Concordia Plan Services
The Lutheran Church—Missouri Synod
PO Box 229007
St. Louis, MO 63122-9007

CONCORDIA PLAN SERVICES

Request for Taxpayer Identification Number and Certification (Substitute Form W-9 for Survivor)

Toll Free: 888-927-7526
St. Louis: 314-965-7580
Fax: 314-996-1127
E-mail: info@ConcordiaPlans.org
Website: www.ConcordiaPlans.org

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

Clear

A Instructions

Use this form only if you are a U.S. person (defined below). If you are not a U.S. person, then use the appropriate federal W-8 form.

For the purposes of this form, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A nonprofit corporation organized under the laws of the United States,
- An estate (other than a foreign estate), or
- A U.S. domestic trust

1. Please complete Section C with information regarding request for taxpayer identification number (TIN) for survivors.
   - Indicate if the TIN is for an individual beneficiary, an estate, or a trust.
   - If the TIN is for an individual beneficiary, please provide the social security number (SSN) for the individual.
   - If the TIN is for an estate or trust, please provide the Estate or Trust Tax Identification number.
2. Please complete Section D, including date and signature of person filling out the form.
3. Return the completed form to us in the enclosed envelope.

B Member Information

Please provide the deceased member's name and SSN.

Deceased Member's Name _____ Deceased Member's SSN _____

C Request for Taxpayer Identification Number

Please check one of the options below:

☐ Individual Beneficiary ☐ Trust ☐ Estate ☐ Nonprofit Corporation

Individual Beneficiary	Your Name (First Name, Middle Initial, Last Name)	Date of Birth (MM/DD/YYYY)	Individual's Social Security Number
Estate, Trust or Nonprofit Corporation	Personal Representative (First Name, Middle Initial, Last Name)	Estate, Trust or Nonprofit Corporation Tax Identification Number	

D Certification

Under penalties of perjury, I certify that:

1. The number shown in Section C is my correct taxpayer identification number, and
2. I am a U.S. person.

X _____
Signature Date

Printed Name Daytime Phone Number

Address Street City State Zip Code

E-mail Address Cell Phone Number