

**SERVICE REQUEST FORM**

CONTRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	TELEPHONE NO.
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ADDRESS OF OWNER: \_\_\_\_\_

EMAIL ADDRESS OF OWNER: \_\_\_\_\_

1. CHANGE OF NAME:       Owner       Insured       Beneficiary

I request that the Company change its records to reflect that on \_\_\_\_\_ by reason of \_\_\_\_\_  
 (date) (marriage, divorce, etc.)

the name of \_\_\_\_\_ was changed to \_\_\_\_\_.

*Note: Individuals must submit copies of legal documentation. (example: divorce decree, driver's license, etc.) Corporations must submit a certified copy of the official documents effectuating change of name.*

2. CHANGE OF ADDRESS:     Owner       Insured       Other \_\_\_\_\_

Please change my address to: \_\_\_\_\_

3. CHANGE OF OWNERSHIP: I request that all benefits, rights and privileges incident to ownership of the above referenced Contract/Policy be vested in the new Owner named below. I have the right to transfer the ownership of this Contract/Policy. No proceedings of bankruptcy have been instituted by or against me. I am not under guardianship or legal disability. Transfer ownership of my Contract/Policy to:

_____	_____	_____	_____	_____
<i>Name</i>	<i>Date of Birth</i>	<i>Sex</i>	<i>Social Security Number</i>	<i>Telephone Number</i>

  

_____	_____
<i>Address</i>	<i>New Owner's Signature</i>

*(Change of ownership can result in income tax liability; please consult with your tax advisor.)*

4. CHANGE PREMIUM MODE:      Premium Amount \$ \_\_\_\_\_

The Premium Mode is to be changed to:     Annual       Semi-Annual       Quarterly       Monthly Pre-Authorized Withdrawal

**SIGN HERE FOR THE ABOVE REQUEST(S):**

Designation Information: Corporate, Partnership, Trust Owned. Please sign as shown below:  
 Trust Owned – Signatures, followed by the word "Trustee", of all required Trustees.  
 Corporate/Partnership Owned – Signature and title of one authorized officer (other than insured).  
 Limited Liability Company (LLC) – Signature and title of one authorized individual (other than insured).  
 Proprietorship Owned – Signature of Owner, followed by the title "Sole Owner".

_____	_____	_____
<i>Owner</i>	<i>Date</i>	<i>Witness</i>

  

_____	_____	_____
<i>Assignee/Irrevocable Beneficiary</i>	<i>Date</i>	<i>Witness</i>

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*

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5. **CHANGE OF BENEFICIARY:** If more than one primary/contingent beneficiary is named, use percentages to indicate how proceeds are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving primary/contingent beneficiary(ies).

I (We) hereby request that all previous beneficiary designations and directions for settlement of this policy be cancelled and that the proceeds of said policy upon the death of the Insured be paid, in one sum, unless otherwise provided herein or in said policy, as follows:

**PRIMARY BENEFICIARY:** If there are no surviving primary beneficiary(ies), then the proceeds will be paid to the contingent beneficiary(ies).

Name and Address	Telephone No.	SSN/Tax ID	Birthdate	Relationship	Percentage

**CONTINGENT BENEFICIARY:** If there are no surviving contingent beneficiary(ies), then the proceeds will be paid to the executors, administrators, or assigns of the owner.

Name and Address	Telephone No.	SSN/Tax ID	Birthdate	Relationship	Percentage

\_\_\_\_\_ DAY COMMON DISASTER CLAUSE IS REQUESTED (Maximum of 30 days): If any beneficiary shall die simultaneously with the Insured or not be living on the \_\_\_\_\_ day following the death of the Insured, payment shall be made to the beneficiary(ies) as if such beneficiary so dying had not survived the Insured.

SIGN HERE FOR THE ABOVE REQUEST(S)

The company agrees that, if the policy requires endorsement or amendment for the above requested change of beneficiary, recording and mailing a copy of this form will constitute such endorsement or amendment.

Designation Information: Corporate, Partnership, Trust Owned. Please sign as shown below:

Trust Owned – Signatures, followed by the word "Trustee", of all required Trustees.

Corporate/Partnership Owned – Signature and title of one authorized officer (other than insured).

Limited Liability Company (LLC) – Signature and title of one authorized individual (other than insured).

Proprietorship Owned – Signature of Owner, followed by the title "Sole Owner".

_____	_____	_____
<i>Owner</i>	<i>Date</i>	<i>Witness</i>
		_____
		<i>Address</i>
_____	_____	_____
<i>Irrevocable Beneficiary</i>	<i>Date</i>	<i>Witness</i>
		_____
		<i>Address</i>

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*

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6. LOST POLICY: I we certify that the above numbered Contract/Policy has been lost or destroyed. If the Contract/Policy is found later, I agree to surrender it to the Company without claim.

7. REQUEST FOR A POLICY LOAN: I (We) hereby request a loan in accordance with Policy provisions. *(For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.)*  
 I (We) hereby request a loan in accordance with Policy provisions. *(For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.)*  
 Issue a check for the maximum amount. *(For Variable Life Policies, 90% of Policy Surrender Value; 75% in state of TX.)*  
 Issue a check for \$\_\_\_\_\_. *(For Variable Life Policies, this amount could change due to market fluctuation.)*  
 The Policy is hereby assigned to the Company as security for the loan and interest thereon.

8. REQUEST FOR PARTIAL WITHDRAWAL: At any time after the first Policy Year, an Owner may make a withdrawal of Surrender Value. *(For Variable Life Policies, minimum amount is \$500.)*  
 I (We) hereby elect a partial withdrawal of this Policy in the amount of \$\_\_\_\_\_.  
 If LEVEL DEATH BENEFIT OPTION is in effect for this Policy, the Company reserves the right to reduce the face amount by the withdrawn amount (exclusive of withdrawal charge) unless evidence of insurability completed by the Insured is submitted with the request. The Company may reject a withdrawal request if the withdrawal would reduce the face amount below the minimum amount for which the Policy would be issued under the Company's then-current rules, or if the withdrawal would cause the Policy to fail to qualify as a life insurance contract under applicable tax laws, as interpreted by the Company.  
*The Company will deduct a \$25 administrative charge upon a withdrawal. For Variable Life Policies, the charge is the lesser of 2% of the amount withdrawn or \$25. Please refer to the prospectus for more information.*

9. REQUEST FOR FULL SURRENDER: I (We) hereby elect to surrender this policy for its cash surrender value, if any. The date used for calculation of policy values shall be the policy's monthly anniversary following the Company's receipt of the cancellation request. For Variable policies the calculation will be as of the date this form is received in the Home Office. I (We) hereby release and discharge said Company from any and all liability whatsoever under this policy as of the date of this request. My policy is enclosed or the Lost Policy Statement is completed.

10.\* ELECTRONIC FUNDS TRANSFER: If you wish to have your disbursement sent via Electronic Funds Transfer (EFT), please enclose a voided check with this form request; otherwise a check will be sent to the address of record for this "one-time" disbursement. We do not accept checking/savings deposit slips. We can only transfer to the policy owner's account or the bank account on record.

PLEASE ATTACH VOIDED CHECK

\_\_\_\_\_ (Routing Number) \_\_\_\_\_ (Bank Account Number)

FOR QUESTIONS 7 THROUGH 9, COMPLETE THE FOLLOWING:

I (We) hereby certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me (us), that I (we) am (are) of legal age, am (are) not under guardianship or other legal disability and that said Policy is not assigned or pledged to any other person or corporation other than the assignee signed below, and that I (we) will indemnify and save harmless the said Company from any other and further claim thereunder. (Unless we are directed otherwise, the check will be made payable to the Owner.)

\*MAKE CHECK PAYABLE TO: \_\_\_\_\_

Please Note: We urge you to consult your tax advisor regarding the taxation of any distribution prior to reaching a final decision regarding the transaction.

Notice of Withholding on Distributions or Withdrawals

The taxable portion of distributions you receive from the above policy are subject to Federal Income tax withholding and state income tax withholding, where applicable, unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by checking the appropriate box below. If you do not respond by the date your distribution is scheduled to be made, Federal income tax and state income tax, where applicable, will be withheld from the taxable portion of your distribution. If you elect not to have withholding apply to your distribution payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

I have read the above information and I DO  ; I DO NOT  want to have Federal income tax (and state income tax, where applicable) withheld from my distribution.

PLEASE SEE NEXT PAGE FOR SIGNATURE REQUIREMENTS

CONTRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	DAYTIME PHONE NO.
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SIGN HERE FOR THE ABOVE REQUEST(S) ON PAGE 3:

\_\_\_\_\_ *Owner*                      \_\_\_\_\_ *Date*                      \_\_\_\_\_ *Witness*

\_\_\_\_\_ *Assignee/Irrevocable Beneficiary*                      \_\_\_\_\_ *Date*                      \_\_\_\_\_ *Witness*

**NOTARY:**

For your protection, Protective Life requires a Notary Signature for ALL first time electronic fund transfers (EFTs), new bank accounts, changes to your bank account on file, payments to a different address than on file or third party payees. If your request does not include a notarization, we will process your request as a check to the address of record.

NOTARY PUBLIC SEAL STAMP HERE:

\_\_\_\_\_ *Notary Public Signature*                      \_\_\_\_\_ *Date*

\_\_\_\_\_ *Title*

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*

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11. TRANSFER AUTHORIZATION:

- I authorize the Company to honor my verbal and electronic instructions regarding allocations to the Investment Options.
- I authorize the Company to honor my agent's instructions regarding allocation to the Investment Options.

*The Company will not be held liable for any loss, liability, cost or expense for acting on verbal or electronic instructions.*

12. PORTFOLIO REBALANCING: Rebalancing to begin on \_\_\_\_\_ (day 1-28 only). *(Default will be the monthly anniversary date.)*

Portfolio Rebalancing will be according to your current fund allocations.

Rebalancing should occur:  Annually  Semi-Annually  Quarterly

13. ALLOCATION CHANGES, TRANSFERS AND PAYMENTS:

Changing the allocation will not affect funds currently held in the Sub-Account(s) and/or Fixed Account.

*Indicate whole percentages for a total of 100%. You may also select the allocation(s) for your monthly charges. (Minimum transfer: \$100 or entire Fund value, if less.)*

DOLLAR COST AVERAGING: *Minimum \$100 monthly/quarterly.*

*(A minimum account balance of \$5,000 is required to begin Dollar Cost Averaging.)*

- I (We) want to begin Dollar Cost Averaging from the Fixed Account or \_\_\_\_\_ Fund.
- I (We) want to suspend the Dollar Cost Averaging Program.  Change DCA to \_\_\_\_\_

CATEGORY 1 - CONSERVATIVE		Allocations or Contributions		Transfers	
<i>Minimum Allocation of 35% Required for Investors Choice</i>		Fund % or \$	DCA %	Fund % or \$	DCA %
(245)	Fidelity VIP Investment Grade Bond	_____	_____	_____	_____
(254)	Franklin U.S. Government Securities VIP <sup>2</sup>	_____	_____	_____	_____
(295)	Goldman Sachs Core Fixed Income <sup>12</sup>	_____	_____	_____	_____
(284)	Invesco V.I. Balanced Risk Allocation <sup>3,6</sup>	_____	_____	_____	_____
(285)	Invesco V.I. Government Securities	_____	_____	_____	_____
(236)	Lord Abbett Series Bond Debenture	_____	_____	_____	_____
(272)	MFS® Research Bond <sup>3,11</sup>	_____	_____	_____	_____
(217)	Oppenheimer Funds Global Strategic Income	_____	_____	_____	_____
(206)	Oppenheimer Funds Government Money	_____	_____	_____	_____
(274)	PIMCO VIT Long-Term US Government <sup>3</sup>	_____	_____	_____	_____
(275)	PIMCO VIT Low Duration <sup>3</sup>	_____	_____	_____	_____
(276)	PIMCO VIT Real Return <sup>3</sup>	_____	_____	_____	_____
(277)	PIMCO VIT Short-Term <sup>3</sup>	_____	_____	_____	_____
(278)	PIMCO VIT Total Return <sup>3</sup>	_____	_____	_____	_____
(255)	Templeton Global Bond VIP <sup>2</sup>	_____	_____	_____	_____
(318)	TOPS® Conservative ETF <sup>13</sup>	_____	_____	_____	_____

CATEGORY 2 - MODERATE		Allocations or Contributions		Transfers	
<i>Maximum of 65% Allowed for Investors Choice</i>		Fund % or \$	DCA %	Fund % or \$	DCA %
(296)	American Funds IS Asset Allocation <sup>12</sup>	_____	_____	_____	_____
(234)	Fidelity VIP Contrafund®	_____	_____	_____	_____
(244)	Fidelity VIP Equity Income <sup>1</sup>	_____	_____	_____	_____
(265)	Fidelity VIP Freedom 2015 Portfolio <sup>1,2</sup>	_____	_____	_____	_____
(266)	Fidelity VIP Freedom 2020 Portfolio <sup>1,2</sup>	_____	_____	_____	_____
(232)	Fidelity VIP Index 500	_____	_____	_____	_____
(248)	Franklin Income VIP <sup>2</sup>	_____	_____	_____	_____
(253)	Franklin Mutual Shares VIP <sup>2</sup>	_____	_____	_____	_____
(249)	Franklin Rising Dividends VIP <sup>2</sup>	_____	_____	_____	_____
(256)	Goldman Sachs VIT Strategic Growth <sup>2,4</sup>	_____	_____	_____	_____

<i>Continued.....</i>		Allocations or Contributions		Transfers	
CATEGORY 2 - MODERATE		Fund % or \$	DCA %	Fund % or \$	DCA %
(260)	Goldman Sachs VIT U.S. Equity Insights <sup>1,2,5</sup>				
(227)	Invesco V.I. Comstock				
(241)	Invesco V.I. Equity and Income				
(228)	Invesco V.I. Growth and Income				
(240)	Lord Abbett Series Calibrated Dividend Growth				
(264)	Lord Abbett Series Classic Stock				
(271)	Lord Abbett Series Fundamental Equity <sup>3</sup>				
(235)	Lord Abbett Series Growth and Income <sup>8</sup>				
(210)	MFS® Growth <sup>11</sup>				
(231)	MFS® Investors Growth Stock <sup>11</sup>				
(212)	MFS® Investors Trust <sup>11</sup>				
(294)	MFS® MA Investors Growth Stock <sup>11</sup>				
(213)	MFS® Total Return Bond <sup>11</sup>				
(273)	MFS® Value <sup>3,11</sup>				
(216)	Oppenheimer Funds Main Street®				
(317)	TOPS® Balanced ETF <sup>13</sup>				
(320)	TOPS® Moderate Growth ETF <sup>13</sup>				
CATEGORY 3 - AGGRESSIVE		Allocations or Contributions		Transfers	
<i>Maximum of 30% Allowed for Investors Choice</i>		Fund % or \$	DCA %	Fund % or \$	DCA %
(297)	American Funds IS Blue Chip Income and Growth <sup>12</sup>				
(298)	American Funds IS Global Growth <sup>12</sup>				
(301)	American Funds IS Global Small Capitalization <sup>12</sup>				
(299)	American Funds IS Growth <sup>12</sup>				
(302)	American Funds IS International <sup>12</sup>				
(300)	American Funds IS New World <sup>12</sup>				
(233)	Fidelity VIP Growth <sup>1</sup>				
(243)	Fidelity VIP Mid Cap				
(247)	Franklin Flex Cap Growth VIP <sup>2</sup>				
(267)	Franklin Small Cap Value VIP <sup>3</sup>				
(250)	Franklin Small-Mid Cap Growth VIP <sup>2</sup>				
(268)	Goldman Sachs VIT Growth Opportunities <sup>3</sup>				
(258)	Goldman Sachs VIT International Equity Insights <sup>2,4</sup>				
(257)	Goldman Sachs VIT Large Cap Value <sup>7</sup>				
(283)	Goldman Sachs VIT Mid Cap Value <sup>4</sup>				
(259)	Goldman Sachs VIT Small Cap Equity Insights <sup>1,2,5</sup>				
(225)	Invesco V.I. American Franchise <sup>1</sup>				
(282)	Invesco V.I. American Value <sup>3</sup>				
(288)	Invesco V.I. Global Real Estate <sup>9</sup>				
(286)	Invesco V.I. International Growth <sup>2,10</sup>				
(238)	Invesco V.I. Mid Cap Growth				
(289)	Invesco V.I. Small Cap Equity <sup>9</sup>				
(269)	Legg Mason ClearBridge Variable Mid Cap <sup>3</sup>				
(270)	Legg Mason ClearBridge Variable Small Cap Growth <sup>3</sup>				
(239)	Lord Abbett Series Growth Opportunities				
(263)	Lord Abbett Series International Opportunities <sup>2,8</sup>				
(237)	Lord Abbett Series Mid Cap Stock				
(290)	MFS® Emerging Markets Equity <sup>9,11</sup>				
(291)	MFS® International Value <sup>9,11</sup>				
(219)	MFS® New Discovery <sup>11</sup>				
(211)	MFS® Research <sup>11</sup>				
(220)	MFS® Utilities <sup>11</sup>				
(262)	Morgan Stanley V.I. Global Real Estate <sup>8</sup>				

<i>Continued.....</i>	CATEGORY 3 - AGGRESSIVE	Allocations or Contributions		Transfers	
		Fund % or \$	DCA %	Fund % or \$	DCA %
(215)	Oppenheimer Funds Capital Appreciation	_____	_____	_____	_____
(214)	Oppenheimer Funds Discovery Mid Cap Growth <sup>1</sup>	_____	_____	_____	_____
(221)	Oppenheimer Funds Global	_____	_____	_____	_____
(292)	PIMCO VIT All Asset <sup>9</sup>	_____	_____	_____	_____
(279)	Royce Capital Fund - Micro-Cap <sup>3</sup>	_____	_____	_____	_____
(280)	Royce Capital Fund - Small-Cap <sup>3</sup>	_____	_____	_____	_____
(293)	Templeton Developing Markets VIP <sup>9</sup>	_____	_____	_____	_____
(251)	Templeton Foreign VIP <sup>2</sup>	_____	_____	_____	_____
(252)	Templeton Growth VIP <sup>2</sup>	_____	_____	_____	_____
(316)	TOPS <sup>®</sup> Aggressive Growth ETF <sup>13</sup>	_____	_____	_____	_____
(319)	TOPS <sup>®</sup> Growth ETF <sup>13</sup>	_____	_____	_____	_____
Protective Life General Account					
(200)	Fixed Account	_____	_____	_____	_____
	Other: _____	_____	_____	_____	_____

<sup>1</sup> Not available for policies with application sign date after 11/1/2009; <sup>2</sup> Not available for the Transitions or Survivor products; <sup>3</sup> Not available for Premiere I, Provider, Executive, Transitions or Survivor products; <sup>4</sup> Service Class available for policies with application sign date after 4/30/08. Institutional Class available for policies with application sign date less than 5/1/08; <sup>5</sup> Service Class available for policies with application sign date 4/30/08 to 11/1/09. Institutional Class available for policies with application sign date less than 5/1/08; <sup>6</sup> Not available for policies with application sign date after 04/30/11; <sup>7</sup> Not available for the Transitions or Survivor products. Service Class available for policies with application sign dates after 04/30/08. Institutional Class available for policies with application sign dates 04/30/08 to 04/30/12; <sup>8</sup> Not available for policies with application sign dates greater than 04/30/12; <sup>9</sup> Only available for Premiere III and Preserver II products; <sup>10</sup> Not available for policies with application sign dates after 11/1/09 for all products except Premiere III and Preserver II. Available for Premiere III and Preserver II products with application sign dates greater than 04/30/12. Not available for the Transitions or Survivor products. <sup>11</sup> Not available to applications with sign date on or after 5/1/15. <sup>12</sup> Only available for currently marketed products with application sign date on or after 7/1/15. <sup>13</sup> Only available to ICVUL, SOVUL and SPVUL products.

SIGNATURES:

Owner Signature	Date	Witness
Assignee/Irrevocable Beneficiary	Date	Witness

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*



Protective Life Insurance Company  
P.O. Box 830619  
Birmingham, AL 35283-0619

**PRE-AUTHORIZED WITHDRAWAL AGREEMENT**

**FOR DRAFTING OF PREMIUM PAYMENTS**

The person paying the premium on the life insurance policy listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums. I understand that no coverage exists until a policy is issued or I receive a Conditional Receipt/Temporary Life Insurance Receipt.

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account:  Checking  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Premium Frequency:  \*Monthly (\*Only available by bank draft)  Quarterly  
 Semi-Annually  Annually

**Draft the initial premium** - I understand that authorizing the drafting of the initial premium and providing the account information does not provide any life insurance coverage on myself or any applicant listed on the application for life insurance unless I have signed, dated and met the terms and conditions of the Protective Life Conditional Receipt Agreement/Temporary Life Insurance Receipt.

**If the Company receives a Conditional/Temporary Receipt with this form your premium will be drafted immediately and you will be provided with conditional coverage subject to limited terms and conditions.**

**Variable life insurance premiums will not be deducted unless a policy is issued.**

I request future drafts be made on the \_\_\_\_\_ (1st - 28th) day of the month.

\_\_\_\_\_  
Premium Payer - Depositor (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE INCLUDE A VOIDED CHECK WITH APPLICATION. IF THIS IS TO DRAFT FROM A BROKERAGE ACCOUNT, A VOIDED CHECK IS NOT NECESSARY. DO NOT USE STAPLES.**



# Taxpayer Identification Number and Certification

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

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification; check only one of the following seven boxes:

- Individual/sole proprietor or single-member LLC    
  C Corporation    
  S Corporation    
  Partnership    
  Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other ▶

Exemptions (codes apply only to certain entities, not individuals):

Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

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 the "Name" line to avoid backup withholding. For individuals, this is your social security (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions of the W-9 instructions at website listed below. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on the W-9 instructions at website listed below.

Note. If the account is in more than one name, please refer to the W-9 instructions for guidelines on whose number to enter. Also, see *What Name and Number to Give the Requester* for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 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, 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.

Sign Here

Signature of U.S. person ▶

Date ▶

**IMPORTANT** – if any part of the payment made to you could be subject to backup withholding and we do not receive this completed form, we will do backup withholding of 24% on those amounts.