

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

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

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. SIGNATURE – I understand that there is 20% federal tax withholding required on this distribution, and depending on my state of residency, I may also be subject to state tax withholding. 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.

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

Signature of Account Holder

Printed Name

Date