING, PROMOTIONS, AND MARKETING MATERIALS

existing prior to the effective date of the policy. As an example, the use of the term "preexisting condition" without an appropriate definition or description shall not be used.

8. In general, advertising and sales promotional materials should be clearly understandable by someone not knowledgeable in insurance terminology and concerns. Use proper terminology when identifying the product and make it clear that you are discussing an insurance policy. If a product is not insurance or a discount plan or is not affiliated with AMLI, this must be clearly, and unambiguously disclosed in the advertisement.
9. AMLI requires disclosure of that the final rates charged to the consumer are clearly noted as being more than just insurance premiums and cover the costs of the association as well as other benefits and services packaged with the program.
10. There will be the need for certain descriptors on marketing materials. Standard caveats are contained below:

These benefits are provided under group insurance policy underwritten by American Medical and Life Insurance Company, under policy form number AMLI GRP LM 2007 POL. Coverage is subject to the company's underwriting guidelines, exclusions, limitations, terms and conditions of coverage as set forth in the insurance policy and certificate. The policy may be cancelled and rates may be increased at the insurer's option.

This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. In some circumstances benefits provided will vary as required by state law and the plan may not be available in all states. . The insurer has the right to increase premium rates and has the option to cancel coverage.

These plans are offered through (ABC ASSOCIATION) and require membership in the association. The association fee as well as the costs for the other benefits of (\$) will be included in the monthly rates.

11. Advertising materials, once approved by the Company, may only be used for its intended purposes.

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	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number									

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

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. person (including a U.S. resident alien).

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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

Note. If 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (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 recipient 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, 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 4 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

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

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

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-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., 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 Social Security Administration office or get this form online at www.socialsecurity.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 ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.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, 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. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic 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, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 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 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.

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)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

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.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal 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 regarding partnerships* on page 1.

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.