

Substitute IRS W-4P & W-9 Reissue IRA Distribution Form

This form is being provided to complete your Qualified Settlement Fund distribution. Please review the information on this form, complete sections A and B and sign your request below under section C.

A. Account Holder Information:

_____/_____/_____
Account Holder Name (First, M.I., Last) Date of Birth Reference #

Street Address (Physical Address) APT # City State ZIP

Check # received Social Security Number State of Residence

B. NOTIFICATION OF ELECTION FOR PAYEES OF NONPERIODIC PAYMENTS

The distribution you receive from the Qualified Settlement Fund is subject to 10% Federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payment by signing and dating the following election and returning it to us.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

ELECTION FOR PAYEES OF NONPERIODIC PAYMENTS

Instructions: If you do not want any Federal income tax withheld from your distribution, sign and date this election and return it to us.

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

I do not want to have Federal income tax withheld from my distribution

C. SIGNATURE – I understand that there is 10% federal tax withholding required on this distribution and, depending on my state of residency, I may also be subject to state tax withholding unless I complete the election in Section B. I understand that I will receive IRS Form 1099-R reporting this amount. I hereby affirm that the information given is true and correct, and authorize the Qualified Settlement Fund to make the distribution according to the instructions on this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security 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).

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.

Signature of Account Holder Printed Name Date