



**Long Branch Board of Education
Summer Savings Plan
Board of Education/Employee Account**

Employee Name: _____

Employee Address: _____

Employee ID Document #: _____ Exp. Date: _____
(Valid State-issued Driver's License)

Please check: _____ **New Account Information**
 _____ **Change of Account Information**
 _____ **Account Closeout**

I acknowledge that only the Long Branch Board of Education is authorized to make deposits to or withdrawals from my Summer Savings Plan account.

Substitute Form W-9 Payer's Request for Taxpayer Identification Number

Employee's Taxpayer Identification Number (Social Security Number)

_____ / _____ / _____

CERTIFICATION: Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete, and that I am a U.S. Citizen or other U.S. person as defined in the Internal Revenue Code. I further certify that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal revenue Service has notified me that I am no longer subject to backup withholding.

Employee's Signature: _____ **Date** _____