

# 1. Participant Account Application

Please complete and mail with your initial deposit, directly to your Federation.

Checks should be payable to: **Jewish Federation of Omaha, Gift of Israel Program, for (Name of Participant).** Please include the participant's Social Security Number (SSN) on the check. **DO NOT SEND CASH**

Participant's First Name \_\_\_\_\_ Participant's Last Name \_\_\_\_\_ Participant's Social Security No.

Street/Apt. Address \_\_\_\_\_ City \_\_\_\_\_ State, ZIP \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Current School & Grade \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Parent/Guardian Last Name \_\_\_\_\_ Parent/Guardian Social Security No.

Street/Apt. Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State, ZIP \_\_\_\_\_

\_\_\_\_\_ **Jewish Federation of Omaha**  
Name of local congregation, school or synagogue Name of sponsoring Federation or Organization

## Amount Enclosed

## Participant/Guardian: Please read and sign below to complete this application.

**Taxpayer ID Number Certification - For US citizens and aliens residing in the US. Nonresident aliens should not sign this section, but must complete and sign the applicable W-8 form, which is W-8BEN, W-8ECI, W-8EXP, or W-8IMY.**

By signing below, I hereby certify under penalties of perjury that: (1) The number shown on this form is my correct tax identification number, 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 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. person (including a U.S. Resident Alien).

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/or dividends on your tax return. Signature of Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I understand that the Bank may obtain a consumer report in connection with this application and upon my request the Bank will tell me the name and address of the consumer reporting agency.

Signature of Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**2. Federation use only:** The Organization listed above certifies that the information provided above of this document about the participant and his/her parent or guardian is complete and correct and that their signatures are genuine and requests that Signature Bank establish a participant sub-account for that participant under the Organization's Master Account.

**Federation's Authorized Signer's Name:** \_\_\_\_\_ (print or type)

**Federation's Authorized Signer's Signature:** \_\_\_\_\_ (print or type)

## 3. Signature use only:

Federation RM #:  Participant Account #:

Representative: Please verify information on application is complete. Initial at right



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