

BERNARD ALLEN EMERGENCY DRINKING WATER FUND PILOT PFAS TREATMENT SYSTEM REIMBURSEMENT PROGRAM FOR PRIVATE WELL OWNERS

Purpose

The NC Department of Environmental Quality's (NCDEQ) proposed PFAS Pilot Reimbursement Program provides reimbursement through the Bernard Allen Emergency Drinking Water Fund for the purchase of treatment systems or, where feasible connection to public water to reduce exposure to per- and polyfluoroalkyl substances (PFAS) in private drinking water wells statewide where there is no identified responsible party. To accommodate as many affected residents as possible, the pilot reimbursement program is based on a tiered structure that considers treatment system type or public water connection and household income level. Qualifying property owners who cannot afford the purchase of a treatment system or public water connection due to income level should contact the Bernard Allen Program Manager (listed below) to be considered for alternate funding options.

Basis for Determining Treatment Needs

In March 2023, USEPA proposed regulatory standards for the following six PFAS in public drinking water supplies. The final regulation is anticipated to be issued in September 2024, if not sooner.

- PFOA 4.0 ng/L or parts per trillion (ppt), proposed,
- PFOS 4.0 ng/L (ppt), proposed, and
- A mixture of HFPO-DA (GenX Chemicals), PFBS, PFHXS, PFNA at a hazard index of 1.0.

Sampling results for private water supplies that show an exceedance of one or more of the proposed regulatory standards are eligible for partial or full reimbursement of a treatment system.

Pilot Reimbursement Program Areas

Based on current funding availability, this Pilot Program includes New Hanover, Pender, Columbus, Brunswick, and Guilford counties where PFAS in groundwater are known to exist, and responsible entities are not obligated to provide alternate water supplies to well owners.

Eligibility for Funds

- Owners of single or multiple unit residential properties serviced by a private well(s).
- Owners of single or multiple unit residential properties serviced by a community well serving 10 or fewer residences.

Owners/operators of businesses, municipalities, private water companies and community wells regulated by NCDEQ's Division of Water Resources are **not eligible**.

Eligibility criteria

- One or more PFAS must exceed a proposed state or federal regulatory limit as specified in the "Basis for Determining Treatment Needs" above.
- The private well must be a source of drinking water (i.e., no irrigation wells).
- The well must be the sole source of drinking water (i.e., no municipal water).
- The applicant must provide proof that they own the home.
- There is no offer of an alternate water source for the property from a third party.
- One rebate per household.
- A treatment system must have been purchased and installed after November 2019.
- Water service connections must have been completed after November 2019

Funding

The Bernard Allen Memorial Emergency Drinking Water Fund, administered by the NCDEQ Division of Waste Management, provides limited funding for well testing, emergency bottled water and assisting in permanent waterline connections or point-of-entry systems for treating contaminated wells. Reimbursement of costs will be made available for approved applicants on a first-come, first-served basis and is not guaranteed to cover the entire cost of purchase or installation of the treatment system or public water service connection. NCDEQ will pay the approved applicant directly via US Mail. Qualifying property owners who cannot afford the purchase of a treatment system due to income level should contact the state to be considered for alternate funding options.

Due to limited available funding, a tiered approach with partial or full reimbursement based on income level will benefit a higher number of citizens whose water supply contains PFAS above at least one of the proposed regulatory limits. The proposed tiered reimbursement considers two factors: (1) a choice of treatment systems or public water connection options and (2) a tiered household income level.

Treatment System and Public Water Connection Options

Treatment systems are grouped into three categories based mostly on cost (Group A typically being the highest), but also considering effectiveness of currently installed systems, homeowner (user) feedback, and maintenance frequency.

Group A: Point-of-entry, whole-house reverse osmosis (RO) or Granular Activated Carbon (GAC), Kinetico K-5 Point-of-use under sink, or public water service connection

Group B: Point-of-use under sink RO

Group C: Point-of-use under sink dual chamber carbon

Tiered Income Level Reimbursement

Priority Range 1 (up to 2x Poverty Level*)

Priority Range 2 (2x to 4x Poverty Level)

Priority Range 3 (Above 4x Poverty Level)

*Poverty level is based on annual data provided by the U.S. Department of Health and Human Services.

Disbursement of Funds

The North Carolina Office of the State Controller requires a "Substitute W-9 Form" be completed by the property owner for disbursement of funds. The form and instructions are attached at the end of the application.

Application Procedures

To request reimbursement for a treatment system you purchased or water service connection, fill out the attached Treatment System Application Form, household income affidavit, and the Substitute W-9 Form and send them with the supporting documentation via U.S. Mail to the address below or via email to Vincent.Antrilli@deg.nc.gov. You will be contacted within 30 days of your application being received and reviewed. Please contact Mr. Antrilli at (919) 707-8353 if you have questions.

Mr. Vincent Antrilli
NCDEQ Bernard Allen Program Manager
1646 Mail Service Center
Raleigh, NC 27699-1646

REIMBURSEMENT APPLICATION FORM

Applicant 1 Name on Deed:

Date:

Applicant 2 Name on Deed:

Property address where treatment system or water service connection is installed:

Street Address

City/Town

State

Zip Code

Mailing address if different from property address:

Street Address

City/Town

State

Zip Code

I/We may be contacted by one or more of the following: (check all that apply)

☐ Phone ☐ Email ☐ US Mail

My primary drinking water source is: (check one)

- ☐ Private well on my property
- ☐ Community well serving less than ten (10) residences
- ☐ None of the above

Within the last twelve (12) months my primary drinking water source has been tested for per- and polyfluoroalkyl substances (PFAS)?

- ☐ Yes (Please attach a copy of the complete lab report to this application)
- ☐ No
- ☐ Unknown

If your primary drinking water source has not been tested in the last twelve (12) months, has it ever been tested for per- and polyfluoroalkyl substances (PFAS)?

- ☐ Yes (Please attach a copy of the complete lab report to this application)
- ☐ No
- ☐ Unknown

NCDEQ requires the well to be tested within the last twelve (12) months and, based on lab results provided, NCDEQ may request follow-up sample analysis to confirm contamination levels and/or effectiveness of the installed treatment system. In these cases, do you grant NCDEQ and/or its contractor permission to access your property to collect samples from your primary drinking water source?

- ☐ Yes
- ☐ No

In certain circumstances, parties responsible for PFAS contamination exist. Is your home in the vicinity of past or ongoing PFAS related investigation or remediation by a responsible party and/or NCDEQ?

- ☐ Yes
- ☐ No
- ☐ Unknown

Have you been offered a system for treating PFAS in drinking water by another party?

- ☐ Yes (please explain below)
☐ No

Treatment System Options

Based on professional analysis of currently installed systems, homeowner (user) feedback, long-term effectiveness and maintenance frequency for treating drinking water contaminated with PFAS, NCDEQ has developed a preferred list of treatment system options. The list of options provided below consists of three (3) categories based on cost, Group A typically being the highest. NCDEQ does not endorse any of the manufacturers shown, nor have manufacturers solicited NCDEQ for inclusion on the list. Treatment systems by other manufacturers may be considered on a case-by-case basis if they are documented to remove PFAS to acceptable drinking water levels. Homeowners are encouraged to research the treatment system that best fits their needs.

Group A: Point-of-entry (POE), whole house reverse osmosis (RO) or Granular Activated Carbon (GAC), or Kinetico K-5 Point-of-use under the sink systems or water system connection

- Kinetico GAC or RO POE
- Aquasana EQ-100 GAC POE
- Puronix Clarius-W IGEN GAC POE
- Kinetico K-5 under sink RO

Group B: Point-of-use under-sink RO

- Aquasana OptimH2O+Claryum
- Apec Water RO-45 or ROES-50
- Puronix Micromax 7000
- Titan WaterPro NW-R050-NP35
- Culligan Aqua-Clear R030
- Kinetico

Group C: Point-of-use under-sink dual-chamber carbon

- GE FXSVC
- Kenmore

I/We have installed or paid a professional contractor to install a treatment system designed to treat PFAS in my drinking water. The treatment system installed is from category: (check one)

- ☐ Category A
☐ Category B
☐ Category C
☐ Other

The installed treatment system is: (check one)

- ☐ One of the listed manufacturers and brands
☐ Other

Proof of purchase and installation (treatment system make, model, purchase date and installation date must be included to qualify for reimbursement).

I have attached a copy of: (check all that apply)

- ☐ Treatment System purchase receipt
- ☐ Paid contractor invoice showing zero balance due
- ☐ Documentation showing make and model of installed treatment system
- ☐ Documentation from manufacturer stating the installed treatment system is designed to remove PFAS – *[Required only for “other” systems]*

I/We acknowledge that ongoing maintenance of the treatment system is my responsibility and not reimbursable through this program. (Please initial) _____

Applicant 1 Applicant 2

I/We acknowledge that NCDEQ is not responsible for purchase or installation of the treatment system and hold NCDEQ harmless for any damages related to treatment system installation or improper installation of the treatment system. (Please initial) _____

Applicant 1 Applicant 2

Installation of the treatment system was performed in accordance with all state and local plumbing regulations and permitting requirements. (Please initial) _____

Applicant 1 Applicant 2

Public Water Service Connection Option

In lieu of a water treatment system, homeowner(s) may elect to connect to a public water system (if available). This option will require the owner(s) to contact the local utility department about public water system availability, application, fees, and monthly usage costs. If available, owner(s) may apply for the utility department to install a service tap and meter. Homeowner(s) will then need to hire a professional licensed contractor to make the connection from the meter to the residence and disconnect the residence from the well. Costs for meter to residence connections are separate from the utility department costs and may vary from one contractor to the next.

I/We have paid the local utility company and a professional contractor to install a water service tap & meter and connect my residence to the public water system: (check all that apply)

- ☐ Water service is active and is the primary source for drinking water
- ☐ Well has been disconnected from residence and is no longer in service
- ☐ Well has been disconnected from residence but still used for irrigation or non-potable use

I/We agree to allow NCDEQ to properly abandon the contaminated well eliminating risk of exposure to PFAS compounds. This work will be coordinated and paid for by NCDEQ.

- ☐ Yes
- ☐ No

Proof of purchase and installation

I have attached a copy of: (check all that apply)

- ☐ Utility Department Receipt showing zero balance due
- ☐ Paid contractor invoice showing zero balance due

I/We acknowledge that monthly water usage costs are my responsibility and not reimbursable through this program. (Please initial) _____

Applicant 1 Applicant 2

Household Income Verification

NCDEQ's Bernard Allen Emergency Drinking Water Fund Pilot PFAS Treatment System Reimbursement Program requires an affidavit of household income to determine reimbursement level and confirm the qualifying statements below. A copy of this affidavit, included in this application, must be completed and notarized by each owner of the property. Please review the chart and answer the questions below.

2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family	Poverty Guideline	200% or (2x)	400% or (4x)
1.....	\$14,580	\$ 29,160	\$ 58,320
2.....	\$19,720	\$ 39,440	\$ 59,160
3.....	\$24,860	\$ 49,720	\$ 99,440
4.....	\$30,000	\$ 60,000	\$ 120,000
5.....	\$35,140	\$ 70,280	\$ 140,560
6.....	\$40,280	\$ 80,560	\$ 161,120
7.....	\$45,420	\$ 90,840	\$ 181,680
8.....	\$50,560	\$ 101,120	\$ 202,240

For families with more than 8 persons, add \$5,140 (**\$15,420**) for each additional person.

The following number of family members live at home and are supported by our household income: (check one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ more than 8: _____

My/Our current household income based on the most recent year tax return is: (check one)

- ☐ At or below two times (2x) the poverty guideline
- ☐ Between two times (2x) and four times (4x) the poverty guideline
- ☐ At or above four times (4x) the poverty guideline

NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY

IN THE MATTER OF: **Bernard Allen Memorial Emergency Drinking Water Fund Eligibility** by _____
Name of Applicant(s)

UNDER THE AUTHORITY OF NORTH CAROLINA
GENERAL STATUTES § 87-98

AFFIDAVIT
RE: Household Income Verification

_____, being duly sworn, hereby deposes and says:
Name of Applicant(s)

1. I am/we are the owner of property generally referred to as _____, _____,
_____ County, North Carolina. Street Address City/Town
County Name
2. I am/we are applying for eligibility under the North Carolina General Statute (N.C.G.S.) § 87-98 (Bernard Allen Memorial Emergency Drinking Water Fund) for an alternate water supply for the property generally referred to as
_____ County, North Carolina.
Street Address City/Town County Name
3. I/We hereby certify, under the pains and penalties of perjury, that I/We meet the eligibility requirements of N.C.G.S. § 87-98(c), in that my/our household gross income for calendar year **2022** is not greater than _____ percent of the current federal poverty guidelines determined by the US Department of Health and Human Services, as listed below:

2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family	Poverty Guideline	200% or (2x)	400% or (4x)
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6.....	\$40,280	\$ 80,560	\$ 161,120
7.....	\$45,420	\$ 90,840	\$ 181,680
8.....	\$50,560	\$ 101,120	\$ 202,240

For families with more than 8 persons, add \$5,140 (**\$15,420**) for each additional person.

4. I hereby certify, under the pains and penalties of perjury, that I/we have not caused or contributed to the groundwater contamination resulting in the need to seek eligibility for use of the Bernard Allen Memorial Drinking Water Fund.

Affiant further saith not.

Signature/Printed Name 1

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

(SEAL)

Signature/Printed Name 2

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

(SEAL)

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number



NC Office of the
State Controller
(IRS Form W-9 will not be
accepted in lieu of this form)
***Denotes a Required Field**

Section 1 – Taxpayer Identification

<p>*1. Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN)</p> <p>*2.</p> <p align="center">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>	<p>Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.</p>	
<p>*4. Legal Name (as shown on your income tax return):</p>	<p>3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)</p>	
<p>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:</p>	<p align="center">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>	
Contact Information		
<p>*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)</p>	<p>7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)</p>	
<p>*Address Line 1:</p>	<p>Address Line 1:</p>	
<p>Address Line 2:</p>	<p>Address Line 2:</p>	
<p>*City *State *Zip (9 digit)</p>	<p>City State Zip (9 digit)</p>	
<p>*County</p>	<p>County</p>	
<p>*8. Contact Name:</p>		
<p>*9. Phone Number:</p>		
<p>10. Fax Number:</p>		
<p>11. Email Address:</p>		
<p align="center">*12. Entity Type</p> <p>Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation</p> <p>Partnership Trust/Estate Other _____</p> <p>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p>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.</p>	<p align="center">*13. Entity Classification</p> <p>Medical Services</p> <p>Legal/Attorney Services</p> <p>NC Local Govt</p> <p>Federal Govt</p> <p>NC State Agency</p> <p>Other Govt</p> <p>Other (specify)</p>	<p align="center">14. Exemptions (see instructions)</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p>

Section 2 - Certification

<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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 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 because 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 I am a U.S. citizen or other U.S. person (defined later in general instructions), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):</p>		
<p>*Printed Name:</p>	<p>*Printed Title:</p>	
<p>*Authorized U.S. Signature:</p>	<p>* Date:</p>	

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.

NC Office of the
State Controller
***Denotes a Required Field**
This form is to be
completed by the vendor.

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Modification to Existing Vendor Records



This form is to be completed by the vendor if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Vendor Name.

Please complete the applicable sections below.

Section 1:

CHANGE FROM: Remittance Address

*Address Line 1:
Address Line 2:
*City *State *Zip (9 digit)
*County

CHANGE TO: Remittance Address

*Address Line 1:
Address Line 2:
*City *State *Zip (9 digit)
*County

NOTE: If you would like to receive your payments electronically, please complete the [Vendor Electronic Payment Form](#)

Section 2:

*** CHANGE FROM: SSN, or EIN, or ITIN**

--

*** CHANGE TO: SSN, or EIN, or ITIN**

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(PRESS THE TAB KEY TO ENTER EACH NUMBER)

(PRESS THE TAB KEY TO ENTER EACH NUMBER)

Section 3:

CHANGE FROM: Vendor Name

*Legal Name:
Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

CHANGE TO: Vendor Name

*Legal Name:
Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

*Printed Name:		*Printed Title:	
*Authorized U.S. Signature:		*Date:	

General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

Specific Instructions

Section 1 -Taxpayer Identification

1. Taxpayer Identification Type. Check the type of identification number provided in box 2.

2. Taxpayer Identification Number (TIN). Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

3. Dunn and Bradstreet Universal Numbering System (DUNS). Vendors are requested to enter their DUNS number, if applicable.

4. Legal Name. Enter the legal name as registered with the IRS or Social Security Administration. In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.

5. Business Name. Business, Disregarded Entity, trade, or DBA ("doing business as") name.

Contact Information

6. Enter your **Legal Address**.

7. Enter your **Remittance Address, if applicable.** A **Remittance Address** is the location in which you or your entity receives business payments.

8. Enter the **Contact Name**.

9. Enter your **Business Phone Number**.

10. Enter your **Fax Number**, if applicable.

11. Enter your **Email Address**, if applicable.

For clarification on IRS Guidelines, see www.irs.gov.

12. Entity Type. Select the appropriate entity type.

13. Entity Classification. Select the appropriate classification type.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10- A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B - The United States or any of its agencies or instrumentalities

C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G - A real estate investment trust

H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I - A common trust fund as defined in section 584(a)

J - A bank as defined in section 581

K - A broker

L - A trust exempt from tax under section 664 or described in section 4947(a)(1)

M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).