



The Cayman Islands Civil Service Association  
**Co-operative Credit Union Limited**  
REQUIREMENTS TO OPEN AN ACCOUNT WITH THE CREDIT UNION

MS1

The Credit Union does not accept joint membership accounts. You may provide written authorization for another (member) to make transactions on your account, except that they are not allowed to take out loans against your account.

**Opening through Employer (Government Dept, Public Service Pensions Board, Statutory Authorities, Cayman Airways, Utility Companies e.g. CUC, Lime, Cayman Water, Digicel)**

- ◆ Current employment letter addressed to the Credit Union;
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration Card);
- ◆ Marriage Certificates for those whose name has changed;
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). Please see below note. \*

**Opening through Mother, Father, Son, or Daughter**

- ◆ Current employment letter addressed to the Credit Union;
- ◆ Self-employed applicant to provide; Trade & Business Licence, Financial & Bank Statements for the last 2 years.
- ◆ Original Birth Certificate (to show relationship between child & parent) or an Affidavit.
- ◆ Original copy of a Marriage Certificate (If mother's name or the possible new Credit Union member's name has changed since the issuance of the Birth Certificate).
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration Card).
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). Please see below note. \*

**Opening through a Sibling (Brother or Sister)**

- ◆ Current employment letter addressed to the Credit Union;
- ◆ Self-employed applicant to provide; Trade & Business Licence, Financial & Bank Statements for the last 2 years.
- ◆ Original Birth Certificate for either siblings or an Affidavit.
- ◆ Original copy of all Marriage Certificates if the mother's name or any of the sibling's names have changed since the issuance of the Birth Certificate.
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration Card).
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). Please see below note. \*

**Opening through Spouse (Husband or Wife)**

- ◆ Current employment letter addressed to the Credit Union;
- ◆ Self-employed applicant to provide; Trade & Business Licence, Financial & Bank Statements for the last 2 years.
- ◆ Original Marriage Certificate or Affidavit.
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration card).
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). If the utility bill is not in the name of a spouse, please see below note. \*
- ◆ All forms are to be signed in the presence of a Credit Union staff member, a Notary Public or a Justice of the Peace. Original documents are to be presented. A certified copy will be taken within the Credit Union and the original documents returned. A notarized copy will be accepted in the absence of the original document.

If your documents are not in English, the original document will be required with a translated copy.

If you do not possess a valid Driver's Licence or Voters Registration Card. A notarized letter stating the same will be required.

**\*UTILITY BILL:** If the utility bill is in a different name (e.g. landlord, family member), a lease agreement signed by the tenant and landlord with the landlord or family member's utility bill and respective ID or a completed Credit Union "Proof of Residency Letter" is required.

Minimum of \$40.00 to open an account, broken down as Entrance fee \$10.00, Rule Book fee \$5.00, and Share Minimum \$25.00.

W-8BEN form is for NON-US Citizens/Residents and W-9 form is for all US Citizens/Residents



**CICSA CO-OPERATIVE CREDIT UNION LTD.**  
P O Box 1450, Grand Cayman KY1-1110, CAYMAN ISLANDS  
Telephone: 345-949-8415 Fax: 345-949-8910  
Website: [www.cicsa-creditunion.org](http://www.cicsa-creditunion.org)

PROOF OF RESIDENCY LETTER

Date: \_\_\_\_\_

The CEO  
CICSA Co-op Credit Union Ltd.  
P.O Box 1450  
Grand Cayman KY1-1110  
CAYMAN ISLANDS

Dear Madam

RE: \_\_\_\_\_

I hereby confirm that the above named person resides at:

\_\_\_\_\_

My relationship with this person is:

- Family member (state relationship): \_\_\_\_\_
- Tenant
- Other: \_\_\_\_\_

My property is      MORTGAGED       LEASED       OWNED

This person has resided here since \_\_\_\_\_ - He/She does **NOT pay rent, their name is NOT on the lease or a co-applicant on the mortgage but he/she contributes towards the monthly expenses.**

Photo identification (at least one is required)

Driver's License      Passport       Voter's Registration Card

Yours truly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Signature: \_\_\_\_\_

**Witness in the presence of a Notary Public, Justice of Peace or CU's Staff:**

\_\_\_\_\_



The Cayman Islands Civil Service Association  
**Co-operative Credit Union Limited**

MS1

**APPLICATION FOR MEMBERSHIP**

COMPLETE IN BLOCK LETTERS

ACCOUNT #		DATE OF APPLICATION:
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**ABOUT YOU**

MR DR MS REV MRS MISS	SURNAME:	FIRST NAME:	MIDDLE NAME(S):
	MAIDEN NAME:	ALIAS:	PREVIOUS NAME:

DATE OF BIRTH (DD/MM/YY):	PLACE OF BIRTH:	STATE NUMBER OF DEPENDENTS:
		STATE AGE(S) OF EACH:
MARITAL STATUS: SINGLE MARRIED SEPERATED DIVORCED WIDOWED		

FORM OF IDENTIFICATION:	NATIONALITY:
PASSPORT # _____ DRIVERS LIC # _____ VOTER'S ID # _____	

PHYSICAL ADDRESS:	DISTRICT:
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MAILING ADDRESS:	KY _____ - _____ OR ZIP CODE # _____
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WORK TELEPHONE #	CELLULAR PHONE #	HOME PHONE#
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EMAIL ADDRESS:	ARE YOU A MEMBER OF CICSA? YES or NO
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How would you prefer to receive information or be contacted? MAIL EMAIL TEXT SOCIAL MEDIA _____
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SURNAME OF SPOUSE: (IF APPLICABLE)	FIRST NAME OF SPOUSE: (IF APPLICABLE)	MIDDLE NAME OF SPOUSE: (IF APPLICABLE)
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If joining the Credit Union through a family member, please state the name of the Credit Union member and relationship through whom you are applying for membership:

\_\_\_\_\_

FAMILY MEMBER'S NAME (PLEASE PRINT)	RELATIONSHIP (E.G. Spouse, Parent, Child, Sibling)	FAMILY MEMBER'S ACCOUNT NUMBER
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**WHERE YOU WORK OR NATURE OF BUSINESS**

NAME OF EMPLOYER:	DEPARTMENT:	OCCUPATION:	MONTHLY SALARY:
ADDRESS OF EMPLOYER:	EMPLOYER TELEPHONE NUMBER #	FULL-TIME PART-TIME RETIRED STUDENT SELF-EMPLOYED	

I hereby make application for membership in the Cayman Islands Civil Service Association Co-operative Credit Union Limited and agree to conform to its Rules and Amendments thereof and subscribe to at least 12.5 Shares (Minimum of \$25.00).

Expected source of funds, if other than through employment: Herewith please find the sum of \$ \_\_\_\_\_

Shares: \$ _____	Rule Book: \$ _____
Other: \$ _____	Entrance Fee: \$ _____
Total: \$ _____	

**APPLICANT'S DECLARATION**

I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and amendments thereof.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF WITNESS	DATE	APPROVED BY CEO OR DESIGNATE	DATE
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# NOMINATION FORM (BENEFICIARY)

PURSUANT TO THE "CO-OPERATIVES SOCIETIES LAW  
(2001 REVISION)"

MS1

NAME OF SOCIETY: Cayman Islands Civil Service Association (CICSA) Co-operative Credit Union Limited

MEMBER ACCOUNT # \_\_\_\_\_ I, \_\_\_\_\_  
NAME

PHYSICAL ADDRESS: \_\_\_\_\_  
HOUSE NUMBER STREET NAME, ADDRESS & DISTRICT

A member of the above mentioned-named Society, do hereby nominate the following as the only person or persons (none of them being an officer or servant of the Society, unless such persons is the husband, wife, father, mother, child, brother, or sister of myself, the nominator) to or among whom shall be transferred my property in the Society, whether in shares, loans, deposits or otherwise at my decease in such proportions as is set forth below to their respective names:

This form is necessary, in the unfortunate event of your death, to disburse your net savings/shares (net of any loans or co-maker commitments) to your designated beneficiaries. Stating your beneficiaries in advance also protects them from the unnecessary expense of having to go through probate Court to collect what you had intended for them.

NAME & RELATIONSHIP	OCCUPATION	CONTACT INFORMATION	% PROPORTION
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	

Where the Nomination is not intended to comprise the whole of the Member's property in the Society, the amount to be comprised in it, is to be specified. Any previous nomination is hereby cancelled.

As witness to my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

_____ SIGNATURE OF MEMBER MAKING NOMINATION	_____ SIGNATURE OF WITNESS (CU Staff Member, JP or Notary Public)	_____ POSITION/ ADDRESS
	_____ CEO OR DESIGNATE	_____ POSITION/ ADDRESS

**FOR INTERNAL USE ONLY**

MANAGEMENT CHECK \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_



The Cayman Islands Civil Service Association  
**Co-operative Credit Union Limited**  
 APPLICANT'S COMPLIANCE INFORMATION

MS1

MEMBER'S NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

Your Credit Union is committed to be compliant with all relevant laws in the Cayman Islands. This information is a requirement which assists your Credit Union to be compliant with laws of the Cayman Islands Government and the Cayman Islands Monetary Authority (CIMA).

**DECLARATION OF UK OR US CITIZENSHIP OR RESIDENCE FOR PURPOSES.**

Are you a UK Citizen ?	YES or NO	Are you a US Citizen?	YES or NO
Do you have a UK Passport?	YES or NO	Do you have a US Passport?	YES or NO
Were you born in the UK?	YES or NO	Were you born in the US?	YES or NO
Do you conduct any business in the UK?	YES or NO	Do you conduct any business in the US?	YES or NO
Were you born in the Cayman Islands and have a child, spouse or one parent that is a UK Citizen?	YES or NO	Were you born in the Cayman Islands and have a child, spouse or one parent that is a US Citizen?	YES or NO
You are not a UK person but have substantial presence in the UK?	YES or NO	You are not a US person but have substantial presence in the US?	YES or NO

If your answer is "Yes" to any of the above questions, you may be required to file an annual US/UK tax return and complete the attached W8 or W9 form for US Citizens. For further information, please consult with an independent legal or tax counsel or a qualified CPA for assistance.

Acknowledged by \_\_\_\_\_.

**DECLARATION OF TAX RESIDENCY OTHER THAN THE UK OR THE US.**

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

COUNTRY/COUNTRIES OF TAX RESIDENCY	TAX REFERENCE	TAX REFERENCE NUMBER

**DECLARATION AND UNDERTAKING**

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

MEMBER'S NAME (PLEASE PRINT) \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**The Cayman Islands Civil Service Association**  
**Co-operative Credit Union Limited**  
**Explanation of Terms**

**Politically Exposed Person (PEP)**

“Politically Exposed Person” means an individual who is, or has at any time within the proceeding 36 months been, entrusted with a prominent public function either domestically or within a foreign country, including either of the following individuals:

- a) A Head of State or Government;
- b) Senior Politician;
- c) Senior Government;
- d) Judicial Official;
- e) Military Official;
- f) Senior Executive of a State Owned Corporation, and
- g) An important Political Party Official
- h) A person entrusted with a prominent public function by an international organization, such as:
  - A Member of Senior Management,
  - A Director;
  - A Deputy Director;
  - A member of the Board;
  - Or Equivalent functions.

**Immediate Family Member**

“Immediate Family Member” of a Politically Exposed Person includes any of the following persons:

- a) Any spouse of the politically exposed person;
- b) Any child of the politically exposed person;
- c) Any parent of the politically exposed person;
- d) Any sibling of the politically exposed person;

**Close Associate**

“Close Associate” of a Politically Exposed Person includes any of the following persons:

- a) Any natural person who is known to hold the ownership or control of a legal instrument or person jointly with a political exposed person;
- b) Who maintains some other kind of close business or personal relationship with a political exposed person;
- c) Who holds the ownership or control of a legal instrument or person which is known to have been established to the benefit of a political exposed person.

**Are you, any immediate member of your family or a close associate of yours a Politically Exposed Person (PEP)? YES or NO**

Please see explanation and the definition of a Politically Exposed Person (PEP), Immediate Family Member and Close Associate above on this page.

If you are, please advise who.

Name of Politically Exposed Person (PEP)	PEP's Position	Your Relationship to the PEP

**Membership Information**

My Monthly Income is: \$ \_\_\_\_\_

Approx. number of credit transactions each month: \_\_\_\_\_ Approx. dollar amount of credit transactions each month: \$ \_\_\_\_\_

Approx. number of debit transactions each month: \_\_\_\_\_ Approx. dollar amount of debit transactions each month: \$ \_\_\_\_\_

I am the beneficial owner of all funds placed in my shares and savings account with the CICSA Co-op Credit Union Ltd. YES or NO

The purpose of this account is for: \_\_\_\_\_

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

MEMBER'S NAME (PLEASE PRINT)

MEMBER'S SIGNATURE

DATE



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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 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 act a TIN* on page 3.

Social security number									
				-			-		

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

Employer identification number									
				-					

## 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. citizen or other U.S. person (defined below), and
4. 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### 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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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. 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**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.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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* on page 1.

**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

### 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/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**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 Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must 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 the "Name" line. 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 the "Business name/disregarded entity name" line. 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.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. 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/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** 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. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

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

The following codes identify payees that are exempt from backup withholding:

- 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
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 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 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> 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, 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—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 possession of the United States, 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 Reg. 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 Reg. 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

**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 page 2), 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 Social Security Administration office or get this form online at [www.ssa.gov](http://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](http://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](http://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 the "Name" line 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.

**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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
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 <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation 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 <sup>4</sup>
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 Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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.

<sup>4</sup> 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 1.

\*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, social security number (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](mailto: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 at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**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.

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. February 2014)

OMB No. 1545-1621

Department of the Treasury  
Internal Revenue Service

► **For use by individuals. Entities must use Form W-8BEN-E.**  
► **Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).**  
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- A person acting as an intermediary . . . . . **W-8IMY**

**Part I Identification of Beneficial Owner (see instructions)**

<b>1</b> Name of individual who is the beneficial owner		<b>2</b> Country of citizenship	
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country	
<b>4</b> Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		<b>6</b> Foreign tax identifying number (see instructions)	
<b>7</b> Reference number(s) (see instructions)		<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here** ►

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer Capacity in which acting (if form is not signed by beneficial owner)