



Banner Life Insurance Company  
 3275 Bennett Creek Avenue  
 Frederick, Maryland 21704  
 (800) 638-8428

**FINANCIAL INSTITUTION INFORMATION**

This form must accompany all contracts submitted to Banner Life Insurance Company. Please print or type all information.

**Section 1 - CORPORATE APPLICANT REQUIRED INFORMATION**

Institution Firm Name: \_\_\_\_\_ Firm Tax ID Number: \_\_\_\_\_

Institutional Principal Name (First, Middle, Last): \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Institution Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_

Institution Corporate Address (Street, Suite, Number, City, State, Zip): \_\_\_\_\_

Institution Corporate Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Toll-Free Number for Client Calls: \_\_\_\_\_

**CORPORATE INSTITUTION (TINs)**

Business Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

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Business Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

**As required on IRS form W-9 under penalties of perjury, I certify that:** 1) The Tax ID Numbers shown are correct; 2) No entity listed is subject to backup withholding due to failure to report interest and dividend income; and 3) All entities shown are U.S. persons / corporations.

**Section 2 - CORPORATE EXECUTIVE INFORMATION**

Insurance Marketing Executive Name (First, Middle, Last): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Address (Street, Suite, Number, City, State, Zip): \_\_\_\_\_

Insurance Operations Executive (First, Middle, Last): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Address (Street, Suite, Number, City, State, Zip): \_\_\_\_\_

Insurance Sales Executive Name (First, Middle, Last): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Address (Street, Suite, Number, City, State, Zip): \_\_\_\_\_

Insurance Compliance Executive Name (First, Middle, Last): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Address (Street, Suite, Number, City, State, Zip): \_\_\_\_\_

*State insurance regulations require that in addition to the institution's license, a copy of the state resident or non-resident license is required for the principal in the following states: FL, GA, NM, NC, PA, SC, SD, TX, VA, WV and WI.*