



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

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Instructions		
<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"> • 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 <p>1. Please complete Section C with information regarding request for taxpayer identification number (TIN) for survivors.</p> <ul style="list-style-type: none"> • 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. <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	Member Information		
<p><i>Please provide the deceased member's name and SSN.</i></p> <p>_____</p> <p>Deceased Member's Name Deceased Member's SSN</p>			
C	Request for Taxpayer Identification Number		
<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>			
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		
<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>			
X	_____		
Signature	Date		
_____		_____	
Printed Name	Daytime Phone Number		

Address Street	City	State	Zip Code

E-mail Address	Cell Phone Number		