



INDEPENDENT DIRECT SELLER REGISTRATION
ASSOCIATE INFORMATION

Please COMPLETE, DATE and SIGN the following:

- 1. Associate Information (PAGE 1)
2. Tax Identification and Certification - Form IRS W-9 (PAGE 2)
3. (OPTIONAL) Direct Deposit Information (PAGE 3)

FAX all COMPLETED documents to (585) 486-6596.

Form containing fields for Name, Citizenre Associate ID (30000), acknowledgment text, and Signature/Date lines.





**INDEPENDENT DIRECT SELLER REGISTRATION
TAX IDENTIFICATION AND CERTIFICATION**

Citizenre Associate ID:	3	0	0	0	0					
<small>THIS APPLICATION WILL NOT BE PROCESSED WITHOUT CITIZENRE ID. IF YOU HAVE NOT RECEIVED IT, CONTACT YOUR SPONSOR.</small>										

The Internal Revenue Service requires us to maintain the taxpayer identification number for the purpose of reporting payments that meet the requirements of federal form 1099 (non employees). For your convenience please find below a form W-9 that you need to fill out with your Social Security Number and return to us. EIN numbers are not accepted at this time.

Print or type See Specific Instructions on page 2.	Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C= Corporation, P= partnership) <input type="checkbox"/> Other (see instructions)		<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	City, state, and ZIP code		
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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**INDEPENDENT DIRECT SELLER REGISTRATION
DIRECT DEPOSIT INFORMATION**

By signing this form, I wish to have The Citizenre Corporation (Citizenre) deposit my net commissions directly to my bank account as indicated. I agree to notify Citizenre of any changes to the information so that my commissions may be properly distributed. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that Citizenre can not issue the funds to me until the funds are returned to Citizenre by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Citizenre immediately. Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted.

Please do not close your account without giving Citizenre two weeks prior notice.

First and Last Name:									
AS DISPLAYED ON YOUR GOVERNMENT ISSUED PHOTO ID.									
Citizenre Associate ID:	3	0	0	0	0				
THIS APPLICATION WILL NOT BE PROCESSED WITHOUT CITIZENRE ID. IF YOU HAVE NOT RECEIVED IT, CONTACT YOUR SPONSOR.									
Signature:					Date:				

PLEASE ATTACH A VOIDED PRE-PRINTED CHECK WITH NAME ON FACE OF CHECK