

PAN-AMERICAN LIFE INSURANCE COMPANY
PAN-AMERICAN ASSURANCE COMPANY

**Request for Owner Taxpayer
Identification Number and Certification**

Taxpayer Information

Full Legal Name _____ Date of Birth (if individual) _____

Business Name / Disregarded Entity Name* (if different from above) _____

Individual/Sole Proprietor C Corporation S Corporation Partnership Trust/estate

Limited Liability Company. Enter the tax classification (C = C corporation, S = S corporation, P = partnership) _____ Exempt payee

Other _____

Taxpayer Identification Number (TIN)

The TIN provided must match the name given on the "Full Legal Name" line to avoid backup withholding.

Select and enter your TIN*

- Individuals - this is your social security number
- Sole Proprietor - this is your social security number. (The IRS will also accept your employer identification number.)
- Disregarded Entity - this is your social security number.
- Other entities - this is your employer identification number.

Social Security Number **or** Employer Identification Number TIN _____

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 an individual who is U. S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

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 or dividends on your tax return.*

Date Signed

Signature of Policyowner

Title (if Corporation / Partnership / Trustee)

* Please refer to Form W-9 Instructions at www.irs.gov

