

Printed Name of Shareholder

Fax:480-351-7473

Phone: 480-434-6400

Corporations & Business Entities Application Supplement

Required Documentation Applicant Information PLEXUS requests the following documentation in order to fully process your Representative agreement: Name of the Corporation or Business Entity 1. Incorporation or DBA (doing business as) paperwork. Street Address (Current Mailing Address) 2. A document that lists all partners and/or persons profiting from and/or any persons acquiring customers for the Citv Zip Independent or Senior Agent Account, which would State include yet not be limited to company officers and shareholders. The document MUST include a Social Email Address Security Number AND Date of Birth for each person listed. 3. A legal document which clearly displays the company's Taxpayer Identification Number. Federal Tax ID Number 4. A completed Independent Agent or Senior Agent Agreement signed by an individual authorized to enter into binding agreements on behalf of the business entity. Area Code Daytime Phone Number 5. If the organization is a non-profit organization, please provide a copy of the documentation obtained through the Internal Area Code **Evening Phone Number** Revenue Service. Check one of the following boxes. A Box must be checked in order for Plexus to process your form П П DBA Other Corporation LLC Partnership Please list all names, Social Security Numbers and date of births of all the principal shareholders and/or partners associated with 25% or more interest. **Shareholder/Partner Name** Date of Birth (MM/DD/YY) Social Security # / As a shareholder, partner or authorized officer of the corporation/business entity referenced above, I certify that the information provided on this form is true and correct and that I agree to notify PLEXUS of any changes.

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Signature of Shareholder/Partner

Date (MM/DD/YY)