

RENEWAL INFORMATION FOR 2008

NAME OF QUALIFIED INTERMEDIARY

NAME PER "FIRST AGREEMENT" (COMPLETE ONLY IF NAME IS DIFFERENT THAN ABOVE)

PLEASE PROVIDE EXPLANATION FOR THE NAME CHANGE (E.G. MERGER, REORGANIZATION, ETC.):

NAME CHANGE INFORMATION SHOULD BE VERIFIED WITH IRS BY CONTACTING:

MAUREEN DAVIS, ASSOCIATE TECHNICAL ADVISOR 290 BROADWAY, 12TH FLOOR, NEW YORK, NY 10007-1867 TELEPHONE: 212-298-2120, FAX: 212-298-2106 E-MAIL ADDRESS: MAUREEN.C.DAVIS@IRS.GOV
--

Address: _____

City, Country, Postal Code: _____

QI EIN #: _____

Name of Responsible Party: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

FOR GROUP RENEWAL ATTACH SCHEDULE (INCLUDE RENEWAL INFORMATION FOR EACH AFFILIATE)

PROVIDE LIST OF PAI CONTRACTS IN FORCE INCLUDING THE NAME AND ADDRESS OF THE PAI (IF APPLICABLE)