



Request for Taxpayer Identification Number (TIN) and Certification

Please complete and return this New Account Form to American Express National Bank immediately. You will be subject to backup withholding until we receive this form. **If you have any questions, please call 1-800-446-6307.**

Primary Account Owner Name: _____

Primary Account Owner Address: _____
Street City State ZIP Code

Please enter your Taxpayer Identification Number (TIN) in the boxes below. The TIN you enter must match the name given on the "Primary Account Owner Name" line to avoid backup withholding. Please note, for individuals, this is usually your Social Security number (SSN).

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Under penalties of perjury, I certify that:

1. The taxpayer identification number (TIN) submitted with this application is my correct TIN.
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (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.

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.

3. I am a U.S. citizen or other 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.)
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. FATCA reporting codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. **Since your Personal Savings from American Express National Bank accounts are held in the United States, you are not required to enter FATCA codes, and we have eliminated the box in which they would have been provided.**

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

Primary Account Owner Signature: _____ Date (MM/DD/YYYY): _____

PLEASE SUBMIT REQUEST VIA FAX OR MAIL TO ONE OF THE FOLLOWING
Fax: 1-800-542-0779
Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130-0384