



CHASE CLIENT FUNDS W-9 SUB-ACCOUNT AGREEMENT

Client Funds Account Custodian: _____
Client Funds Sub-Account Holder Name: _____
Client Funds Sub-Account Number: _____

Form W-9-Request for Taxpayer Identification Number (TIN) and Certification

USE THIS BOX TO PROVIDE NAME AND ADDRESS

Taxpayer/Payee Name: _____
Address (number, street and apt. or suite no.) _____
City, State and ZIP Code: _____
Status: Individual/Sole Proprietor Corporation Partnership Other (describe)

Check here if exempt payee
Enter your taxpayer identification number (TIN) below. If you are a resident alien and you do not have or are not eligible to get a SSN, your TIN is your IRS-issued individual taxpayer identification number (ITIN).

SSN/ ITIN: _____ - _____ - _____ EIN: _____ - _____
Social Security Number/ ITIN *Employer Identification Number*

CERTIFICATION:
Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, 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 (as defined in the Form W-9 instructions).

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.

Agreement Regarding Client Funds Account

By signing below I am authorizing the Client Funds Account Custodian identified above to open a bank account (the Client Funds Sub-Account) on my behalf. The Client Funds Sub-Account will not be under my control. I authorize the Client Funds Account Custodian to endorse checks payable to me and to deposit them into the Primary Client Funds Account to which this Client Funds Sub-Account is related and I authorize JPMorgan Chase Bank, N.A. to accept such deposits. I acknowledge that I will not receive notice of transactions, including deposits or withdrawals affecting the Primary Client Funds Account or the Client Funds Sub-Account.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here _____ Date _____
Taxpayer/Payee Signature

