



J.G. WENTWORTH®

ANNUITY PURCHASE PROGRAM

Independent Agency/Agent
Application and Agreement

Administrative Offices:
JGW Annuity Purchase Program
40 Morris Avenue, Suite 300
Bryn Mawr, PA 19010
Tel: 800-535-0195 484-434-2300
Fax: 800-535-7108 484-434-2305

Application is for (please check ONE):

- Individual (Complete Sections I, III, IV, and V) Corporation/Partnership (Complete Sections I-V)
 Sole Proprietor (Complete Sections I-V) Producing Agent in a Corporation (Complete Sections I-V)

If the option for "Corporation/Partnership" or "Producing Agent in a Corporation" is selected, all commission earnings will be paid directly to the Corporation/Partnership. Otherwise, commission earnings will be paid to the Individual.

Section I – Individual Background Information

Social Security Number: _____

First Name: _____ MI: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

E-mail Address: _____

Alternate E-mail Address: _____

HOME ADDRESS

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

BUSINESS ADDRESS

Street: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (_____) _____ Business Fax: (_____) _____

Section II – Sole Proprietor, Corporate or Partnership Background Information

Company Federal Tax ID Number: _____

Above Individual's Role in Corporation or Partnership: Producing Agent Company Officer Both

Company Name: _____

Does this Company already have a JGW Agent ID#? Yes No

If yes, what is the JGW Agent ID#: _____

(if Company is already registered with a JGW Agent ID, skip to Section III, otherwise complete the rest of Section II)

Street: _____

City: _____ State: _____ Zip Code: _____

Company Phone: (_____) _____ Company Fax: (_____) _____

Toll-Free Number for Client Calls: (_____) _____

Company Web Site Address: _____

Primary Principal for Company Records: _____

Additional Principals: _____

Primary Contact Name: _____ Primary Contact Phone: (_____) _____

Primary Contact E-mail Address: _____

Section III – Business Experience

Please provide a detailed letter of explanation for any questions below for which the answer is 'yes'. If this is a corporate or partnership application, the questions should be answered by an agency principal.

- Yes No 1. Do you have any unsatisfied judgments, garnishments, or liens against you, either personally or in business?
- Yes No 2. Are you in debt to any insurance or financial services company?
- Yes No 3. Have you ever filed for bankruptcy or been declared bankrupt or insolvent, either personally or in business?
- Yes No 4. Have you ever had a claim filed against your E&O Coverage?
- Yes No 5. Have you ever been investigated by any state insurance department or any other government agency?
- Yes No 6. Have you ever been a defendant, cross-defendant, or counter-defendant in any civil lawsuit?
- Yes No 7. Have you ever had a license denied, revoked, or suspended by any Securities and/or state insurance department?
8. Have you ever been charged with, convicted of, or plead no contest to:
- Yes No a. any misdemeanor?
- Yes No b. any felony?
- Yes No c. any violation of any state insurance regulations or statutes?
- Yes No d. any violation of federal or state securities or investment related regulations?
- Yes No 9. Have you ever had your contract or "appointment" terminated or refused by any insurance or financial services company?
- Yes No 10. Have you used any other names or aliases?

Do you have E&O Coverage? Yes No *(if 'yes', please submit a copy of the Declarations Page
If 'no', please submit a detailed explanation)*

E&O Carrier: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

Are you licensed to sell fixed annuity products? Yes No *(If 'yes', please submit a copy of Resident State License
If 'no', please submit a detailed explanation)*

License #, State, and Expiration Date: _____

Section IV – Applicant Certification and Authorization (Required)

I hereby certify that all the information given to the Company by me is true and correct without any omissions of any kind. I further hereby certify that if this application is approved, I will comply with all the terms and conditions of the Company's Agent/Agency Agreement.

I hereby authorize the Company to conduct a background investigation on me, now or at any time. I understand that this background investigation may include, among other things, consumer credit reports, criminal convictions, motor vehicle records, court records, insurance department files, and records from various Federal, State, and other agencies which maintain records concerning my past activities related to my driving, credit, criminal, civic, and other experiences and those of any business entity with which I have been associated. I also understand and acknowledge that information received by the Company may be shared with the general agency indicated below and I hereby expressly consent to the sharing of such information with the general agency indicated below.

I authorize any party contacted by the Company or its representatives to furnish the above-mentioned information directly to the Company or its representatives and to rely on a copy of this Release as if it were the original. I hereby consent to the Company or its representatives obtaining the above information about me directly from any source.

Agent Signature: _____ Date: _____

Print Name: _____

Driver's License Number and Issuing State: _____

Section V – Agency/Agent Agreement

In accordance with my role as an independent agency/agent (“Agency/Agent”) with J.G. Wentworth and any of its affiliates (“the Company”), I acknowledge that my authority resulting from such role shall be expressly limited to the solicitation of applications for Annuity Purchase Agreements or any other approved products of the Company (“Approved Products”). In connection therewith, I agree that:

- a) I shall not make, alter, or discharge the Company's contracts or modify any forms relating thereto;
- b) I shall submit all applications for Approved Products on application forms supplied by the Company, and the Company has the right in its sole discretion to reject any application for a contract;
- c) I shall not misrepresent orally or in writing, including by means of any illustration or comparable document, the terms and conditions of any Approved Products offered by the Company;
- d) I shall not incur any expense or create any liability or debt for which the Company would be responsible or bind the Company in any way without the written consent of an authorized officer of the Company;
- e) I shall not conduct any business in the name of the Company, directly or indirectly, other than the solicitation, sale and servicing of Approved Products;
- f) I shall not use any sales literature, advertisements or other promotional material (“Sales Material”) in connection with the offer and sale of Approved Products unless it has been approved in writing prior to use by the Company;
- g) I shall not induce any prospective customer of the Company to terminate that relationship or persuade prospective customers to discontinue negotiations with the Company;
- h) I shall not engage in any conduct which violates applicable laws, rules, and regulations in any jurisdictions;
- i) the Company shall not have any responsibility for the supervision, training or compliance with any law or regulation of me as Agent, and nothing in this Agreement shall be deemed to make such Agency/Agent an employee of Company;
- j) I shall keep regular and accurate records of all transactions related to this Agreement for a period of at least five years from the date of such transactions, and make such records available to the Company when requested;
- k) I shall indemnify and hold the Company, its successors, assigns, or related entities harmless from any liability, loss, costs, expenses (including reasonable attorneys’ fees incurred by the indemnified party) or damages, including punitive and extra-contractual damages, resulting from any act or omission by the Agency/Agent or any of its agents or employees in the performance of its duties under this Agreement or other agreements with Company;
- l) if any purchase price is returned to Company by a customer, effectively canceling the transaction, the Agency/Agent shall become liable to Company for the return of any commissions paid to Agency/Agent either before or after the Termination Date;
- m) Company is authorized to set-off and apply any and all amounts due to Agency/Agent from Company under this Agreement to any and all obligations or indebtedness due to Company from Agency/Agent;
- n) I shall promptly notify the Company upon receiving notice of potential, threatened, or actual litigation or any regulatory inquiry or complaint with respect to this Agreement or any Approved Products issued by the Company. The Company shall have final decision-making authority to assume the administration and defense of any such action;
- o) any claim by me as an Agency/Agent regarding compensation must be brought within one year from the date the compensation was reported on an accounting issued from the Company to the Agency/Agent;
- p) I will not furnish, use, or divulge to any other entity, any confidential information acquired from the Company, including, but not limited to, information relating to its method of doing business, price structure, systems of operations, “know-how,” business forms, brochures, business promotion materials, or any similar or related information. I further agree that such confidential information is proprietary and shall at all times be and remain the exclusive property of Company.
- q) the Company or I shall have the right at any time to terminate this Agreement, with cause, immediately, or without cause, upon 30 days prior written notice to the other party;
- r) I shall provide written communication to Company notifying it of any changes to any of the information provided in this Agreement at any point prior to the termination of this Agreement; and
- s) all provisions of this Agreement shall survive its termination.

Agency/Agent Signature: _____ Date: _____

Print Name: _____

COMPANY USE ONLY

Approved by: _____ Date: _____

Print Name: _____

Section VII – Brokerage General Agent Contact Information and Due Diligence Statement

**** TO BE COMPLETED BY BROKERAGE GENERAL AGENT ****

Individual Applicant Name: _____

Applicant's Company Name (if applicable): _____

Brokerage General Agent (BGA) Name: _____ JGW BGA ID#: _____

To the best of my knowledge and belief, the Agency/Agent applicant is of good character and I recommend the approval of his/her application to be an independent agent for Company. I have taken the appropriate steps to verify the accuracy and completeness of the answers to this questionnaire. I certify that a) the applicant will receive adequate training and supervision by my BGA firm, b) that I will make inspection when needed to the extent that public interest will be protected; and c) I will not permit the applicant to transact business as an Agent until duly approved by Company.

Brokerage General Agent Signature: _____ Date: _____

Print Name: _____ Title: _____

Agency/Agent Commission Funding Instructions

NOTE: THIS FORM IS REQUIRED TO COMPLETE THE AGENT AGREEMENT AND RECEIVE A AGENT ID. DIRECT DEPOSIT OF COMMISSION PAYMENTS IS REQUIRED. THERE IS NO OPTION TO RECEIVE LIVE PAPER CHECKS FOR COMMISSION PAYMENTS.

Please complete this form and mail or fax it to the following address:

**JGW Annuity Purchase Program
40 Morris Ave, Suite 300
Bryn Mawr, PA 19010
Fax: 800-535-7108**

Name: _____

SSN: _____ JGW Agent ID# (if known): _____

If Corporation/Partnership is the registered Agent, the Corporation/Partnership will receive all commissions earnings directly. Please complete Corporate/Partnership information below:

Company Name: _____ Fed Tax ID#: _____

Name of Principal: _____ JGW Agent ID# (if known): _____

Provide the name of the BGA through which you are submitting this form:

BGA Company Name: _____ JGW BGA ID#: _____

Please attach a voided check AND fill in your direct deposit instructions below:

Type of Account (please check ONE): Checking Savings

Bank Account #: _____

Name on Account: _____

Bank ABA #: _____

Name of Bank: _____

City & State of Bank: _____

Telephone # of Bank: _____

Signature: _____ Date: _____

I hereby authorize J.G. Wentworth to initiate entries to the account listed above. This authority will remain in effect until J.G. Wentworth has received written notification from me that I/we wish to change the commission funding instructions.

ATTACH VOIDED CHECK
(DIRECT DEPOSIT CANNOT BE INITIATED WITHOUT A COPY OF A VOIDED CHECK)

**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 ▶ | |
| | 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.

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

| | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | |
| | | | | | | | | |
| or | | | | | | | | |
| 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. 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 ▶ |
|------------------|----------------------------|--------|

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.

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.

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, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
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.

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 social security card. 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 social security card 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 |

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

²However, 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/online/ss-5.pdf. 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.)

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, and the District of Columbia 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.

FAIR CREDIT REPORTING ACT DISCLOSURE

A consumer report may be obtained, and used, by Safe Harbor Financial, Inc. in connection with the consideration of your application. A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics of mode of living.

By signing below, you acknowledge that you have received and understand this Disclosure, and you authorize Safe Harbor Financial, Inc. to obtain consumer reports relating to you.

Date

Applicant's Name (Printed or Typed)

Social Security Number

Applicant's Signature