



4000 Industrial Boulevard • Aliquippa, PA 15001
Telephone 888-381-7381 ~ Fax 866-834-7479

345 Rouser Road • Airport Office Park • Building #5 • Coraopolis, PA 15108
Telephone 877-472-5719 ~ Fax 888-744-8467

Dear Prospective Closing Vendor:

We appreciate your interest in becoming a member of ServiceLink's Closing Agent Network. ServiceLink's network of closing agents extends throughout all 50 states and allows ServiceLink to provide the most extensive and innovative closing services available to mortgage lenders today.

As a ServiceLink Attorney Closing Agent, you will be required to complete the witnessing and notarizing of loan documents in your office or at the borrower's home during or after business hours, as well as weekends. Your responsibilities for a refinance transaction will include travelling to the borrower's home or office and properly witnessing and acknowledging the borrower's signature on all closing documents.

The ability to work with email documents is mandatory. The lender and/or ServiceLink will pay all courier charges that apply to properly closed transactions.

Immediately after the signing, you will need to follow specific transactional instructions included in the document package to inform ServiceLink of a successful closing. This task may require you to fax back specific documents or update the ServiceLink website with the confirmation of the signing and the tracking numbers for the express packages.

Please note that if for any reason a closing is rescheduled or cancelled, you must notify ServiceLink and/or its affiliates immediately. ServiceLink and/or its affiliates are unable to affect cancellations of signing appointments. Due to the fact that our clients refuse to pay for such cancellations of closing appointments, ServiceLink and/or its affiliates are unable to compensate you for these cancellations and any signing agent errors, which might result in a second signing.

We look forward to a mutually profitable and beneficial relationship.

Sincerely,

John Garner
Director, Vendor Management



Attorney Closing Agent Contract

Name or Company Name: _____

Contact: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Primary Phone: (____) _____ Home Office Cell

Secondary Phone: (____) _____ Home Office Cell

Fax: (____) _____

Email: _____

Bar Registration Number: _____ (In addition, please provide notary license number, photocopy of notary license and background checks for all notaries employed in your firm who may be assisting you in the loan closing process.)

State: _____

Expiration Date: _____

Years Experience: _____

Photocopy of Bar Registration (Mandatory): Attached

Photocopy of current government issued ID (Mandatory): Attached

Professional Resume (Mandatory): Attached

Professional Errors and Omissions Liability Coverage: Yes No

E&O Expiration Date: ____/____/_____
(Please attach photocopy of current E&O declaration page)

Do you currently, or have you had within the past five years any claims or judgments filed against you relative to a real estate transaction? Yes No
(If yes, please attach a detailed explanation.)



Supplier Diversity Questionnaire

In an effort to identify diverse businesses within our supply chain, please complete the following questionnaire. Your participation is strictly voluntary. If you have any questions, please contact your ServiceLink representative.

Company Ownership

Is the company at least 51% owned, operated, and controlled by one or more U.S. Citizens?

Yes No

Business Types

(The company must be at least 51% owned, controlled, and actively managed by an individual or individuals that meet one or more of these business types)

Check the box next to the business types that matches your type of diverse business.

- Minority Business Enterprise (MBE)
 - African American Male
 - African American Female
 - Asian Indian American Male
 - Asian Indian American Female
 - Asian Pacific American Male
 - Asian Pacific American Female
 - Hispanic American Male
 - Hispanic American Female
 - Native American Male
 - Native American Female
- Women-Owned Small Business Concern (WBE)
- Lesbian Gay Bisexual and Transgender Business Enterprise
- Veteran Business Enterprise (VBE)
- Disabled Veteran-Owned Enterprise (DVBE)
- Disabled Business Enterprise (DBE)
- Small Business Enterprise (Certified by U.S. SBA) (SBE)
- HUBZone Small Business Concern
- 8(a) Business Concern
- Historically Black College and University (Part B Institution)

- Small Disadvantaged Business Concern
- Not Applicable

Certification(s)

Check the box next to the certification category that matches the agency that issued your company's certification.

- DOT, State, City, and Other Diversity Certifications
- US Small Business Administration (Federal)
- NMSDC Certification
- WBENC Certifications
- NGLCC Certifications
- Other: _____
- Not Applicable

Certification Information

*Please include a copy of your certification with this questionnaire.

Agency:

Certification Type (MBE, WBE, LGBT, VBE, DVBE, DBE, SBE, etc.):

Certification Number:

Expiration Date:

By signing below, I attest that all information presented in this contract agreement is truthful, and I agree to comply with the terms and conditions of this agreement set forth herewith. It is understood and agreed by you that all references herein to Servicelink apply equally to Servicelink's affiliates and subsidiaries, including, without limitation, any joint venture to which Servicelink is a party.

Company name: _____

Print name of business owner: _____

Signature: _____

Date: _____



Attorney Closing Agent References

Business Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____

Email: _____

Contact: _____ Years Affiliated: _____

Explain your experience:

Business Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____

Email: _____

Contact: _____ Years Affiliated: _____

Explain your experience:

Business Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____

Email: _____

Contact: _____ Years Affiliated: _____

Explain your experience:



Gramm-Leach-Bliley (GLBA)

As you know, the privacy regulations and information security guidelines issued by the federal financial regulators pursuant to Title V of the Gramm-Leach-Bliley Act ("GLBA") went into effect on July 1, 2001. Pursuant to those regulations and guidelines, covered financial institutions and service providers with access to confidential data are required to ensure that all service providers and marketing partners who have access to customer information provide for confidentiality and security of such information. To facilitate our ability to demonstrate compliance with the privacy requirements of GLBA, we ask that you agree to the following, which will apply to all data provided to you by ServiceLink or any of its affiliates or subsidiaries.

As used herein, the term "Customer Information" shall mean any "nonpublic personal information" about the "customers" and "consumer" (as those terms are defined in Title V of the Gramm-Leach-Bliley Act and the privacy regulations adopted thereunder) of ServiceLink. "Service Provider" shall mean the party accepting below as "Service Provider" and each of its affiliates and subsidiaries that are now or hereafter may be providing any goods or services to ServiceLink.

1. Service Provider hereby agrees that, except as may be reasonably necessary in the ordinary course of business to carry out the activities to be performed by Service Provider under its agreement(s) with ServiceLink or as may be required by law or legal process, it will not disclose any Customer Information to any third party other than affiliates of Service Provider or ServiceLink.
2. Service Provider hereby agrees that it will not use any Customer Information other than to carry out the purposes for which, such Customer Information was disclosed by ServiceLink unless such other use is (a) expressly permitted by a written agreement executed by ServiceLink, or (b) required by law or legal process.
3. Service Provider agrees to take all reasonable measures, including without limitation such measures as it takes to safeguard its own confidential information, to ensure the security and confidentiality of all Customer Information, to protect against anticipated threats or hazards to the security or integrity of such Customer Information and to protect against unauthorized access to or use of such Customer Information.
4. Throughout the term of the Agreement, Service Provider shall implement and maintain 'appropriate safeguards' as that term is used in section 314.49(d) of the FTC Safeguard Rule, 16 C.F.R. part 314 (the "FTC Rule") for all 'customer information' as that term is defined in section 314.2(b) of the FTC Rule, owned by ServiceLink and delivered to the Service Provider pursuant to this agreement.
5. Service Provider shall promptly notify ServiceLink in writing of each instance of (i) unauthorized access to or use of that customer information that could result in substantial harm or inconvenience to a customer of ServiceLink or (ii) unauthorized disclosure, misuse, alteration, destruction or other compromise of that customer information.
6. Service Provider shall indemnify, defend and hold harmless, ServiceLink for security breaches, violations of GLBA caused by Service Provider's negligence or misconduct, and loss or material alteration of customer information.

Please confirm your agreement to these terms by signing at the bottom of this page. In order to be a qualified vendor doing business with ServiceLink you must accept the terms stated herein.

It is understood and agreed by you that all references herein to ServiceLink apply equally to ServiceLink's affiliates and subsidiaries, including, without limitation, any joint venture to which ServiceLink is a party.

Signature _____

Date ____/____/____



The security of borrower information is of the highest importance to ServiceLink and our clients. In order to comply with the requirements of The Gramm-Leach- Bliley Financial Services Modernization Act (GLBA), other laws and various client contracts, ServiceLink has instituted a policy requiring criminal background screenings for all Signing Agents.

ServiceLink values its relationships with the signing agents in our network and we have tried to keep these requirements as flexible as possible to minimize the cost and simplify the compliance process as much as possible. To satisfy these requirements all individual signing agents must take one of the following actions to comply with this new policy:

1. Provide a copy of a Certificate from the GLBA-Compliant National Notary Association (NNA) program. The NNA has a single source Certification Background Screening Solution. **The Certification must have been issued within the last two years and is required to be renewed every two years before expiration.**

You can contact the NNA at 800-876-6827 or www.nationalnotary.org.

2. If you have had a background check performed by a reputable firm, then the background check may be acceptable so long as it is less than 2 years old. Any such pre-existing background check must meet the requirements of our clients. Our client(s) may accept or reject the screening based on the report results.
3. If you do not have a background check at the time of completing this agreement you can obtain one from Acxiom at the discounted rate of \$54.00 by visiting their website at <http://mybackgroundreport.com> or <https://aissreports.acxiom.com/consumer/contractor.asp>

Enter partner code SERV4727 and click "I am a New User", and proceed as instructed.

Once report is received, please fax to 866-834-7479, Attention Vendor Management.

4. If you are an attorney who is directly supervising or performing the closing, please disregard the above 3 options however you must provide us with evidence that you are currently a member in good standing of your State Bar Assoc.

In addition to choosing one of the above 4 options, you also must sign a Notice, Authorization and Release Regarding Existing Certificates and/or Investigative Consumer Reports which authorizes ServiceLink to disclose and provide to our client(s) copies of all background checks, certifications, notes, worksheets, matrices and other information received or compiled by ServiceLink. A copy of this is included in this package.

If you submit a background check pursuant to Paragraph 2, above, you must also submit a Statement of Residence and Employment so that we can fully evaluate the background check report.

If you choose not to comply with this new policy, ServiceLink will be required to restrict the signings that you can perform based on our client's specific requirements. In this case, it may also be necessary to remove you from our signing agent database.

**NOTICE, AUTHORIZATION AND RELEASE REGARDING EXISTING
CERTIFICATES AND/OR INVESTIGATIVE CONSUMER REPORTS**

I have provided or will provide to ServiceLink a copy of my Certificate from the GLBA-Compliant National Notary Association (“NNA”) background screening program. I HEREBY AUTHORIZE ServiceLink to release, disclose and/or provide a copy of said Certificate to any client, customer, lender or other financial institution for whom ServiceLink provides settlement or other services so as to evidence that I meet the requirements, qualifications and standards imposed by such lender or financial institution on persons who receive or have access to consumer financial information or other confidential information.

FURTHER, I HEREBY AUTHORIZE ServiceLink to release, disclose and/or provide a copy of any and all forms, questionnaires, investigative reports, background checks, evaluations, analysis or other information that I have provided or caused to be provided to ServiceLink, or which ServiceLink has prepared, to any customer, client, lender or other financial institution for whom ServiceLink provides settlement or services so as to evidence that I meet the requirements, qualifications and standard imposed by such customer, client, lender or financial institution on persons who receive or have access to consumer financial information or other confidential information.

I hereby agree and understand that this Authorization and Release will remain valid as long as I provide any services for or to ServiceLink and throughout my affiliation with ServiceLink. The matters and information which are covered by this Authorization and Release include, but are not limited to, information concerning my criminal history, motor vehicle history, social security number, character, or any other information requested. As used herein ServiceLink means the ServiceLink division of any of the Fidelity National Financial, Inc. title insurers and any of its subsidiaries and/or affiliates.

I hereby release ServiceLink, to the full extent permitted by law, from any liability or claims arising from releasing, disclosing, providing and/or reporting information concerning me to any party pursuant to this Authorization and Release.

I agree that a copy or fax of this document shall be as valid as the original.

_____ Signature	_____ Date
_____ Print	_____ Vendor ID

STATEMENT OF RESIDENCE AND EMPLOYMENT

PLEASE PRINT CLEARLY. INFORMATION THAT IS NOT LEGIBLE WILL CAUSE DELAY.

I. IDENTIFYING INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
_____-_____-_____	month_____/day_____/year_____	
Social Security Number	Date of Birth (month & day required/Year optional)	
Former Names/other names used:	Date of Name Change	
_____	_____	
_____	_____	
_____	_____	

II. The addresses where I have resided and been employed during the past seven years are as follows:

RESIDENCE:

CURRENT: _____

_____	_____	_____	_____	_____	_____	_____	_____
FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	COUNTY	YEARS	

FORMER: _____

_____	_____	_____	_____	_____	_____	_____	_____
FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	COUNTY	YEARS	

FORMER: _____

_____	_____	_____	_____	_____	_____	_____	_____
FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	COUNTY	YEARS	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

EMPLOYMENT:

CURRENT EMPLOYER NAME: _____

_____	_____	_____	_____	_____	_____	_____	_____
FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	COUNTY	YEARS	

FORMER EMPLOYER NAME: _____

_____	_____	_____	_____	_____	_____	_____	_____
FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	COUNTY	YEARS	

FORMER EMPLOYER NAME: _____

_____	_____	_____	_____	_____	_____	_____	_____
FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	COUNTY	YEARS	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

...Check here if additional addresses and/or employers are listed on an attached sheet.

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION CONCERNING ME IS COMPLETE AND ACCURATE.

SIGNATURE

DATE

PRINT

VENDOR ID

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <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	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
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 the "Name" line 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.

Social security number									

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

Employer identification number									

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).

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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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If 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).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

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

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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 his or her 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 his or her 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, 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 Part II instructions on page 3 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 under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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 no longer are 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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. 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 the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. 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 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² 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, and payments for services paid by a federal executive agency.

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 individual taxpayer identification number (ITIN). Enter it in the social security number box. 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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 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 Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. 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/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "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, generally you will 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.

Caution: A disregarded domestic 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, below, and items 4 and 5 on page 4 indicate 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 the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ 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.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

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, social security number (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 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 credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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 1-877-777-4778 or TTY/TDD 1-800-829-4059.

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. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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. possessions for use in administering their laws. The information also may 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, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



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Signing Agent Responsibilities, Code of Conduct and Agreement

ServiceLink and/or its affiliates have chosen you on behalf of our clients to conduct witness closings by performing the responsibilities listed below. It is imperative that the closing instructions provided to you be strictly followed and that you conduct yourself with the utmost professionalism. Therefore, we ask that you agree to the following:

- You must:
 - witness the execution of each document provided to you and notarize each party's signature on each document containing a notary block.
 - be able to describe the function of each document in the closing package.
 - Strictly follow the closing instructions provided to you by ServiceLink.
 - NOT accept any cash or checks made payable to you.
 - Promptly deliver all executed documents to ServiceLink as instructed in the scheduling confirmation sheet.
- Be on time. If you feel you will be even a minute late, call the borrower **prior** to the scheduled appointment time and advise them of your delay.
- Dress in a business-like and professional manner. Do not wear jeans, shorts, gym shoes or other inappropriate attire.
- Do not accept calls during the closing. Turn your cell phone off. The customer must have your complete attention. Do not leave the borrower alone to sign the documents, you must witness that each party signs all documents as their name appears on the documents.
- Be patient.
- You should not answer questions regarding the conditions and terms of the loan or the legal effect of any document. The borrowers may need to contact the Loan Officer during the closing if they have questions regarding the loan documents or terms. If you cannot contact the Loan Officer based on the contact information provided in the closing package, you should immediately contact your ServiceLink Closing Coordinator as indicated on the scheduling confirmation sheet at (800) 439-5451. All questions of substance should be referred to the Loan Officer or ServiceLink.
- If the client refuses to sign any document immediately contact your closing coordinator as indicated on the scheduling confirmation sheet (800) 439-5451.
- Respect the importance of this transaction to the companies you represent.
- You agree to complete any training that ServiceLink reasonably requires.

Thank you in advance for your efforts in extending high standards of professionalism and excellence to each and every client.

I have read, understand and agree to the Responsibilities and Code of Conduct stated above.

Signature _____ Date _____