



Appointment Data Information  
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)  
JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK  
(hereinafter referred to as The Company)

- This is an application for appointment to sell life or variable life insurance with The Company.
- Before submitting, please ensure that the Firm and/or Broker-Dealer(s) listed in Section B hold a Selling Agreement with The Company.
- The attached **W-9 Request For Taxpayer Identification Number and Certification** form must be completed and submitted with the Appointment Data Information sheet for all individuals or organizations listed in Section A and Section D below. However, if the new Appointee/Recipient of compensation are not U.S. persons, the appropriate **Form W-8** should be completed, which is available on the IRS website <http://www.irs.gov/Forms-&-Pubs>. See the instructions included with the Form W-9 for more information.
- If applicable, ensure Anti-Money Laundering training has been completed. More information at: [http://jh1.jhlifeinsurance.com/JHSalesNet/New\\_Business\\_and\\_Underwriting/New\\_Business\\_Guidelines](http://jh1.jhlifeinsurance.com/JHSalesNet/New_Business_and_Underwriting/New_Business_Guidelines)
- Sub-producers appointed through a Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1 Million.

**SECTION A: Personal Information**

1. Name	FIRST	MIDDLE	LAST
2. Date of Birth	MONTH	DAY	YEAR
3. Social Security Number	4. National Producer Number		
5. Home Address	STREET NO. AND NAME, APT NO.		CITY
	STATE		ZIP CODE
<input type="checkbox"/> Check if mailing address same as above			
6. Mailing Address	STREET NO. AND NAME, SUITE NO.		CITY
	STATE		ZIP CODE
7. Business Telephone Number (Agent Business Telephone Number)	8. Agent Email Address <b>*Required</b>		
9. Firm Contact Name	10. Firm Contact Number		

**SECTION B: Product Information**

11. Please check off all products the producer intends to sell: ☒ Life ☐ Variable Life\* ☐ LTC Rider\*\*  
\* Include a copy of U-4, WebCRD or FINRA Broker Check report showing active registration with a Broker/Dealer.  
\*\*Long-Term Care Rider licensing requirements are the same as those needed for the sale of Long-Term Care products.

**SECTION C: Firm Affiliate(s) Information**

FIRM AFFILIATION *Check all that apply	NAME	TAX-ID
<input type="checkbox"/> Broker Dealer – If payable to Broker Dealer DO NOT PROCEED TO SECTION D		
<input type="checkbox"/> General Agency		
<input type="checkbox"/> Other		

**SECTION D: Producer Pay Information**

12. John Hancock Commission Scale for Producer		
13. If recipient of Producer's compensation is a Corporation	a. Corporation Tax-ID	b. Corporation Name
14. Direct Deposit/EFT <input type="checkbox"/> No <input type="checkbox"/> Yes – If Yes, please complete Authorization Agreement for Direct Deposit form and attach a check marked <b>VOID</b> . Please complete <b>Request For Taxpayer Identification Number and Certification</b> form (W-9) attached (or if applicable W-8).		



LIFE INSURANCE

## Authorization Agreement for Direct Deposit of Regular Compensation Payments

- Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification of one pay period to verify account information).
- Send completed form by  
Mail: John Hancock  
PO Box 600  
Buffalo NY 14201-0600  
Fax: 416-963-7323  
Email: usagency@jhancock.com  
This is not a secure email site.
- For assistance, please call our toll free number : 1-800-505-9427, Option 1.

Producer/Firm Name

Payee's SSN ID

or Payee's TAX ID

### CONTACT INFORMATION

Name

Address - Street, Apt, City, State, Zip Code

Telephone Number

Code Update

☐ Update All Codes ☐ Update Specific Code -

**STATEMENT CONTACT INFORMATION** - To have commissions statement emailed complete the chart below. (Up to a Maximum of 4 recipients).

Contact Name	Contact Phone Number	Email Address

Note: Emailed statements will be received by Wednesday following the commission run.

### PRIMARY BANK INFORMATION

☐ New Enrollment ☐ Updated Information

Bank Name

Bank Telephone Number

Bank Address - Street, City, State, Zip Code

Payee's Account Number

Transit/Routing Number

Name on Bank Account (Must be the same as Producer/Firm Name)

☐ Checking (attach a check marked **VOID**) ☐ Savings

### AUTHORIZATION

I/We, the undersigned, hereby authorize John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as The Company) to initiate:

- 1) credit entries to my/our bank account(s) indicated above;
- 2) any necessary debit entries and adjustments to correct entries made in error.

This authorization is to remain in full force and in effect until The Company has received advance notification in writing from me/us of its termination or a new signed authorization form. I/We understand that such notification and new authorization must be provided and received by The Company in such time and such manner as to afford The Company a reasonable opportunity to act on them.

X

Signature of Account Holder

X

Signature of Joint Account Holder

Date



## Agent's Code of Conduct

The success of John Hancock Life Insurance Company (U.S.A.) (hereinafter called either "John Hancock" or "Company") can be attributed to the quality of the business sold by its agents and the excellent service they provide to our policyholders. In order to preserve the Company's reputation for fair and ethical treatment of the public and our policyholders, these high standards must be maintained.

As an agent of John Hancock, you have assumed a position of responsibility and trust. Your authority is defined by the terms of your Selling Agreement if you are a general agent or broker dealer, or by the terms of your Producer Terms and Conditions Statement if you are a producer (collectively, the "agreement"). You should carefully review and have a full understanding of this document.

The following Agent's Code of Conduct will help further clarify your responsibilities in your important role as an agent of the Company.

### **The Sales Process**

You are John Hancock's representative in communicating complete and accurate information to clients about John Hancock and its products and services. Your product and service recommendations should be based on a thorough, documented analysis of your client's needs and financial objectives. Each of your product and service recommendations should be designed to satisfy those needs and objectives in a way that is appropriate and suitable for the client.

You must take reasonable steps to assure that clients understand the products and services you recommend. Do not omit or misrepresent important information so as to mislead the client. You must accurately state the nature of the features and benefits of the products and services you present. You must disclose all pertinent obligations, conditions, tax implications, charges, fees, requirements, etc. pertaining to the products and services you recommend, so that prospective clients can make informed and intelligent decisions. You may use only appropriate and approved sales materials to inform and educate consumers about the products and services you are recommending.

### **The Underwriting Process**

Once a prospective client has decided to proceed with a purchase, your role is to provide pertinent and accurate information about the prospective client to the Home Office underwriters, so they can effectively perform their evaluation and selection function. If information which could affect the decision process (e.g. smokers, pre-existing medical conditions) were to be withheld or misrepresented (e.g. age, insurance need or ability to pay), this would be considered unacceptable, irresponsible conduct on the part of the agent involved. It would not only cast doubt on the specific risk in question, but also raise serious issues about the credibility of past and future business transactions processed by such an agent. Any alterations, changes, additions, deletions, etc. in the application must be initialed by the applicant.

If at any time after the completed application has been submitted to the Company, but before the applied for policy has been issued or delivered, you learn of any information that could affect the underwriting of the application in question, you must communicate that information to the Company in a timely manner.

### **Signatures**

In order for John Hancock to be able to rely on the authenticity of every signature, agents must never sign any documents on behalf of anyone else, and they must only attest to those signatures that are actually performed in their presence.

### **Handling of Money**

Every agent of John Hancock must know and respect the difference between his/her personal funds, the insured's money, the beneficiary's money and John Hancock's money. Any incident of an agent mishandling Company or client funds will be viewed as an extremely serious situation and will be dealt with accordingly. In addition, the payment of premiums by an agent on behalf of a client is not acceptable in any form.

### **Policyholder Service**

As a representative of John Hancock, your service role continues after the sale to your client. This includes the prompt delivery of all policies and a full explanation of any "free look" provisions which may apply. Where required by state regulation or specific company policy, agents must obtain a signed and dated policy delivery receipt. Even when not required by any state or John Hancock, it is recommended that you obtain a receipt or otherwise document the fact that the policy was delivered and the date of that delivery.

Generally, you should not retain a client's policy in your possession for safekeeping or other purposes. If requested by the client, you should document the request and then obtain written authorization from the Company to retain a copy.

All policyholder requests for changes and/or financial transactions (changes of address, changes of premium mode, policy loans, surrenders, dividend withdrawals, etc.) must be processed efficiently and properly and include appropriate documentation as required.

All written complaints received by you must be forwarded to John Hancock's Home Office in a timely manner. A written complaint is any written document expressing a grievance against the Company or its agents from a policyholder, client, beneficiary or their legal representative, or a regulatory body such as a state insurance department.

### **Professional Competence**

To properly carry out your responsibilities as a John Hancock agent, you are expected to acquire and maintain the knowledge and skills required to provide sound professional advice about Company products and services and their use in helping clients fulfill their financial needs and objectives. You are expected to participate in professional training and education and to continue your development throughout your career.

### **Advertising, Sales Materials and Illustrations**

All advertisements and materials involved in or related to the sale of a John Hancock product or service or which contain or refer to John Hancock's name, trade or service mark, products, services, etc. must be approved in writing by the Company and in advance of their use. You must only use Company approved sales materials when presenting John Hancock's products and services. This includes, but is not limited to, sales presentations, seminar presentations, newspaper and magazine ads, stationary, business cards, brochures, direct mail and pre-approach letters, sales scripts, radio and television spots, etc. If you create your own materials, you must submit them to the Company for approval prior to their use. The use of the Internet for marketing John Hancock products and services is subject to the same policies and procedures applicable to written or printed materials.

Comparative or competitive information must be approved in advance by the Company like any other form of sales material. Comparisons must be true, current, dated and factual.

Illustrations can be of value in helping clients understand how Company products and services can help them fulfill their needs and financial objectives. Only Company-approved illustrations of John Hancock products can be shown to clients. Any illustrations presented to clients must be complete and unaltered. Moreover, agents are prohibited from making any statements to clients or prospective clients that are inconsistent with Company illustrations. Any sales material or correspondence which presents numerical information or data about guaranteed or non-guaranteed elements of a Company product is considered an illustration and must receive Company approval prior to use. States differ with respect to their requirements for illustrations. You are expected to follow all rules and regulations pertaining to illustrations based on the jurisdictions in which you operate.

Any materials identified as "For Internal Use Only," "For Broker-Dealer Use Only," etc. shall not be used with the public.

### **Rebating**

John Hancock does not allow practices such as rebating, bribery or kickbacks. These practices are against Company policy in all places where we do business. In many jurisdictions, they are also illegal and subject to prosecution.

### **Fair Competition**

State regulations prohibit agents from making disparaging or untrue oral or written statements about other agents or companies. You shall not make comments to clients or prospective clients about competitors which are deceptive, misleading or derogatory. Any statements you make about another company or agent must be factual, up-to-date and substantiated.

### **Replacements**

"Replacement" is defined by most state regulations as the purchase of a new life insurance or annuity policy and in connection with or by reason of that purchase existing insurance has been or will be a) lapsed, forfeited, surrendered or terminated; or b) reduced in value by use of policy values. Reductions in value can include, but are not limited to: conversion to reduced paid up insurance; reissued with a reduction in cash value; borrowing against the loan value to purchase additional coverage; using the policy values to pay future premiums on the existing policy, etc. You must be familiar with the replacement regulations of the jurisdictions in which you operate and abide by them.

The "Replacement" of existing policies should only occur when it is demonstratively in the best interest of the client and in compliance with all applicable state and Company requirements. You must disclose all of the advantages and disadvantages of any replacement. The client must fully understand the financial consequences of this action and, where required by regulation, Company policy or industry practice, consent to it in writing.

You must indicate on every application for new coverage whenever a replacement is involved in that sale.

### **Maintaining Records**

Accurate and reliable records are necessary to meet both your professional responsibilities and the Company's legal and financial obligations. Because of this, you are required to keep up-to-date records and files of all transactions, correspondence, documentation, etc. involving your John Hancock clients.

You must make your records involving John Hancock products and services available to the Company for general auditing purposes or to enable John Hancock to respond to any regulatory or administrative investigation against the Company or yourself.

### **Confidentiality**

In your role as an agent of John Hancock, you will possess confidential information about your clients and the Company. A breach of confidentiality can have serious consequences. Therefore, you must safeguard all confidential client, beneficiary, Company, etc. information and only provide access to individuals who have a legitimate right to it. You are responsible for maintaining the security of all confidential information in your possession.

### **Legal and Regulatory Requirements**

It is Company policy to conduct business in compliance with all applicable state and federal statutes and regulations, as well as within any guidelines established by regulatory bodies such as FINRA. As an agent and representative of the Company, you must abide by all rules and regulations governing the sale of our products specific to the jurisdictions in which you do business, including the holding of a valid state license to sell products for the Company. You are also expected to be knowledgeable about these rules and regulations and alert to changes in them.

### **Anti-Fraud Policy**

The Company supports all efforts to identify and prevent fraudulent activities whether such activities are committed against the general public, Company policyholders, the Company itself, Company employees, distributors and organizations and individuals with whom the Company develops a business relationship. Agents are required to notify the Company immediately if they detect fraud.



### **Violations of Company Policy**

The purpose of John Hancock's policies and procedures is to ensure the Company's ability to provide the highest quality products and services to its clients and agents. In order to protect the solid reputation of John Hancock and its agents, appropriate action (verbal or written warnings, contract termination or prosecution) will be taken by the Company on all known violations of its policies and procedures. The Company requires all agents to abide by its policies and procedures.

### **Compliance with Health Insurance Portability and Accountability Act (HIPAA) – Business Associate Provisions**

Through your role as a general agent, broker dealer or a producer, you are considered to be a Business Associate of John Hancock. The Business Associate Provisions govern your conduct as a business associate of John Hancock as it pertains to John Hancock's riders covered by HIPAA (such as long-term care riders) issued with a life insurance policy ("long-term care business").

The HIPAA privacy and security requirements are set forth in regulations promulgated by the Department of Health and Human Services,<sup>1</sup> and they are in addition to any confidentiality provisions in your agreement. Many of these regulations apply to and are enforceable against you by the U.S. Department of Health and Human Services.<sup>2</sup>

The HIPAA Privacy and Security Rules allows a covered entity, such as John Hancock with respect to its long-term care business, to disclose protected health information to a so called "Business Associate" and allow Business Associates to create, receive, maintain or transmit protected health information if the covered entity obtains satisfactory assurances that the Business Associate will appropriately safeguard the information.

### **Protected Health Information**

Protected Health Information means individually identifiable health information that is transmitted or received in any medium and relates to:

- the past, present or future physical, mental, or behavioral health or condition of an individual;
- the provision of health care to an individual; or
- the past, present or future payment for the provision of health care to an individual.

It is information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Also, it is limited to the information you either receive from John Hancock or create or receive on behalf of John Hancock, whether oral or recorded in any medium. For example, any health information you have access to or obtain from an individual while applying for a long-term care rider issued under a life insurance policy would be considered protected health information.

Protected Health Information includes, but is not limited to:

- financial or health information, including genetic information;
- demographic information, including names;
- geographic information, including street address and zip code;
- dates related to an individual, including birth date;
- telephone numbers, fax numbers or e-mail addresses;
- social security numbers, medical record numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers;
- Web URL's, Internet protocol address numbers, or other identifiers or codes.

### **Permitted Uses and Disclosures**

You may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, John Hancock as specified in your agreement. You may not use or disclose protected health information in a manner that would violate the HIPAA Privacy and Security Rules if done by John Hancock or for any other purpose unless you obtain the individual's written authorization to do so or prior written approval from John Hancock.

### **Your Obligations**

You must:

- not request, use or further disclose protected health information other than as permitted or required by these Business Associate Provisions or as required by law. Your request, use or disclosure of protected health information must be limited to the minimum necessary information needed to accomplish the intended purpose of the request, use or disclosure. Where possible, you should request, use or disclose information without personal identifiers.
- require any subcontractor that creates, receives, maintains or transmits protected health information on your behalf to provide reasonable assurances in writing they will comply with the same restrictions, conditions and requirements that apply to you under the terms of these Business Associate Provisions.
- ensure that you and your subcontractors develop, implement, document and maintain administrative, physical, and technical safeguards to prevent any use or disclosure of protected health information other than as provided for by these Business Associate Provisions and that reasonably and appropriately protects the confidentiality, integrity and availability of protected health information created, received, maintained or transmitted on behalf of John Hancock.

<sup>1</sup> See, 45 CFR Parts 160 (General Administrative Requirements), 162 (Administrative Requirements) and 164 (Privacy and Security), as amended (collectively referred to as the "HIPAA Privacy and Security Rules").

<sup>2</sup> See, Health Information Technology for Economic and Clinical Health Act ("HITECH"); Modifications to the HIPAA Privacy, Security, Enforcement and Breach Notification Rules under HITECH and the Genetic Information Nondiscrimination Act; and also other Modifications to the HIPAA Rules (collectively referred to as the "2013 Omnibus Rule").

- report to John Hancock as soon as reasonably practicable any use or disclosure of protected health information not allowed by these provisions of which you become aware, including any such use or disclosure by any of your Subcontractors, from the first day such use or disclosure is known to you or should have been known to you in the exercise of reasonable judgment. This includes any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, or breach of unsecured protected health information or security incident of which you become aware.
- mitigate, to the extent practicable, any harmful effect of your or your subcontractor's use or disclosure of protected health information in violation of these Business Associate Provisions.
- assist John Hancock in complying with our obligation to provide individuals with a right of access to their protected health information, by providing us with access to protected health information you have if we request it.
- make an amendment to protected health information in your possession if requested by an individual and agreed to by John Hancock.
- honor an individual's request to your disclosure of protected health information if the disclosure is to a health plan for payment or health care operations purposes and the protected health information pertains solely to an item or service for which the health care provider has been paid in full out of pocket.
- make your internal practices, books, and records relating to your use and disclosure of protected health information available to us or, at our request, to the United States Secretary of Health and Human Services, for purposes of the Secretary determining John Hancock's compliance with the HIPAA Privacy and Security Rules.
- document your disclosures of protected health information and, at our request, to provide us with information related to such disclosures for purposes of responding to a request by an individual for an accounting of disclosures of protected health information.

#### **John Hancock's Obligations**

John Hancock must:

- provide you with any changes in, or revocation of, permission given by an individual to us to use or disclose protected health information, if such changes affect your permitted or required uses and disclosures.
- notify you of any restriction to the use or disclosure of protected health information that we have agreed to in accordance with the HIPAA Privacy and Security Rules.
- not request that you use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rules if done by us.

#### **Continuing Obligations**

Your obligations under these Business Associate Provisions continue even after your agreement with us terminates, as follows:

- (a) These requirements do not terminate until all of the protected health information is destroyed or returned to us or, if it is infeasible to return or destroy protected health information, you provide protections to such information, in accordance with (b) below. Termination of your agreement does not terminate these requirements unless and until these requirements have been met.
- (b) Effect of Termination of Your Agreement.
  - (1) Except as provided in paragraph (2) below, upon termination of your agreement, you must return or destroy all protected health information you either received from John Hancock or created or received on behalf of John Hancock. You may not retain any copies of the protected health information except to the extent required by your internal file retention policies.
  - (2) If you determine that returning or destroying protected health information is infeasible where not otherwise permitted pursuant to paragraph (1) above, you must give John Hancock notice of the conditions that make return or destruction infeasible. If we agree with your determination, you must extend the protections of these provisions to such protected health information and limit further uses and disclosures of it to those purposes that make the return or destruction infeasible, for so long as you maintain such protected health information.

#### **Violations**

To the extent that you become aware of a pattern of activity or practice that constitutes a material breach or violation of your obligations under these Business Associate Provisions, you will take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful, your violation of any of these provisions is a valid basis for immediate termination of your agreement, notwithstanding any contrary provision in the agreement.

**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.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
				-						

**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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.