Third-Party Pass-Through Payments

The below named Producer/Dealer (herein after referred to as "Producer") hereby acknowledges it entered into an agreement, either titled Dealer Agreement or Producer Agreement, with an Amynta Warranty, Inc. entity, including but not limited to Warrantech Automotive, Inc., TAG Warranty Corp., WS Aftermarket Services Corporation, Warranty Solutions Management Corporation, Warranty Solutions Administrative Services, Inc. and Heritage Mechanical Breakdown Corporation (collectively referred to herein as "Amynta"). In relation to said Agreement, Producer hereby further agrees and acknowledges the following:

- As of the Effective Date below, for each Service Contract/Protection Plan (herein referred to as "Protection Plan") sold by the Producer, the Producer shall remit to Amynta the appropriate Net Dealer Cost (Dealer Agreement) or Protection Plan Fee (Producer Agreement) pursuant to Producer's agreement, plus any Pass-Through Amount specified below;

- Producer authorizes Amynta to remit to each of the Producer's Authorized Payees, identified below, all Pass-Through Amounts Amynta receives from the Producer, and authorizes each Authorized Payee to receive such Pass-Through Amounts on the Producer's behalf;

- Pass-Through Payments by Amynta will be made to the designated Authorized Payees only on a monthly, in arrears, basis;

- Pass-Through Payment amounts must be in increments of $25.00 and may not be greater than $300.00 (amounts greater than $250.00 must be pre-approved by Amynta);

- Pass-Through Payment amounts can vary by Protection Plan type;

- If a Protection Plan is canceled for which Pass-Through Payment has been made, the below named Producer shall pay the applicable portion of the Pass-Through Payment amount refunded to or on behalf of the Protection Plan holder;

- The Producer acknowledges and agrees that Amynta may withhold from any Pass-Through Amounts due to the Producer (regardless of who the Producer designates as an Authorized Payee) any amounts owing from the Producer to Amynta (including, but not limited to, accounts receivable resulting from under-remittance, etc.), whether or not such accounts receivable arise during the term of the Producer's agreement with Amynta or thereafter, and that Amynta may set-off Producer's accounts receivables against any such Pass-Through Amounts owed to the Producer, notwithstanding that Producer has designated another person as an Authorized Payee.

- Producer acknowledges the following: (a) the Producer Pass-Through Amounts do not represent the Net Dealer Cost (Dealer Agreement) or Protection Plan Fee (Producer Agreement) pursuant to the Producer's agreement with Amynta, and (b) the Producer is solely responsible for the proper tax withholding and information reporting with respect to payments made by Amynta to Producer; and

- The undersigned is executing this Pass-Through Addendum on behalf of the Producer and is duly authorized to execute and deliver the same on behalf of the Producer, and this Pass-Through Addendum is binding upon the Producer in accordance with its terms.

Accordingly, the Producer, in compliance with all of the requirements, duties and obligations contained in the Producer Agreement, hereby designates the following person(s) as Authorized Payee(s) to receive these Producer's Pass-Through Payment amounts effective_____ (the "Effective Date"), in the amount indicated below:

Name: _____
Address: _____
City, State, Zip: _____
SSN or FEIN: _____
Title: _____

Pass-Through Amount
$ _____

Name: _____
Address: _____
City, State, Zip: _____
SSN or FEIN: _____
Title: _____

Pass-Through Amount
$ _____

Name: _____
Address: _____
City, State, Zip: _____
SSN or FEIN: _____
Title: _____

Pass-Through Amount
$ _____

Name: _____
Address: _____
City, State, Zip: _____
SSN or FEIN: _____
Title: _____

Pass-Through Amount
$ _____

NOTE: A Direct Deposit Form and W-9 must be attached for each of the above Authorized Payee(s).

This "Third-Party Pass-Through Payments" form supersedes and replaces all previous "Third-Party Pass-Through" forms.

PRODUCER

By (Signature): _____

Name: _____

Title: _____

Legal Entity Name: _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 a 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

WARRANTY SOLUTIONS®

Direct Deposit Authorization Agreement (Claims)

Payee name
Company name
Address 1
Address 2
City, state, zip code
Warranty Solutions dealer number
Re Direct Deposit Authorization Agreement — dealer number:

I hereby authorize WS Aftermarket Services Corporation, Warranty Solutions Management Corporation, Warranty Solutions Administrative Services, Inc., or Heritage Mechanical Breakdown Corporation (the Company) to deposit my claim payment in full, as noted in Section (A), by depositing the funds to my account noted in Section (B):

A. **Bank Account Deposit:** I elect to have this initial payment and reoccurring claim payments deposited to my financial institution account. I have provided the account information in Section (B) and signed where indicated below.

B. **Financial Institution Account Information:**

Financial institution name (DEPOSITORY)

Financial institution address

Financial institution city, state, zip

Routing number (First nine digits on bottom of check)

Demand deposit account (DDA)

Please circle one: **Checking** **Savings**

C. Customer Disclosure:

I hereby authorize the Company and JPMorgan Chase and its authorized representatives, to access information from the DDA and to initiate credit entries by ACH (Automatic Clearing House) transfer and to authorize the Depository to provide such access and to credit the same to such account. This authorization is without respect to the source of any funds in the DDA. This authority extends to any fees and assessments due to JPMorgan Chase under the terms of this Agreement, whether arising during or after termination of this Agreement.

By signing below, I understand that this authorization is to remain in effect until Company has received written notification from me of its termination. I further certify that the information I provided above concerning my bank account is accurate, the account is in my name, and the account is in good standing. I agree that should any information pertaining to the account change during the course of this Agreement, including closing the account or changing the authorized signatories, I will notify the Company immediately. I understand that such changes in the account may delay or prohibit any credits to my account by Company.
I acknowledge I am authorized to enter into this agreement.

Signature of customer (must have bank authorization)

Email address

Date

Print name

Fax

Notification Method
(please circle one):
Email **Fax**

PLEASE EMAIL FORM TO: AUTOSETUPS@AMYNTAGROUP.COM

Vehicle Service Contracts issued by WS Aftermarket Services Corporation and administered by Warranty Solutions Management Corporation. In Florida, Wisconsin, Arizona and Alaska, issued and administered by Warranty Solutions Administrative Services, Inc. (Florida License #60079). Also issued by Heritage Mechanical Breakdown Corporation in Florida (Florida License #60072). All contracts insured by Heritage Indemnity Company (CA C of A #08549), 14800 Trinity Blvd., Ste. 120, Fort Worth, TX 76155