



Participant Information to Open a Custodial Individual Development Account (IDA)

Instructions: Complete the requirements of the form and bring the form along with other required documentation to the designated Wells Fargo location when requesting to open a savings account on behalf of the participant.

Administering Agency Name: _____

Wells Fargo Store Name/Address: _____

1. Obtain one of the following forms completed and signed by the participant. The forms and instructions for completing the forms can be found at the <http://www.irs.gov/Forms-&-Pubs>

- Form W-9 Request for Taxpayer Identification Number and Certification completed and signed by the participant (beneficiary on the account) with a TIN
- Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax withholding, completed and signed by the participant (beneficiary on the account) with an ITIN.

2. Complete the information in the following table for the program participant (account beneficiary).

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| Participant Legal Name: (First name, middle initial (if applicable), last name. | |
| Taxpayer ID Number and Type: | Number: _____ Type: (Circle one) SSN ITIN |
| Participant Residence Address: (Include number, street name, city, state, zip code) | |
| Country of Citizenship: | |
| For non US citizens, indicate if the participant permanently resides in the US: | (Circle one) Yes No |
| Date of Birth: | |
| Telephone Number: | |