



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

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

<b>A</b>	<b>Instructions</b>		
<p>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.</p> <p>For the purposes of this form, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> <li>• An individual who is a U.S. citizen or U.S. resident alien,</li> <li>• A nonprofit corporation organized under the laws of the United States,</li> <li>• An estate (other than a foreign estate), or</li> <li>• A U.S. domestic trust</li> </ul> <p>1. Please complete Section C with information regarding request for taxpayer identification number (TIN) for survivors.</p> <ul style="list-style-type: none"> <li>• Indicate if the TIN is for an individual beneficiary, an estate, or a trust.</li> <li>• If the TIN is for an individual beneficiary, please provide the social security number (SSN) for the individual.</li> <li>• If the TIN is for an estate or trust, please provide the Estate or Trust Tax Identification number.</li> </ul> <p>2. Please complete Section D, including date and signature of person filling out the form.</p> <p>3. Return the completed form to us in the enclosed envelope.</p>			
<b>B</b>	<b>Member Information</b>		
<p><i>Please provide the deceased member's name and SSN.</i></p> <p>_____</p> <p>Deceased Member's Name <span style="float: right;">Deceased Member's SSN</span></p>			
<b>C</b>	<b>Request for Taxpayer Identification Number</b>		
<p><i>Please check one of the options below:</i></p> <p><input type="checkbox"/> Individual Beneficiary      <input type="checkbox"/> Trust      <input type="checkbox"/> Estate      <input type="checkbox"/> Nonprofit Corporation</p>			
<b>Individual Beneficiary</b>	_____ Your Name (First Name, Middle Initial, Last Name)	_____ Date of Birth (MM/DD/YYYY)	_____ Individual's Social Security Number
<b>Estate, Trust or Nonprofit Corporation</b>	_____ Personal Representative (First Name, Middle Initial, Last Name)	_____ Estate, Trust or Nonprofit Corporation Tax Identification Number	
<b>D</b>	<b>Certification</b>		
<p>Under penalties of perjury, I certify that:</p> <p>1. The number shown in Section C is my correct taxpayer identification number, and</p> <p>2. I am a U.S. person.</p>			
<b>X</b> _____ Signature		_____ Date	
_____ Printed Name		_____ Daytime Phone Number	
_____ Address Street	_____ City	_____ State	_____ Zip Code
_____ E-mail Address		_____ Cell Phone Number	