



# Brethren in Christ

FOUNDATION

---

Welcome to the Brethren in Christ U.S. 403(b)(9) Plan (a defined contribution retirement plan)!

In a 2018 Board action, a new Volume Submitter 403(b)(9) Plan Document, Retirement Income Church Account, was approved. We have already been in contact with your church and have provided the Plan Document, an Adoption Agreement and the Plan Participation Agreement Addendum which your church has completed. This makes your church an official participating Employer in the Brethren in Christ U.S. 403(b)(9) Plan (Plan). As an employee of your congregation, the Plan is also available to you to participate in.

A bonus with the new Volume Submitter Plan is that it comes with an Advisory Letter from the Internal Revenue Service which provides assurance that our Plan is compliant with all required IRS regulations. With PenServ Plan Services serving as the Sponsor of the Volume Submitter Plan, we also have the assurance that any future, required regulations will be automatically updated by PenServ and incorporated into our Plan.

The Brethren in Christ Foundation serves as the third party administrator of the Plan.

An exciting new option available to Plan participants is the ability to take a loan from your account. Details and forms to request a loan are available online at: <https://bicfoundation.org/bic-retirement-plan/> or by contacting the Brethren in Christ Foundation.

Here are a few other highlights of the Plan:

- Opportunity to save up to \$72,000 for retirement per year in the Plan (up to \$24,500 as employee elective salary deferrals contributions). Catch-up contributions, at age 50, of up to \$8,000 per year beyond the basic limit on elective deferrals. If you are between age 60 and 63, the Catch-up contribution is up to \$11,250, instead of the normal \$8,000 (based on your age at 12/31/2026).

- Opportunity for all Brethren in Christ Church employees to contribute by elective salary deferral contributions

- Be able to request in-service plan distributions at age 59 ½

- Housing allowance available for all Plan distributions to retired BIC pastors

- Excellent investment options available through Vanguard Target Retirement Funds and various Vanguard Index Funds

- You can now further the mission of the BIC U.S. by investing in Term Certificates and Demand Certificates offered through the Brethren in Christ Foundation

- Plan services provided by the Brethren in Christ Foundation (servicing maintained “within the family,” rather than outsourced)

---

- Online access to account information and Plan forms and documents**

**ADDRESS:** 431 Grantham Road  
Mechanicsburg, PA 17055-5812

**WEBSITE:** [bicfoundation.org](https://bicfoundation.org)  
**EMAIL:** [info@bicfoundation.org](mailto:info@bicfoundation.org)

**PHONE:** (717) 796-4788  
**FAX:** (717) 697-7714

Each participating Brethren in Christ congregation/organization is essentially an Employer for Plan purposes. As such, your church/organization should have provided you with an Enrollment Packet to be completed by you, so you can be an active participant in the Plan. The required forms to be completed are: an Employee Enrollment Form, a Salary Reduction Agreement Form, a Beneficiary Designation Form, an Investment Election Form and IRS Form W-9. There are also instructions included that should help and assist you in completing these forms.

When you have completed these, you should give all originals to the appropriate administrator of your congregation/organization. You should also keep a copy for your own records.

I believe you will find the Brethren in Christ U.S. 403(b)(9) Plan to be an excellent retirement plan affording you many opportunities to save towards retirement.

As Plan Administrator, I am here to serve you. Please do not hesitate to contact me, at any time, if you have questions or concerns. Praying God's blessing for you as you serve with the Brethren in Christ!

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Strausser".

David M. Strausser  
Plan Administrator  
Brethren in Christ Pension Fund

**BIC U.S. 403(b)(9)**  
**Instructions for Completion of**  
**Employee Enrollment Forms**

**BIC U. S. 403(b)(9) Plan Employee Salary Reduction Agreement**

1. Please complete the Employee Information section
2. Part A: Deferral Election
  - a. Select option 1 if you do not want to make any employee deferral contributions to the plan. If you chose this option, you can skip the remainder of the form, and sign at the bottom.
    - i. If you are not eligible to receive Employer Nonelective and Employer Matching Contributions (if unsure, ask your employer) and you choose this option to not make Employee Elective Deferrals through Salary Reduction, you do **NOT** need to complete any other forms in this packet **except for this Employee Salary Reduction Agreement**. If you are selecting this option, please skip to Part F.
    - b. Select option 2 if you would like to make employee deferral contributions to the plan. If you chose this option, please move on to Part B.
3. Part B: Elective Deferrals (Employee Salary Reduction Contributions)
  - a. For Pre-Tax Elective Deferrals, you can choose to defer a specific dollar amount or percentage of your compensation either every pay period, monthly, or annually, depending on what your Employer offers.
4. Part C: Additional Contribution Elections
  - a. This is only selected if you will be age 50 before the end of the current tax year (2026), and you would like to make additional employee contributions to the plan, up to a maximum amount of \$8,000 (limit as of 2026). Or if you will be between 60 and 63 at the end of the current tax year and would like to make additional contributions to the plan, up to a maximum of \$11,250 (limit as of 2026).
5. Part D: Agreement
  - a. This section verifies that you understand that your net salary will be lower, because you are electing to make employee contributions to the plan. It also goes through a few other items that you should be aware of. One noteworthy item is that you are responsible for determining that your salary reduction amount does not exceed the limits of the applicable law. For 2025, the employee deferral limit in total, across all 403(b)s, 401(k)s, SARSEPS and SIMPLE Plans, is \$24,500, plus another \$8,000 if you are doing the Age 50 or Over Catch-up or \$11,250 if you are doing the Age 60 to 63 Catch-up (as mention in Part C). If you would like further information on this, there is a Deferral Worksheet available on the BIC Foundation website at [bicfoundation.org/403b-retirement-plan](http://bicfoundation.org/403b-retirement-plan).
6. Part E: Important Information
  - a. This section contains important information that you should be aware of, including responsibilities of both the employee and the employer.

7. Part F: Signatures
  - a. This section states that you authorize your employer to take the action specified in the agreement (whether or not to take Employee Pre-Tax Elective Deferrals).
  - b. It verifies again that you have determined that all your salary reductions do not exceed contribution limits, as determined by Applicable Law. This is discussed in this letter in part 5a above, as well as Part D of the form.
    - i. Owning more than 50% of another business can also affect the amount of contributions you can make. The total then becomes \$72,000 (2026 limit), but this threshold now includes all contributions that your employer makes to the plan on your behalf. You can find further information on the Deferral Worksheet, available on the BIC Foundation website at [bicfoundation.org/bic-retirement-plan](http://bicfoundation.org/bic-retirement-plan).
  - c. Please sign and date. Keep a copy for your records and return the original to your employer.
8. Effective Date
  - a. The first option would make the effective date the first day of the pay period that follows the date you complete the form. Therefore, if you sign the form January 25<sup>th</sup>, and the next pay period starts on February 1<sup>st</sup>, then your election will be come effective February 1<sup>st</sup>.
  - b. The second option allows you to set the effective date as a **future** date. Therefore, if you complete the form on January 25<sup>th</sup>, but you don't want to start deferring money from your pay, or change your election percent or amount until April 1<sup>st</sup>, you can.

#### **BIC U. S. 403(b)(9) Plan Enrollment Form**

1. Please complete the requested Employee and Employer information in section A.
2. Section B states that you understand the provisions of the Plan and you authorize the BIC Foundation to enroll you in the 403(b)(9) Plan.
3. Please sign, date, keep a copy for your records and return the original to your employer.

#### **BIC U. S. 403(b)(9) Plan Beneficiary Designation or Change Form**

1. Please complete the requested General Information section
2. The Beneficiary Designation section is where you list the people that you would like to be beneficiaries of your account, their percentage share (all primaries should total 100%, all contingents should total 100%), and whether they are the primary or contingent beneficiaries. Primary beneficiaries will receive their designated share of the funds upon your death, while contingent beneficiaries will only receive their designated share if all primary beneficiaries have died before your death.
3. Consent of Spouse section is only needed if anyone other than your spouse (only applicable if married) is listed as a primary beneficiary. If this is the case, then it needs to be signed by your spouse and notarized.
  - a. If you name a Trust as a beneficiary, you can either provide a copy of the Trust to the BIC Foundation, or complete the Trust Beneficiary Certification Form, which can be found on the BIC Foundation website at [bicfoundation.org/bic-retirement-plan](http://bicfoundation.org/bic-retirement-plan). If you list a Trust as a beneficiary, you must still complete the Consent of Spouse section.
4. Please sign, date, keep a copy for your records and return the original to your employer.

## **BIC U.S. 403(b)(9) Plan Employer and Employee Salary Reduction Investment Election Form**

1. Please complete the Participant Information at the top
2. In the Investment Choice section, you can select any Fund (or multiple funds) that you would like to have your Employer and/or Employee Contributions invested in. Each column needs to total 100%.
  - a. The Vanguard Target Retirement Funds are geared toward the approximate year you plan to retire, and the investments are automatically updated as time progresses.
  - b. You can now further the mission of the BIC U.S. by investing in Term Certificates (formerly SIC's) and Demand Certificates (formerly TAP's) offered through the Brethren in Christ Foundation.
3. Please sign, date, keep a copy for your records, return the original to your employer, and email a copy to [info@bicfoundation.org](mailto:info@bicfoundation.org) or mail a copy to 431 Grantham Road, Mechanicsburg, PA 17055.
4. If this form is not completed and returned to the BIC Foundation, the default investment will be the Vanguard Targeted Retirement Fund closest to your 65<sup>th</sup> birthdate.

### **Federal Form W-9**

1. There are step by step instructions on how to fill out this W-9 Form on page 3 of the pdf document.

**BIC U.S. 403(b)(9) PLAN EMPLOYEE SALARY REDUCTION AGREEMENT**

<b>Employee Information</b>		
Employee:		Account Number:
Address:		
SSN:	Phone Number :	Email :
Birthdate:	Date Age 59 1/2 :	Date Age 73 :
Employer Name:		Trustee/Issuer : <u>General Conference Board of Brethren in Christ U.S.</u>
<b>Part A: Deferral Election</b>		
Please make one selection from the choices below. Multiple elections in this Part A require separate forms.		
<input type="checkbox"/> 1	I, the above-named Employee of the Employer, do not want to participate in Employee Elective Deferrals at this time. I understand that I may change this election by completing a new Salary Reduction Agreement prior to the next Change Date allowed by my Employer. (Proceed to Signature section.)	
<input type="checkbox"/> 2	I, the above-named Employee of the Employer, hereby apply to participate in Employee Elective Deferrals, and enter into the following Salary Reduction Agreement. (Please complete the balance of this form.)	
<b>Part B: Elective Deferrals</b>		
The undersigned Participant hereby directs the Employer to make the following payroll deductions if permitted in the underlying plan document, to be paid to and invested by the BIC Foundation. My Employer's administrative policies will determine when contribution instructions are implemented. I elect to defer the amounts by which my salary or wages are reduced to the Employer's 403(b) Plan as Elective Deferrals under the Plan, as follows:		
<input type="checkbox"/> 1	Pre-Tax Elective Deferrals	<input type="checkbox"/> _____ %; or <input type="checkbox"/> \$ _____ of my compensation (not to exceed _____ %) per <input type="checkbox"/> pay period; <input type="checkbox"/> monthly; or <input type="checkbox"/> annually (Check with your Employer for available period options)
<b>Part C: Additional Contribution Elections</b>		
I am contributing more than the employee elective deferral limit under IRC Section 402(g), as indexed. (Check if applicable)		
<input type="checkbox"/> 1	I am contributing \$ _____ (maximum \$8,000 for 2026, indexed) using the age 50 and older catch up election or up to \$11,250 using the age 60 to 63 catch up election. I am age _____ at the end of the current tax year. Additional Contribution Elections will be reduced from salary or wages at an equal amount per the frequency elected in Part B above. If Elective Deferrals do not reach the annual limit, then any amount in Part C (Additional Contribution Elections) will first be used to reach the annual Elective Deferral limit. The remaining amount, if any, will be considered additional age 50 and older catch up contributions not to exceed the annual maximum.	
<b>Part D: Agreement</b>		
By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b) custodial account(s) selected by Employee and authorized by the Employer. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees that this Agreement:		
1	Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; however, is effective only for amounts not yet earned or made available.	
2	May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted.	
Employee further agrees that:		
<ul style="list-style-type: none"><li>In conjunction with his/her Employer, he/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law.</li><li>He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's maximum annual contribution limit.</li><li>Employer has no liability for any losses suffered by Employee that result from his/her participation in the 403(b) plan.</li><li>He/she acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) plan. Nothing herein shall affect the terms of employment between Employer and Employee.</li><li>This agreement supersedes all prior 403(b) salary reduction agreements and shall automatically terminate if employment with the Employer is terminated.</li></ul>		
<b>Part E: Important Information</b>		
1	In order to receive the expected tax results, Employees are responsible for investing in custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code.	
2	Employees are responsible for naming a death beneficiary under the 403(b) plan. This is normally done at the time the custodial account is established. Beneficiary designations should be reviewed periodically.	
3	Employers are responsible for all distributions and any other transactions with the BIC Foundation. All rights under the custodial accounts (unless a group arrangement) are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer (or their Designee) to approve any requested transaction by Employees. Employee must cooperate directly with the BIC Foundation, Employer, or their Designee, as directed by the Employer to transfer contract(s) or custodial account(s) to another Vendor, begin distributions, request loans, exchanges or otherwise access 403(b) plan assets.	

**Part F: Signatures**

I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also certify that I am eligible for the catch up election(s), if selected, under Part C above. I understand my responsibilities as an Employee under the 403(b) plan, and I request Employer to take the action specified in this Agreement. I understand that there may be excess contributions to my 403(b) if I own more than 50% ("control") of another business. In such event, the maximum contribution to all plans that I control and my 403(b) accounts or annuities for the year may not exceed IRC Section 415 limits, plus the age 50 or 60 to 63 catch-up limit, if applicable. I understand that my Employer is responsible for knowing that I may control another business and I understand that I must notify my Employer that I have control of another business to ensure that I have not exceeded this maximum amount of contribution.

I control another consulting or other business or company.

I understand that all rights under the custodial accounts (unless a group arrangement) established by me under the 403(b) plan are enforceable solely by me, my beneficiary or my authorized representative. By signing this Agreement, I authorize the BIC Foundation, or their delegate to provide information on my Account to Employer or another Vendor if such information is necessary for compliance purposes or to effectuate such transactions as I may request.

Signature of Employee	Date
Signature of Employer	Date

**Effective Date:**

\_\_\_\_ Make the effective date of this agreement the first day of the pay period following the date that I, the participant, have signed above.

\_\_\_\_ Make the effective date of this agreement: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be a future date)

*Once this form is completed, signed, and dated, please retain a copy for your records, and return the original copy to your employer.*

# BIC U.S. 403(b)(9) Plan Enrollment Form



BIC Foundation

## A. Employee and Employer Information:

Name of Employee: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name of Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Full time employee: Yes  No

Position/TITLE: \_\_\_\_\_

If not Full time, average number of hours worked per week: \_\_\_\_\_

Paid hourly or salary: \_\_\_\_\_

## B. Your Authorization:

I understand the provisions of the Plan and elect to participate in the Plan through employee and/or employer contributions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Once this form is completed, signed, and dated, please retain a copy for your records, send the original copy to your employer.*

**BIC U.S. 403(b)(9) PLAN BENEFICIARY DESIGNATION OR CHANGE FORM**
**General Information**

Organization: Brethren in Christ Pension Fund	Account Number:
Participant Name:	
Social Security Number:	Birthdate:
Address:	
Employer:	Plan Name: Brethren in Christ 403(b) Plan

**Beneficiary(ies) Designation**

**PAYMENT TO BENEFICIARIES:** I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this plan and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

The following individual(s) shall be my beneficiary(ies). Please designate primary or contingent for each individual beneficiary. **If neither is checked, the individual will be deemed to be a primary beneficiary.** If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

**RESTRICTION:** This Beneficiary Designation is subject to all of the terms and provisions of the above named Plan. This Beneficiary Designation shall be effective only if in a form acceptable to the Trustee or Custodian and only if received by the Trustee or Custodian prior to my death.

**IMPORTANT:** I understand that this Beneficiary Designation will not be effective if I have designated a beneficiary other than my spouse unless my spouse has consented to the designation. Consent of my spouse is not required if my spouse is the sole beneficiary, or if I am not married.

**RIGHT TO REVOKE:** I reserve the right to change my beneficiary(ies) by filing another Beneficiary Designation, subject to my spouse's consent, if required.

Primary	Contingent	Name	Address	SSN	Birthdate	Relationship	Share
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%

*To name more than six (6) beneficiaries, please attach a separate schedule with your dated signature listing all information requested above.*

If I named a beneficiary which is a Trust, I understand I must complete the Trust Beneficiary Certification Form or provide a copy of the Trust to the Plan Administrator. I must also have Consent of Spouse to do so.

Signature of Participant	Date
--------------------------	------

<b>Consent of Spouse</b>	
--------------------------	--

I, the undersigned spouse of the above-named Participant, have read this Beneficiary Designation/Change Form and hereby consent to such Beneficiary Designation, including all primary and contingent beneficiaries. I understand that by consenting to this Designation, I may be waiving my right to receive a benefit under the Plan in the event of my spouse's death. I have signed this consent freely and voluntarily. I understand that I may not revoke this consent, except by consenting to another Beneficiary Designation signed by the Participant.

Signature of Spouse	Date
---------------------	------

BEFORE ME, the undersigned Notary Public, personally appeared and executed the above Consent of Spouse.  
IN WITNESS WHEREOF, I have signed my name and affixed my official seal or office on:

Signature of Notary \_\_\_\_\_

Notary Public - State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

**Once this form is completed, signed, and dated, please retain a copy for your records, and return the original copy to your employer.**



Brethren in Christ Pension Fund  
431 Grantham Road  
Mechanicsburg, PA 17055  
(717) 796-4788

## BIC U.S. 403(b)(9) Plan Employer and Employee Salary Reduction Investment Election or Change Form

---

*Please print in ink. After you have completed the form, keep a copy for your records, provide the original to your employer, and email a copy to [info@bicfoundation.org](mailto:info@bicfoundation.org) or mail to the address above.*

### Participant Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

State of Residence \_\_\_\_\_  New Enrollment  Investment Allocation Change

---

Complete the section below to elect how you want to invest your Brethren in Christ 403(b) Employer contributions and Employee Salary Reduction contributions. **If no elections are selected, the default investment will be the Vanguard Target Retirement Fund closest to your 65<sup>th</sup> birthdate.**

### Investment Choice for Brethren in Christ U.S. 403(b)(9) Employer and Employee Salary Reduction:

	Employer Nonelective Contribution Percentage	Employer Matching Contribution Percentage	Employee Salary Reduction Percentage	Employee Rollover Contribution Percentage
1. Vanguard Target Retirement 2070 Fund				
2. Vanguard Target Retirement 2065 Fund				
3. Vanguard Target Retirement 2060 Fund				
4. Vanguard Target Retirement 2055 Fund				
5. Vanguard Target Retirement 2050 Fund				
6. Vanguard Target Retirement 2045 Fund				
7. Vanguard Target Retirement 2040 Fund				
8. Vanguard Target Retirement 2035 Fund				
9. Vanguard Target Retirement 2030 Fund				
10. Vanguard Target Retirement 2025 Fund				
11. Vanguard Target Retirement 2020 Fund				
12. Vanguard Target Retirement Income Fund				
13. Vanguard Total Bond Market Index Fund Admiral Shares #584				
14. Vanguard Total International Bond Index Fund Admiral Shares #511				
15. Vanguard Short-Term Inflation Protected Securities Index Fund Admiral Shares #567				
16. Vanguard Total Stock Market Index Fund Admiral Shares #585				
17. Vanguard Total International Stock Index Fund Admiral Shares #569				
18. Vanguard Large-Cap Index Fund Admiral Shares #5307				
19. Vanguard Mid-Cap Index Fund Admiral Shares #5859				

	Employer Nonelective Contribution Percentage	Employer Matching Contribution Percentage	Employee Salary Reduction Percentage	Employee Rollover Contribution Percentage
20. Vanguard Small-Cap Index Fund Admiral Shares #0548				
21. Vanguard Cash Reserves Federal Money Market Fund Admiral Shares #0066				
22. BIC 403(b) Money Market (FDIC Insured)				
23. Six Month BIC Foundation Term Certificate				
24. One Year BIC Foundation Term Certificate				
25. Fifteen Month BIC Foundation Term Certificate				
26. Two Year BIC Foundation Term Certificate				
27. Three Year BIC Foundation Term Certificate				
28. Four Year BIC Foundation Term Certificate				
29. Five Year BIC Foundation Term Certificate				
30. BIC Foundation Demand Certificate				
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Investment Allocation Changes:**

Only complete this section if you are changing your current investment allocation:

- Check box if you wish to **only** change **CURRENT HOLDING(S)** allocation
- Check box if you wish to **only** change **NEW CONTRIBUTIONS** allocation
- Check box if you wish to **change both** **CURRENT HOLDING(S)** and **NEW CONTRIBUTIONS** allocation

**Signature:**

I authorize the above Election(s) to be made to my Brethren in Christ U.S. 403(b)(9) Employer Nonelective, Matching, Employee Rollover and (or) Employee Salary Reduction Account(s).

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Investment Information:**

If you would like any additional investment information or a copy of either the Vanguard or BIC Foundation prospectuses, please visit:

**Vanguard:**

<https://personal.vanguard.com/us/literature/prospectus/mutualfunds>

-Plan participants who exchange any amount out of a Vanguard Fund must wait 30 calendar days before exchanging back into the same Vanguard Fund. For purposes of the policy, “exchange out” means a transaction in which proceeds from a redemption of shares of a Vanguard Fund in a Plan are used to purchase another investment offered within the Plan.

**BIC Foundation:**

<https://bicfoundation.org/about/prospectus/>

-BIC Foundation Term Certificates are subject to a 90-day interest penalty for early redemption. The Fifteen Month Term Certificates are subject to a 182-day interest penalty for early redemptions.

-See BIC Foundation Prospectus for any applicable early redemption penalty exceptions.

## Option #1: Target Retirement Funds

The Target Retirement Funds provide diversification and are designed to change the asset allocation as the selected retirement date approaches. To do this, Vanguard adjusts the investment mix of the selected fund in order to create a more conservative mix as the target date approaches, as well as in, the years that follow.

The following Vanguard table is intended as a guide for each of the available Target Date Funds.

Potential fund choice	Risk level	Suggested for investors reaching age 65 in . . .
Vanguard Target Retirement 2070 Fund	Moderate to aggressive	2068 or later
Vanguard Target Retirement 2065 Fund	Moderate to aggressive	2063–2067
Vanguard Target Retirement 2060 Fund	Moderate to aggressive	2058–2062
Vanguard Target Retirement 2055 Fund	Moderate to aggressive	2053–2057
Vanguard Target Retirement 2050 Fund	Moderate to aggressive	2048–2052
Vanguard Target Retirement 2045 Fund	Moderate to aggressive	2043–2047
Vanguard Target Retirement 2040 Fund	Moderate to aggressive	2038–2042
Vanguard Target Retirement 2035 Fund	Moderate to aggressive	2033–2037
Vanguard Target Retirement 2030 Fund	Moderate	2028–2032
Vanguard Target Retirement 2025 Fund	Moderate	2023–2027
Vanguard Target Retirement 2020 Fund	Moderate	2018–2022
Vanguard Target Retirement Income Fund	Conservative to moderate	2017 or earlier

It is important to remember that while Target Retirement Funds can simplify investing, all investing is subject to risk, including the possible loss of the money you invest. Diversification does not ensure a profit or protect against a loss. Investments in Target Retirement Funds are subject to the risks of their underlying funds. The year in the fund name refers to the approximate year (the target date) when an investor in the fund would will reach age 65 and retire and leave the workforce. The fund will gradually shift from a more aggressive investment mix to a more conservative one based on its target date. An investment in a Target Retirement Fund is not guaranteed at any time, including on or after the target date.

While unconventional, if you select more than one Vanguard Target Retirement Fund under Option #1, you may want to consider the *Elective Option: Automatic Account Investment Rebalancing* (see page 3, *Elective Option: Automatic Account Investment Rebalancing*, for more details).

## Option #2: Self-Directed Asset Allocation

Rather than choosing a Vanguard Target Retirement Fund that automatically adjusts and rebalances as retirement gets closer, you may want to choose your own asset allocation. This choice also means you are responsible for monitoring your allocation mix and make the necessary adjustments as changes occur in your investment goals, risk tolerance and time until retirement.

Under this option, you are responsible for creating your investment mix and allocating your future contributions among the following funds. You are also responsible to monitor and adjust your asset allocation in accordance with your investment goals, risk tolerance, and time until retirement.

Note that, if you choose the *Self-Directed Asset Allocation*, account rebalancing is an important consideration. See page 3, *Elective Option: Automatic Account Investment Rebalancing*, for more details.

Options:

- **BIC Foundation Term Certificates** have terms ranging from 6 months to 5 years with a corresponding variable interest rate and further the mission of the BIC U.S. through providing additional funds for the Foundation to loan to ministers and churches in need.
- **BIC Foundation Demand Certificates** are demand accounts with a variable interest rate that further the mission of the BIC U.S. through providing additional funds for the Foundation to loan to ministers and churches in need.
- **Vanguard Total Bond Market Index Fund Admiral™ Shares** seeks to track the performance of a broad, market-weighted bond index.
- **Vanguard Total International Bond Index Fund Admiral Shares** seeks to track the performance of a U.S. dollar-hedged benchmark index that measures the investment return of investment-grade bonds issued outside of the United States.
- **Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares** seeks to track the performance of a benchmark index that measures the investment return of inflation-protected public obligations of the U.S. Treasury with remaining maturities of less than five years.
- **Vanguard Total Stock Market Index Fund Admiral Shares** seeks to track the performance of a benchmark index that measures the investment return of the overall stock market.
- **Vanguard Total International Stock Index Fund Admiral Shares** seeks to track the performance of a benchmark index that measures the investment return of stocks issued by companies located in developed and emerging markets, excluding the United States.
- **Vanguard Large-Cap Index Fund Admiral Shares** seeks to track the performance of the CRSP US Large Cap Index.
- **Vanguard Mid-Cap Index Fund Admiral Shares** seeks to track the performance of the CRSP US Mid Cap Index.

- **Vanguard Small-Cap Index Fund Admiral Shares** seeks to track the performance of the CRSP US Small Cap Index

The following funds are currently available and will remain as options:

- Vanguard Prime Money Market Investor Shares

## **Elective Option: Automatic Account Investment Rebalancing**

This elective option is primarily beneficial for the participant(s) that select **Option #2, Self-Directed Asset Allocation** where the participant is responsible for monitoring their allocation mix and making any necessary adjustments as changes occur in their investment goals, risk tolerance and time until retirement (*See enclosed Brethren in Christ 403(b) Plan Automatic Investment Rebalancing Election Form and Brethren in Christ 403(b) Plan Example of Automatic Investment Rebalancing* for details).

## **Making Your Choice**

We are here to serve you by providing information about the options available to you. However, we are not licensed to provide investment advice. Nothing in this communication is intended in any way to provide advice as to which option or choice of funds is best for you.

Included with this information are the following:

1. A *BIC U.S. 403(b)(9) Plan Employer TSA and Employee Salary Reduction Investment Election or Change Form*. This is to be used for both employer contributions and employee salary reduction contributions made to your BIC 403(b) Plan.
2. *Vanguard Target Retirement Funds* brochure.

If you have any questions about these investment options, you can contact David M. Strausser, Plan Administrator, at **717-796-4788, extension 5418**.

*For more information about any Vanguard fund, including investment objectives, risks, charges, and expenses, call Vanguard at 800-523-8066 or visit [vanguard.com](http://vanguard.com) to obtain a prospectus. The prospectus contains this and other important information about the fund. Read and consider the prospectus information carefully before you invest. For information on all other funds, contact the investment providers directly.*

Vanguard, Admiral, and LifeStrategy are trademarks of The Vanguard Group, Inc.

© 2015 The Vanguard Group, Inc. All rights reserved. Used with permission. Vanguard Marketing Corporation, Distributor of the V

Investment Strategies >

# Target-date fund glide path

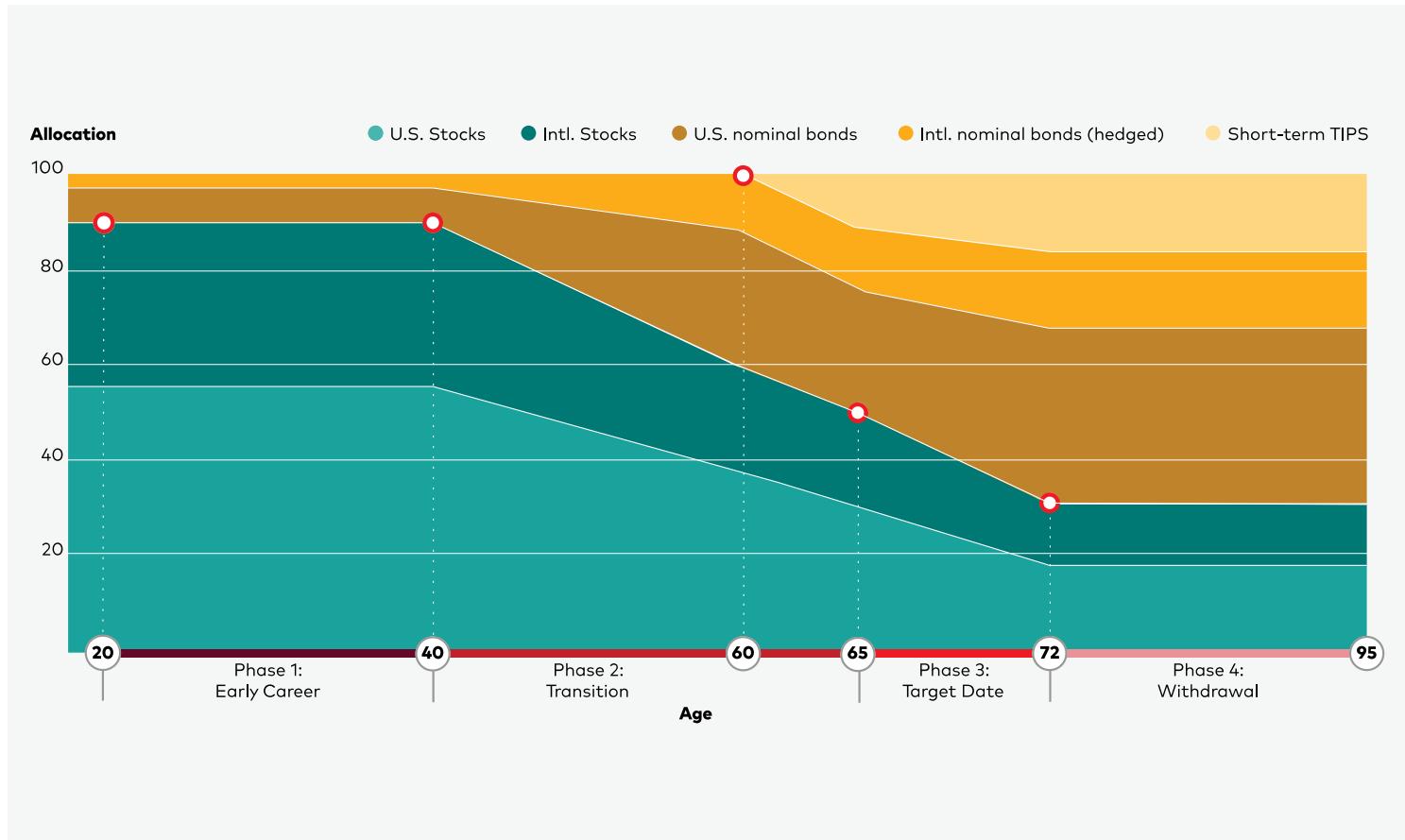
**TDF approach**   **Glide path**   **Portfolio construction**

## Target-date fund glide path

**JUMP TO PRODUCT LIST**

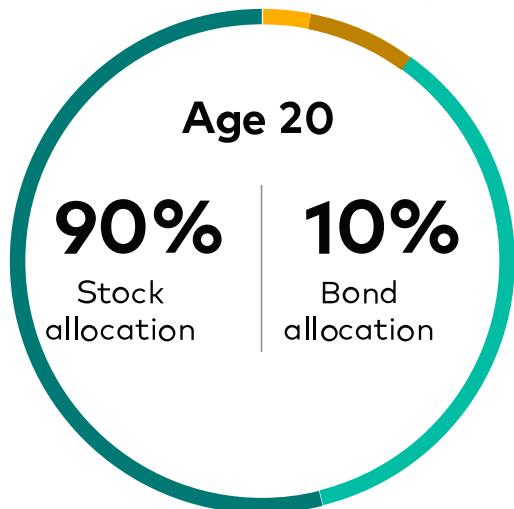
[Target Retirement Fund and Trust](#)

We blend investment theory and behavioral insights to design TDFs that focus on helping investors save enough to have lasting retirement income. Low-cost, world-class funds serve as the foundation for our TDFs, which we build with portfolio construction best practices. This results in a TDF that delivers broad global diversification and balances market, inflation, and longevity risks in an efficient and transparent manner.



## Age 20: Phase 1, early career

Given the long investment horizon, younger investors can likely afford to take more risks with a 90% stock allocation, which captures growth but is diversified with just enough bonds to temper the worst downturns.



### Distribution

#### Stock allocation

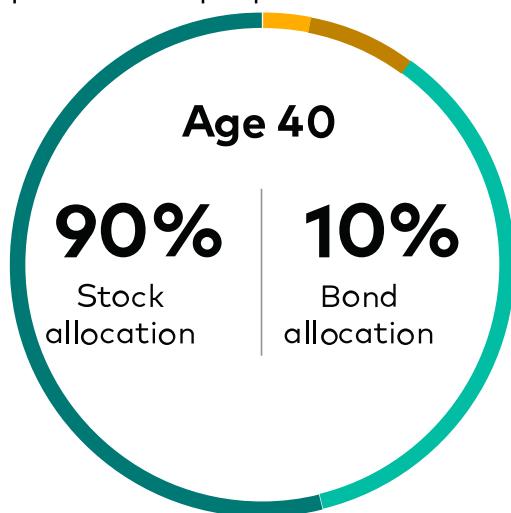
Stock allocation	54%
Intl. stocks	36%

#### Bond allocation

U.S. nominal bonds	7%
Intl. bonds (hedged)	3%
Short-term TIPS	0%

## Age 40: Beginning of phase 2, midcareer

We start to gradually reduce stock exposure to build a more conservative portfolio in preparation for retirement.



### Distribution

#### Stock allocation

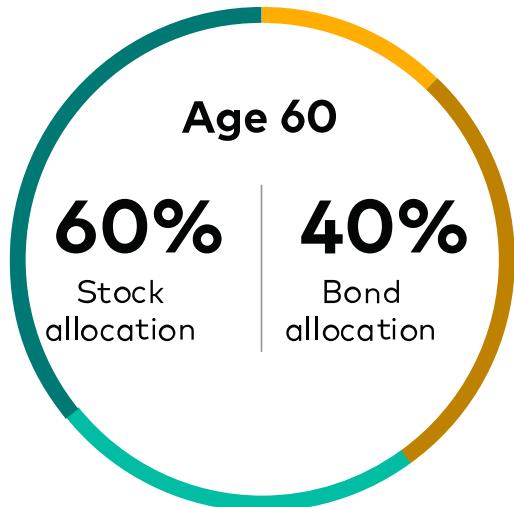
Stock allocation	54%
Intl. stocks	36%

#### Bond allocation

U.S. nominal bonds	7%
Intl. bonds (hedged)	3%
Short-term TIPS	0%

## Age 60: Phase 2, transition

We begin to allocate assets to short-term Treasury inflation-protected securities (TIPS), further reducing volatility while providing inflation protection.

**Distribution****Stock allocation**

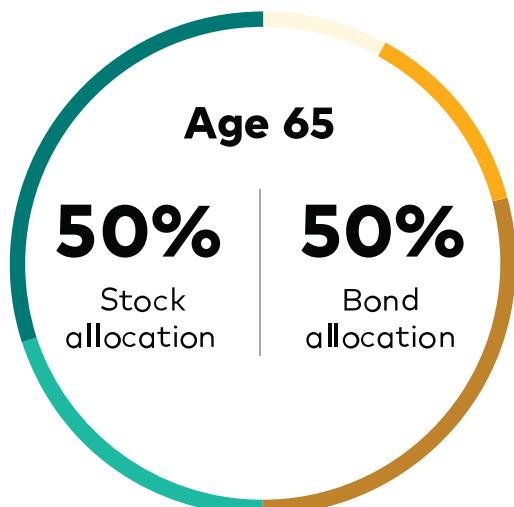
Stock allocation	36%
Intl. stocks	24%

**Bond allocation**

U.S. nominal bonds	28%
Intl. bonds (hedged)	12%
Short-term TIPS	0%

**Age 65: Phase 3, retirement**

Trust investors have the choice to remain on the default glide path or freeze their 50% equity allocation by converting to Vanguard Target Retirement Income and Growth Trust.

**Distribution**

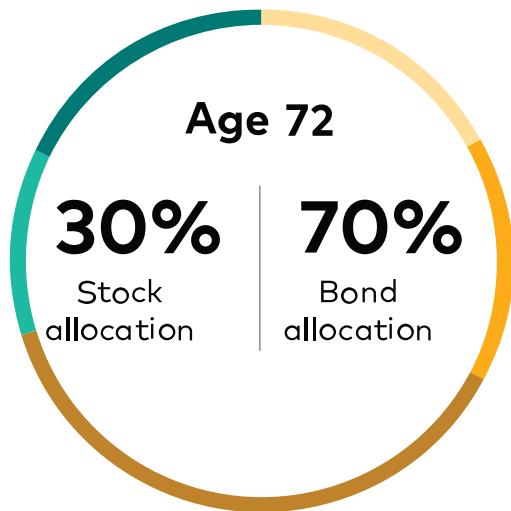
Stock allocation	
U.S. stocks	30%
Intl. stocks	20%

**Bond allocation**

U.S. nominal bonds	29.4%
Intl. bonds (hedged)	12.6%
Short-term TIPS	8%

**Age 72: Phase 4, withdrawal**

Our research\* shows 72 is the most common age to start withdrawals. This is when our default glide path reaches its final asset allocation at 30% stocks and 70% bonds, transitioning to the Target Retirement Income strategy. This strategy is just one part of our holistic retirement income offer to support your participants through their retirement journey.



## Distribution

### Stock allocation

U.S. stocks	18%
Intl. stocks	12%

### Bond allocation

U.S. nominal bonds	37.24%
Intl. bonds (hedged)	15.96%
Short-term TIPS	16.8%

\*Source: Craig Copeland, "EBRI IRA Database: IRA Balances, Contributions, Rollovers, Withdrawals, and Asset Allocation, 2017 Update," EBRI Issue Brief, no. 513 (Employee Benefit Research Institute, September 17, 2020).

For more information about Vanguard funds, visit [vanguard.com](https://vanguard.com) to obtain a prospectus or, if available, a summary prospectus. Investment objectives, risks, charges, expenses, and other important information about a fund are contained in the prospectus; read and consider it carefully before investing.

All investing is subject to risk, including the possible loss of the money you invest. Diversification does not ensure a profit or protect against a loss.

Investments in Target Retirement Funds/Trusts are subject to the risks of their underlying funds. The year in the Fund/Trust name refers to the approximate year (the target date) when an investor in the Fund/Trust would retire and leave the work force. The Fund/Trust will gradually shift its emphasis from more aggressive investments to more conservative ones.

based on its target date. The Income Fund/Trust and Income and Growth Trust has a fixed investment allocation and is designed for investors who are already retired. An investment in a Target Retirement Fund/Trust is not guaranteed at any time, including on or after the target date.

Vanguard is responsible only for selecting the underlying funds and periodically rebalancing the holdings of target-date investments. The asset allocations Vanguard has selected for the Target Retirement Funds are based on our investment experience and are geared to the average investor. Regularly check the asset mix of the option you choose to ensure it is appropriate for your current situation.

Investments in bonds are subject to interest rate, credit, and inflation risk.

Vanguard Target Retirement Trusts are not mutual funds. They are collective trusts available only to tax-qualified plans and their eligible participants. Investment objectives, risks, charges, expenses, and other important information should be considered carefully before investing. The collective trust mandates are managed by Vanguard Fiduciary Trust Company, a wholly owned subsidiary of The Vanguard Group, Inc.

## Vanguard®

Vanguard funds not held in a brokerage account are held by The Vanguard Group, Inc., and are not protected by SIPC. Brokerage assets are held by Vanguard Brokerage Services, a division of Vanguard Marketing Corporation, member [FINRA](#) and [SIPC](#).

For additional financial information on Vanguard Marketing Corporation, see its Statement of Financial Condition: [Audited](#) and [Unaudited](#)

[Broker-Dealer Form Client Relationship Summary \(Form CRS\)](#) and [Investment Advisor Form Client Relationship Summary \(Form CRS\)](#)

© 1995–2024 The Vanguard Group, Inc. All rights reserved. Vanguard Marketing Corporation, Distributor of the Vanguard Funds. Your use of this site signifies that you accept our [terms & conditions of use](#).

[Privacy center](#) | [Do Not Sell or Share My Personal Information](#) |  
[Obtain prospectus information](#) | [Site security](#) | [AdChoices](#) | [Manage cookies](#)

[+] [Feedback](#)

Request for Taxpayer  
Identification Number and CertificationGo to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.Give form to the  
requester. Do not  
send to the IRS.**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor   <input type="checkbox"/> C corporation   <input type="checkbox"/> S corporation   <input type="checkbox"/> Partnership   <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____</p> <p>5 Address (number, street, and apt. or suite no.). See instructions. _____</p> <p>6 City, state, and ZIP code _____</p> <p>7 List account number(s) here (optional) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p>(Applies to accounts maintained outside the United States.)</p>
---	--	--

**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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or					
Employer identification number					
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

Sign Here	Signature of U.S. person	Date
--------------	-----------------------------	------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form**, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a 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).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "By signing the filled-out form" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) ...	THEN check the box for ...
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1 — An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for ...	THEN the payment is exempt for ...
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**\* Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

**\*\*** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.