

Assignment of Commissions

This form is to confirm assignment of carrier commissions. In addition, it can be used to assign payment to either an agent or an agency who is licensed and appointed to carrier named below.

Carrier Name: _____

☐ Check if carrier commissions will be paid to writing agent.

Writing Agent

Printed Name _____

Date _____

Signature _____

SSN _____

Social Security Number

Carrier Writing Number _____

NPN _____

National Producer Number

Assignee (Complete if above box is unchecked)

Entity Name _____

TIN/EIN/SSN _____

Tax ID Number or Employer ID Number

Principal Name _____

Title _____

Signature _____

Date _____

Carrier Writing Number _____

NPN _____

National Producer Number

By signing above, Writing Agent acknowledges the assignment of Carrier commissions of any type to the Assignee. This assignment shall be effective as of the date accepted by the carrier. The assignment may be revoked by Assignee, at which time a new assignment agreement will be completed.

Contracting Team Use Only

Contracting Admin Associate: _____
(See Team Duties List)

Date Processed by Carrier: _____

Additional Notes:

BIA

ACH Authorization Form

****All portions of this document MUST be completed****

Add/Change Banking Information for:

Agent ☐

Agency ☐

Both ☐

Agent/Agency Name: _____

Agent/Agency NPN: _____

Banking Information

Checking ☐

Savings ☐

Bank Name: _____

Account Owner: _____

Account Name: _____

Please include a VOIDED check or Bank Letter

Routing Number (9 digits): _____

Account Number: _____

By signing this form, I authorize Boone Insurance Associates (BIA) to initiate ACH transfer entries and to credit the account identified herein for business relating to contracts with BIA. This authorization shall remain in effect unless and until BIA has received written notification by the signee that the authorization has been terminated in such time and manner to allow BIA to act. Undersigned represents and warrants to BIA that the person executing this release is an authorized signatory on the Account referenced and all information regarding the Account and Account Owner is true and correct.

Account Owner Signature

Date

Print Name and Title

Return to:

EMAIL: Contracting@BooneInsuranceAssociates.com

MAIL: BIA P.O. Box 25740 Eugene, OR 97402 Atten: Contracting

If you have any questions, please call: 1-541-345-3707 Ext. 301

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
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); 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 ►
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.