

Tax and Payment Information Form

PAYEE INFORMATION (required)		
If my claim is approved, I would like to receive my payment:	Via check	Via Wire
Please provide the information requested below in the space provided	:	
Name or Entity Name:		
Contact Person (if applicable):		
Contact Person Title (if applicable):		
TIN/SSN of name or entity above:		
Address:		
City:	State:	Zip:
Country:		
Email:		
Phone:		

BENEFICIARY BANK (Required for Wire Payments)

A beneficiary bank is the receiving bank where the Class Member's account is located. You must provide the information below if you elected to receive payment via wire.

Bank Name:	
Bank Address:	
Bank City:	Bank State: Bank Zip:
Country:	Bank Phone Number:
Account Name:	
Bank ABA/Routing Number (for non-U.S. accounts, please provide SV	VIFT/BIC):
IBAN (if available - non-U.S. accounts only):	
Account Number:	
INTERMEDIARY BANK (optional)	
Does your bank require an intermediary bank? Yes	No
If you answered "Yes" above, please provide your intermediary bank in proceed to the Beneficiary Bank information section below.	information below. If you answered "No," please
Intermediary Bank Name:	
Bank Address:	
Bank City:	Bank State: Bank Zip:
Code:	
Wire Transfer ABA/Routing Number:	Bank Phone Number:
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Under penalty of perjury under the laws of the United States, I declare and certify that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further declare and certify under penalty of perjury that:

- (1) The name and/or entity above is entitled to receive payment under the terms of the Settlement;
- (2) If I am signing below on behalf of an entity, that I am authorized to do so;
- (3) The Tax ID provided above is correct for the name and/or entity indicated above and it is understood that any payment received by the claimant will be reported to the IRS;
- (4) If it is indicated above that a payment should be sent via check, the name and address provided above will be used to send the check;
- (5) If it is indicated above that a payment should be sent via wire, the bank information provided above will be used to send the payment;
- (6) To the extent it is not clearly indicated above how the award should be paid or if bank information is incomplete, by default payment will be sent via check;
- (7) To the extent the bank receiving payment assesses any fees for processing a check or wire payment, the Claims Administrator is not responsible for those fees;
- (8) To the extent a full and accurate tax identification number is not provided, an award may be subject to a backup withholding of up to 30%. Any backup withholding will be held back by the Claims Administrator and paid directly to the Internal Revenue Service.

Signature:	Date: