

CONTRACTING CHECK LIST

FOR MANHATTAN GROUP

1. Complete Licensing Information and Sign. If you are applying for a Corporate appointment, you must complete a contract for yourself and one for the Corporation.
2. Sign Agent's Agreement.
3. Sign Broker Agreement
4. Assignment of Commission. (If you are applying for License Only Agent or have commissions paid to a corporation.)
5. Sign Direct Deposit Form.
6. Attach a Voided Check.
7. Sign Representative Agreement. (License Only Agent)
8. Company Will Pay Resident Appointment fees only.
9. Please Enclose All Non-Resident Appointment Fees (See Page 4) Manhattan Life Will Reimburse your fees if you have \$20,000 Paid Production in the First 12 Months.
10. Sign W-9 Form.
11. Please Include Copy of License, E&O and Copy of Driver's License.
12. A Copy of Your TN Non-Resident License. This is a Guarantee Renewable Group Product and was made domicile in the State of Tennessee. This makes the Product available in All States and was the Quickest Way to get the Product filed.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT

STEVE WHITTEN, CAROL FREY OR JOHN WHITTEN AT

800-662-5099

MANHATTAN
INSURANCE GROUP

President's Club Conference

Qualification Period: June 1, 2010 through January 31, 2011

\$30,000 Net Paid Annualized Premium

LET'S GO CRUISING! APRIL 2011



WELCOME ABOARD THE CARNIVAL CONQUEST

7 DAY WESTERN CARIBBEAN CRUISE
DEPARTING FROM GALVESTON, TEXAS

PORTS OF CALL:
MONTEGO BAY, JAMAICA
GRAND CAYMAN, CAYMAN ISLANDS
COZUMEL, MEXICO

Central United Life Insurance Company
Investors Consolidated Insurance Company
The Manhattan Life Insurance Company
Family Life Insurance Company

Contracting Forms in this Package

Associate Contracting Instructions and Checklist:

(Original signatures are required on all forms to complete the contracting process.)

- 1. Agent Agreement - Central United Life, Investors Consolidated and Family Life
Broker/Agent Agreement - Manhattan Life
Representative Agreement - Central United Life, Investors Consolidated and Family Life**
Complete the agency contract for each company you will be representing.
- 2. Confidential Licensing Information**
Provide all personal information . . . please explain any special situations in the comment section or attach a letter of explanation.
- 3. Commission schedule**
Be sure to enter your name, sign and date the commission schedules and include with your agency contract. Please note separate commission schedules are required for each company you will be representing.
- 4. Appointment Fees**
The appointment fee (excluding Arkansas and South Carolina) for each state in which you will solicit business must be received before the contracting process can be completed.
- 5. Direct Deposit Program**
Commissions (and advances) can be deposited into the account you designate with no waiting for the mail to deliver checks.
- 6. Assignment Of Commission**
You may assign commissions by completing the Assignment of Commission form. A W-9 must be completed by the recipient of commissions.
- 7. Contracting Corporations or Partnerships**
If you are being contracted as a corporation or partnership with commissions paid to the corporation or partnership, the name of the corporation or partnership must be on the front and back of the agent contract. An officer of the corporation with signatory authority must sign the back as the agent. A witness signature is also required. You also need to complete a Representative Agreement with your name as the representative. It is also necessary for you to complete a Confidential Licensing Information form for the corporation.
- 8. Mail to:**
Marketing Department
Manhattan Insurance Group
10700 Northwest Freeway
Houston, Texas 77092
888-441-0770

**THE MANHATTAN LIFE INSURANCE COMPANY
CENTRAL UNITED LIFE INSURANCE COMPANY
INVESTORS CONSOLIDATED INSURANCE COMPANY
FAMILY LIFE INSURANCE COMPANY**

10700 Northwest Freeway, Houston, Texas 77092
PHONE: 888-441-0770 WEB: www.manhattanlife.com

CONFIDENTIAL LICENSING INFORMATION

Name of Applicant _____ INDIVIDUAL CORPORATION

Birthdate _____ SSN _____ Tax ID _____

Name of Spouse _____

Current Residence Address _____

Tel. No. _____

Additional Residence Address(es) during last five years _____

Business Address _____

Cell No. _____ Tel. No. _____ Fax No. _____

Send Correspondence to: Residence Business E-Mail _____

Resident State Ins. License No. _____ (Attach Copy) Driver's License No. _____ (Attach Copy)

Attach a copy of your E & O policy certificate (required before any contracting can be processed, except for Family Life).

Current Insurance Company Affiliations	Type of Policy Sold	Annual Premium	Persistency
Primary Company			
Other Companies			

If answering YES to any of the following questions please explain in comment section on the back.

1. Are you now or have you ever been included in litigation with an insurance company that you represented? .. YES NO
2. Do you currently have a debit balance with any insurance company? YES NO
3. Have you ever had your insurance or securities license suspended or revoked? YES NO
4. Have you ever been charged, convicted, or plead guilty or nolo contendere ("no contest") in a domestic or foreign court:
 - a) a felony or misdemeanor involving; insurance or an investment-related business, fraud or false statements or omissions, wrongful taking of property; or bribery, forgery, counterfeiting or extortion? YES NO
 - b) Have you been convicted of any other felony or misdemeanor, other than traffic violations? YES NO
5. Has any domestic or foreign court ever:
 - a) found you guilty in connection with any insurance or investment-related activity? YES NO
 - b) found that you violated any insurance-related statutes or regulations? YES NO
6. Has any Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:
 - a) found you to have made a false statement or omission or been dishonest, unfair or unethical? YES NO
 - b) found you to have been involved in a violation of insurance or investment regulations or statutes? YES NO
 - c) found you to have been the cause of any insurance or investment-related business having its authorization to do business denied, suspended, revoked or restricted? YES NO
 - d) entered an order against you in connection with any insurance or investment-related activity? YES NO
 - e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with any insurance or investment-related business, or disciplined you by restricting your activities? YES NO

**CENTRAL UNITED LIFE INSURANCE COMPANY
INVESTORS CONSOLIDATED INSURANCE COMPANY**
10700 Northwest Freeway, Houston, Texas 77092

AGENT AGREEMENT

THIS AGREEMENT, dated this _____ day of _____, 200___ is between: _____
(hereinafter referred to as "Agent"), and Central United Life Insurance Company and Investors Consolidated Insurance Company, (hereinafter referred to as the "Company").

1. APPOINTMENT

The Company appoints the Agent in those territories in which both the Company and the Agent are licensed to do business, to solicit and procure applications in connection with the sale of insurance products offered by the Company subject to the terms, conditions, and limitations set forth in this Agreement.

2. APPOINTMENT OF OTHER AGENTS

The Agent is authorized to refer other agents to the Company to solicit and procure insurance applications under the Agent's management and oversight (hereinafter referred to as "Other Agents"). The Other Agents must be properly licensed by the appropriate insurance regulatory authority. The Agent shall provide the referral of the Other Agents to the Company in writing by identifying the Other Agent and specifying that the Other Agent is going to solicit and procure the sale of Company insurance products under the Agent's management and oversight. The Agent shall also request the Company to code the Other Agent as being part of the Agent's hierarchy and shall obtain from the Other Agent the forms necessary to complete the contracting process.

Upon Agent's referral of an Other Agent to the Company, the Company shall determine, in its sole discretion, whether it wants to contract with the Other Agent. All contracts made with an Other Agent shall be made directly with the Company in writing on the Company's contract form which shall become effective when executed by the Company. The Company may refuse to contract with any proposed Other Agent and may terminate any contract with an Other Agent without notice to the Agent.

As used herein, the term "Agent" or "Other Agent" shall mean any person who procures, supervises, or otherwise participates in the procurement of applications for insurance products offered by the Company.

3. COMPENSATION

The Company will pay the Agent first year and renewal compensation on original premiums paid on policies written and delivered by the Agent and accepted by the Company at the rates and for the periods and terms set forth in the attached Agent's Commission Schedule, subject to the conditions set forth herein. The Company will also pay the Agent first year and renewal compensation on original premiums paid on policies written and delivered by any appointed or assigned Other Agents as set forth in the attached Agent's Commission Schedule, less the commission earned by the Other Agent whose commission rate shall be on file with the Company.

- A. If insurance in the Company is issued (replacements, conversions and exchanges) which takes the place of insurance terminated or to be terminated in the Company after the new insurance is issued, the Company reserves the right to determine the rate of commission to be allowed, if any.
- B. If Agents Commission Schedule rates are not shown or special rate quotations are made, rates shall be such as may be fixed by the Company.
- C. If the Company shall return to a policyholder all or any portion of the premiums on a policy or contract, the Agent shall, upon demand, repay to the Company the correspondingly proportionate part of the commission received by him on account of such policy or contract.
- D. The Company reserves the right to change the provisions of the Commission Schedule with thirty (30) days written notice from the Company to the Agent or Other Agent. However, any such change shall only apply to applications submitted to and accepted by the Company after such notice.

4. ERRORS & OMISSIONS INSURANCE

The Agent agrees to maintain a minimum of \$1,000,000 in professional liability (Errors & Omissions) insurance coverage respecting the conduct of the Agent's business under the Agreement and to annually, and/or upon request, furnish proof of such coverage to the Company.

5. GENERAL PROVISIONS

The Agent agrees to comply with all applicable insurance laws and regulations and with all the written and printed rules, regulations, and instructions of the Company now in force and such as may be hereafter adopted.

- A. It is understood and agreed that the Agent shall be considered an independent contractor. As such, the Agent shall be free to exercise judgment as to the persons from whom applications for insurance policies and annuity contracts will be solicited and as to the supervision and direction of appointed or assigned Other Agents. No other provision of this Agreement or any rule or regulation of the Company shall be construed to abridge this freedom or create the relationship of employer and employee between the Company and the Agent.

- B. The Agent shall maintain accurate records of transactions made on behalf of the Company in a form satisfactory to the Company. Such books and records shall be open for examination by authorized representatives of the Company and shall remain in the property of the Company. The Agent shall return all undelivered policies to the Company for cancellation in accordance with its instructions.
- C. The Agent has no authority to receive any money on behalf of the Company except initial premiums and then only in strict compliance with the terms by the Company and within the rules of the Company. Money collected or received by the Agent for the Company shall be immediately paid over to the Company.
- D. Without liability to the Agent, the Company shall have the right to make changes in its method of conducting business; to make other appointments in the area as from time to time may seem to the Company to be desirable, and to discontinue writing all or any part of its business in any jurisdiction.
- E. The Company shall have a prior lien on any and all sums of money due or to become due to the Agent under this or any prior Agreement with the Company for any indebtedness, obligation or liability of the Agent to the Company; and the Company may at any time offset against such sums of money the amount of any such indebtedness, obligation or liability.

It is understood that any "advance" or "commission advance" made by the Company to the Agent or an Other Agent from whom the Agent receives an override shall be a loan which shall create an indebtedness of the Agent to the Company repayable upon demand. The Company can require an immediate repayment of such indebtedness regardless of whether or not future compensation payable to the Agent appears to be adequate to offset such indebtedness.

In the event the Company is required to pursue collection procedures in order to collect any indebtedness, the Agent agrees to be liable for any and all Company expense so incurred.

No assignment of compensation accrued or to accrue under this Agreement shall be valid as against the Company unless authorized in writing by the Company.

- F. The Agent and any appointed or assigned Other Agents under the Agent shall have no authority to make, alter or modify any policy or receipt, nor to waive a forfeiture or any provision or condition of any policy issued by the Company, nor to incur any liability on behalf of or against the Company, except as expressly provided herein or otherwise authorized in writing by the Company.
- G. The Agent is not authorized and agrees not to publish, issue or circulate any advertising material, circular or pamphlet relating to the Company or its products unless the same shall have been approved in writing by an officer of the Company.
- H. The failure of the Company to exact strict compliance with the terms of this Agreement or the failure to declare any default when the same shall become known to it, shall not operate as a waiver of such terms nor release the Agent from the obligation to perform this Agreement strictly in accordance with its terms.
- I. All accounts and policyholders are considered to be accounts of the Company and not the Agent.
- J. The Agent authorizes the Company to furnish information, upon inquiry from any person, regarding the Agent's record with the Company, personal character, habits, ability, or cause of leaving the service of the Company. No liability shall be incurred by the Company for release of such information.
- K. It is agreed that this contract shall be interpreted and governed by the laws of the state of Texas, the state in which it is executed. It is further agreed that in the event of any litigation between Agent and Company arising out of this Agreement, venue shall be had in the State Courts of Harris County, Texas.

6. PROHIBITED ACTS

Agent shall not, during the term of this Agreement or any time after the termination of this Agreement, directly or indirectly:

- A. Attempt to induce or induce any agents of the Company to become contracted or associated with another insurance company; or
- B. Divulge or disclose the names of the Company's policyholders and accounts to any other person, firm or corporation which is involved in the insurance business; or
- C. Seek to induce, promote or encourage any Company policyholders to relinquish or discontinue their Company policies.

The items listed in A through C shall be referred to herein as the "Prohibited Acts".

In the event Agent engages in any of the Prohibited Acts, whether during the term of this Agreement or post-termination, Agent shall forever forfeit all rights to be paid any first year or renewal commissions and such commissions shall revert to the Company.

7. TERMINATION

- A. The Company shall have the right to immediately terminate this Agreement if the Agent, either directly or indirectly, by himself or as the agent of another engages in any of the following:
 1. Engages in any of the Prohibited Acts described in Section 6; or
 2. Wrongfully withholds any funds, policies, premium receipts or other property of the Company or an applicant for insurance; or
 3. Violates the insurance laws or regulations of any state in which the Agent solicits applications.

BROKER AGREEMENT



Broker: _____ representing The Manhattan Life Insurance Company (Manhattan)

1. Authority and Duties: You are authorized to solicit applications for Manhattan policies, deliver policies, collect first premiums, and service the business. You are NOT authorized to receive any money on behalf of Manhattan other than first premiums, modify or waive any provision of any policy, rider, or application, deliver any policies unless the first premium has been paid and the applicant is in good health except for groups and individuals within a group when the initial premium is paid from a group list bill, bind Manhattan to insure other than as stated in the Manhattan conditional receipt or temporary insurance agreement. Your duties are to keep proper records to abide by all rules and regulations of Manhattan, your state insurance department and all other state's insurance departments where you are licensed, and other government entities, maintain adequate professional liability (Errors & Omissions) insurance coverage and to annually furnish proof of such coverage to Manhattan, promptly send Manhattan all money received on Manhattan's behalf, maintain insurance licenses required by law to perform the duties under this agreement, and to promptly send Manhattan by certified mail any legal document served for actions brought against Manhattan.

2. Compensation: While this agreement is in force you will be paid the first year and renewal year commissions on original premium accepted for policies written by you. Commission statements are provided at the time of commission payments. You agree to examine each statement and to notify Manhattan in writing of any difference between any statement and your records. Failure to notify Manhattan within one year of any such difference shall be an admission of the correctness of the statement and shall constitute your acceptance of the statement. The attached commission schedule shows the rates and rules of payments. It is understood that Manhattan may change these schedules by giving written notice of the change. Commissions on replacements, changes, conversions, exchanges, premiums paid in advance and other special cases will be governed by Manhattan rules and regulations contained in Manhattan published materials. Commissions will not be allowed on any lapsed policy that is reinstated unless the reinstatement application is secured through your efforts while this agreement is in effect.

3. Assignment of Compensation: You will not assign, sell, or pledge any compensation payable under this agreement without the written consent of Manhattan. Manhattan assumes no responsibility as to the validity or effect of any assignment.

4. Compensation After Termination: If this agreement is terminated because you have violated any of the terms of this agreement or have committed or attempted to commit any illegal, fraudulent, or dishonest act, Manhattan will discontinue paying any commissions or other compensation to you. In the event of your death, commissions which would have been payable to you will be paid to your surviving spouse or to your estate if there is no surviving spouse.

5. Supplies: All Manhattan supplies will remain the property of Manhattan and must be returned to Manhattan on demand.

6. Audit: Your records, books of account, and documents pertaining to Manhattan business may be audited by Manhattan at a mutually acceptable time and location. You agree to protect the confidentiality of such records and the information in them.

7. Relationship and Expenses: You are an independent contractor and nothing in this agreement is intended or shall be interpreted to mean you and Manhattan are partners or that an employer-employee relationship exists. Manhattan exercises no direction or control over your time or activities or of your employees or associates. Manhattan and any general agent associated with Manhattan are not responsible for any of your expenses.

8. Advertising: You must not use any advertising containing Manhattan's name or describing its policies or use the company's name in any other way without Manhattan giving prior written consent.

9. Right to Offset Indebtedness: Manhattan may withhold any future commissions otherwise payable to you to offset any reversed commissions owed by you and all debts and liabilities due Manhattan by you. In the event Manhattan is required to pursue collection processes in order to collect any indebtedness, you agree to be liable for any and all expenses.

10. Amendment: Any amendments made by Manhattan to this agreement must be in writing and sent to you at your last known address as shown in Manhattan records.

11. Waiver: If Manhattan does not require strict compliance with any of the terms of this agreement, it should not be construed as a waiver of any of its terms of Manhattan's right to consequently enforce all of its terms.

12. Termination: This agreement may be terminated by either party giving thirty days written notice to the other. This agreement ends without further compensation of any kind if you do not comply with its terms, lose your license required by law to sell Manhattan policies, commit any fraud, violate any law or regulation governing the sale of Manhattan policies, induce or attempt to induce any Manhattan insured to cancel, lapse or fail to renew a policy, or when your annual compensation after any calendar year from the date of this contract is less than \$600 per calendar year.

The laws of the state of Texas shall govern this agreement. In the event of any litigation between you and Manhattan arising out of the terms of this agreement, venue shall be in the appropriate court in Harris County, Texas. This agreement supersedes all previous contracts and agreements among the parties but will not affect the obligation of any party under any previously existing contract or agreement.

Broker: _____ Signature: _____ Date _____
Please Print

General Agent: _____ Signature _____ Date: _____
Please Print

By the Manhattan Life Insurance Company: _____ Effective: _____

Vertical text on the right edge of the page, likely a scanning artifact or page number.

- THE MANHATTAN LIFE INSURANCE COMPANY
- CENTRAL UNITED LIFE INSURANCE COMPANY
- FAMILY LIFE INSURANCE COMPANY
- INVESTORS CONSOLIDATED INSURANCE COMPANY

10700 Northwest Freeway, Third Floor
Houston, TX 77092

ASSIGNMENT OF COMMISSION FOR COMPANY(IES) CHECKED ABOVE

For value received, I do hereby assign, transfer and set over unto:

Name

Address

.....

Tax ID #

And to the successors or assigns of said assignee, all of my right, title and interest in and to all commissions due or which shall hereafter become due me under agency contracts or agreements between the undersigned and The Company(ies) identified above dated as follows:

It is understood that The Company(ies) identified above shall have the right to deduct from the commissions assigned any amounts now or hereafter owing to it and this assignment shall not affect in any way right The Company(ies) identified above may have to change or terminate any agency contract agreement.

Executed at This

Day of 20

Signature:

Printed Name

Tax ID #:

Assignment Consented To and Copy Filed

Company Name:

Date

By:

Title:



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**THE MANHATTAN LIFE INSURANCE COMPANY
CENTRAL UNITED LIFE INSURANCE COMPANY
FAMILY LIFE INSURANCE COMPANY
INVESTORS CONSOLIDATED INSURANCE COMPANY**

10700 Northwest Freeway, Third Floor
Houston, TX 77092

**DIRECT DEPOSIT PROGRAM FOR COMMISSIONS FOR ALL
COMPANIES LISTED ABOVE**

Want a way to get your money faster and with less hassle? Then sign up for Direct Deposit program.
IT'S SIMPLE TO DO!!!!

Procedure to start Direct Deposit program:

1. Regular checking account
 - a) Send us your VOIDED CHECK with social security number and agent number.
2. Savings account
 - a) Bank will have a form they will complete for you to send us (include your social security number and agent number).
3. Federal Credit Union
 - a) Credit union will have a form they will complete. You MUST note whether account is checking or savings (include your social security number and your agent number).

THAT'S IT!! THIS IS ALL WE NEED IN ORDER TO SET YOU UP ON DIRECT DEPOSIT (NO MORE WAITING FOR THE CHECK IN THE MAIL).

If you have any questions on the above, please call 1-800-669-9030.

SEND ME MONEY FAST! - SET ME UP ON EFT!!!

Print Name

Signature

Social Security Number

Agent Number

Enclosed
Voided check _____

- The Manhattan Life Insurance Company Central United Life Insurance Company
 Investors Consolidated Insurance Company Family Life Insurance Company

Representative Agreement

10700 Northwest Freeway, Houston, Texas 77092

Between the Company(ies) identified above, hereinafter called the Company and the Corporation or Partnership who is:

.....
 hereinafter called the Associate and between the Associate and the Representative who is:

.....
 hereafter called the Representative.

1. APPOINTMENT

The Company appoints the Agent in those territories in which both the Company, the Associate and the Agent are licensed to do business, to solicit and procure applications for all types of insurance and annuities issued by the Company subject to the terms, conditions, and limitations set forth herein.

2. COMPENSATION

All Compensation payable by the Company on such applications shall be governed solely by the contract between the Company and the Associate, and the Company shall discharge all responsibility under this contract by crediting or paying such earnings to the Associate. The division of such earnings between the Representative and the Associate, once paid by the Company to the Associate, shall be a matter solely between the Representative and the Associate to which the Company is not part.

3. GENERAL PROVISIONS

The Representative agrees to comply with all applicable insurance laws and regulations and with all the written and printed rules, regulations and instructions of the Company now in force and such as may hereafter be adopted. It is understood and agreed that the Representative shall be considered an independent contractor. The Representative shall be free to exercise independent judgement as to the persons to be solicited and the time and place of solicitation. No other provision of this Agreement nor any rule or regulation of the Company shall be construed to abridge this freedom or create the relationship of employer and employee between the Company and the Representative.

The Representative and/or Associate shall maintain in good order the records and accounts of business transacted on behalf of the Company for inspection by, or delivery to the Company upon request.

The Representative has no authority to:

1. make, alter, or modify any policy or receipt nor to waive any forfeiture or any provision or condition of any policy issued by the Company.
2. receive any money on behalf of the Company except initial premiums and in strict compliance with the terms and conditions of the Company and within the rules of the Company. Money collected or received by the Representative for the Company shall immediately be paid over to the Company.

3. endorse any checks payable to the Company;

4. issue or circulate any advertising material, circular or pamphlet relating to the Company (other than materials prepared by the Company) unless the same shall have been approved in writing by the Company.

5. bind or obligate the Company or subject the Company to any liability except as expressly provided herein or otherwise authorized in writing by the Company.

The Representative shall be liable to the Company for damage or loss sustained by it as a result of any unauthorized acts of the Representative. The Representative specifically agrees to indemnify the Company from liability of any type for judgements, litigation costs, attorneys' fees, fines, penalties or other liabilities incurred by the Company as a result of such unauthorized acts.

The failure of the Company to exact strict compliance with the terms of this Agreement or the failure to declare any default when the same shall become known to the Company, shall not operate as a waiver of such conditions nor release the Representative from any obligation to perform this Agreement strictly in accordance with its terms.

3. TERMINATION

The Representative's withholding or converting to his own use, funds or property of the Company, an applicant or insured, or his violation of any governmental law or regulation relating to insurance, shall constitute an automatic breach of this Agreement which shall forthwith terminate.

This Agreement shall automatically terminate upon the death of the Representative.

Termination of this Agreement shall automatically terminate any previous agreement between the Company and the Representative. If requested, the Representative shall return to the Company at his own expense all rate books and other supplies furnished the Associate which shall be the property of the Company.

This Agreement, unless otherwise terminated as provided above, may be terminated either by the Company or the Representative by giving the other party fifteen days notice in writing at the last known address of such other party.

Representative:
 Print or Type The Name of the Representative

Representative:
 Signature

Date:

Date: Associate
 Print or Type Signature

Date: By the Company(ies) identified above

10700 Northwest Freeway, Houston, Texas 77092
 Tel: 713/865-1000
 Fax: 713/865-1001
 www.manhattanlife.com

<u>Resident</u>	<u>State</u>	<u>Fee</u>	<u>Non-Resident</u>
<input type="checkbox"/>	MINNESOTA	\$10.00	<input type="checkbox"/>
<input type="checkbox"/>	MISSISSIPPI	\$25.00	<input type="checkbox"/>
<input type="checkbox"/>	MISSOURI	No Fee	<input type="checkbox"/>
<input type="checkbox"/>	MONTANA	No Fee	<input type="checkbox"/>
<input type="checkbox"/>	NEBRASKA	\$10.00	<input type="checkbox"/>
<input type="checkbox"/>	NEVADA	\$15.00	<input type="checkbox"/>
<input type="checkbox"/>	NEW HAMPSHIRE	\$25.00	<input type="checkbox"/>
<input type="checkbox"/>	NEW MEXICO	\$23.00	<input type="checkbox"/>
<input type="checkbox"/>	NEW JERSEY	\$25.00 electronic \$35.00 paper	<input type="checkbox"/>
<input type="checkbox"/>	NEW YORK (Manhattan Life Only)	No Fee	<input type="checkbox"/>
<input type="checkbox"/>	NORTH CAROLINA	\$20.00 per LOA per Comp. \$10.00 Med. Supp.	<input type="checkbox"/>
<input type="checkbox"/>	NORTH DAKOTA	\$10.00	<input type="checkbox"/>
<input type="checkbox"/>	OHIO	\$20.00	<input type="checkbox"/>
<input type="checkbox"/>	OKLAHOMA	\$55.00	<input type="checkbox"/>
<input type="checkbox"/>	OREGON	No Fee	<input type="checkbox"/>
<input type="checkbox"/>	PENNSYLVANIA	No Fee	<input type="checkbox"/>
<input type="checkbox"/>	SOUTH CAROLINA	\$50.00 \$40.00 Family Life	<input type="checkbox"/>
<input type="checkbox"/>	SOUTH DAKOTA	\$10.00 Resident \$20.00 Non-Resident	<input type="checkbox"/>
<input type="checkbox"/>	TENNESSEE	\$15.00	<input type="checkbox"/>
<input type="checkbox"/>	TEXAS	\$10.00	<input type="checkbox"/>
<input type="checkbox"/>	UTAH	No Fee	<input type="checkbox"/>
<input type="checkbox"/>	VIRGINIA	\$12.00 \$50.00 per day late fee	<input type="checkbox"/>
<input type="checkbox"/>	WASHINGTON	\$20.00	<input type="checkbox"/>
<input type="checkbox"/>	WEST VIRGINIA	\$25.00	<input type="checkbox"/>
<input type="checkbox"/>	WISCONSIN	\$7.00 Resident \$24.00 Non-Resident	<input type="checkbox"/>
<input type="checkbox"/>	WYOMING	\$15.00	<input type="checkbox"/>

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	
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 ▶ <input type="checkbox"/> Exempt from backup withholding	
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. 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 2. 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 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

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 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get 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.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

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.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). 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 2 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 on page 2 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 enter 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.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

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.

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 an LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page 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. Get 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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you 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.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give 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 MSA. 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.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 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.

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	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	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, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

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.

If you have questions on completing this form, please contact the Office of the State Comptroller, (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.