

# 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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.												
Print or type. Specific Instructions on page 3.	The Regents of UC												
	2 Business name/disregarded entity name, if different from above												
	Center for Continuing Prof	fessional Developi	ment (CCPD)										
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.						certa	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC						Exempt payee code (if any)						
	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 not disregarded from the owner for U.S. federal tax purposes.						cod	Exemption from FATCA reporting code (if any)					
ciţi	is disregarded from the owner should check the appropriate box for the tax classification of its owner.  ✓ Other (see instructions) ► Education							(Applie	(Applies to accounts maintained outside the U.S.)				
Spe	<ul><li>✓ Other (see instructions)</li><li>5 Address (number, street, and apt</li></ul>	t. or suite no.) See instruc		alion	Request	er's	name		and address (optional)				
See	UCLA Cashiering Dept. c/o	,		nd Diaza Sto 1110							/		
Ŏ	6 City, state, and ZIP code	CIVIL, DOX 937442	., 737 WESLWO	ou Flaza, Ste. 1119	-								
	Los Angeles CA 90095-74	42											
	Los Angeles, CA 90095-7442 7 List account number(s) here (optional)												
Par	rt I Taxpayer Identific	cation Number (	TIN)										
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid  Social security number								y number					
backı	up withholding. For individuals, th	ndividuals, 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 <i>How to get</i> a								-		-			
TIN, later.													
Note:	If the account is in more than or	. Also see What Name and			Employer identification number								
Numb	oer To Give the Requester for gui												
						9	5	- 6	0 0	6	1   4	3	
Par	t II Certification											-	
Unde	r penalties of perjury, I certify tha	t:											
1. The	e number shown on this form is r	ny correct taxpayer id	entification numb	oer (or I am waiting for	a numbe	r to	be is	sued	to me);	and			
<ol> <li>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</li> <li>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</li> </ol>													
3. I ar	m a U.S. citizen or other U.S. per	son (defined below); a	ınd										
4. The	e FATCA code(s) entered on this	form (if any) indicating	g that I am exemp	ot from FATCA reportin	ng is corr	ect.							
you ha	fication instructions. You must on					ren					t paid,	,	
	ave failed to report all interest and sition or abandonment of secured than interest and dividends, you are	dividends on your tax property, cancellation	return. For real es of debt, contributi	ons to an individual retir	rement ar	ranç	jemei	nt (IRA	), and ge	enera			
	ave failed to report all interest and sition or abandonment of secured than interest and dividends, you an	dividends on your tax property, cancellation	return. For real es of debt, contributi	tate transactions, item 2 ons to an individual retir	rement ar ur correct	rang : TIN	gemei I. See	nt (IRA the in	), and ge struction	enera			
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Sign Here	ave failed to report all interest and sition or abandonment of secured than interest and dividends, you at Signature of	dividends on your tax property, cancellation or required to sign	return. For real es of debt, contribution the certification, b	tate transactions, item 2 cons to an individual retir ut you must provide you  Form 1099-DIV (di	rement ar ur correct Date ►	rang : TIN	jeme I. See /08/	nt (IRA the in	), and gestruction	enera ns for	Part II,	later.	
Sign Here	ave failed to report all interest and sition or abandonment of secured than interest and dividends, you at Signature of U.S. person Peral Instructions on references are to the Internal I	dividends on your tax property, cancellation or re not required to sign DocuSigned by:  Cricks Cunn 11996EA150A5437	eturn. For real esof debt, contribution, but certification, but certification, but certification.	tate transactions, item 2 ons to an individual retir ut you must provide you	Date ►	rang TIN 08	Jemer J. See /08/	nt (IRA the in /202 g those	struction  5  from s	enera ns for	Part II,	later.	S
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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-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.



#### **Certificate Of Completion**

Envelope Id: D22BE0A5-B7FA-4E62-A8EA-C33E6AFF70E5

Subject: Complete with Docusign: Form - W-9 (The UC Regents) vF2025-08-08.pdf

Source Envelope:

Document Pages: 1 Signatures: 1 Certificate Pages: 4 Initials: 0 Ericka Cunningham

AutoNav: Disabled

Envelopeld Stamping: Disabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:

Status: Completed

10920 Wilshire Blvd # 1700 Los Angeles, CA 90024-6502 ELCunningham@mednet.ucla.edu

IP Address: 149.142.80.37

# **Record Tracking**

Status: Original Holder: Ericka Cunningham Location: DocuSign

ELCunningham@mednet.ucla.edu

# **Signer Events**

Ericka Cunningham ELCunningham@mednet.ucla.edu Administrative Director, CCPD

8/8/2025 11:08:27 AM

David Geffen School of Medicine at UCLA Security Level: Email, Account Authentication

(None)

#### Signature

DocuSigned by: Ericks Cunningham 11996EA150A5437...

Signature Adoption: Pre-selected Style Using IP Address: 149.142.80.37

#### **Timestamp**

Sent: 8/8/2025 11:08:50 AM Viewed: 8/8/2025 11:08:58 AM Signed: 8/8/2025 11:09:13 AM

Freeform Signing

#### **Electronic Record and Signature Disclosure:**

Accepted: 6/14/2022 4:23:27 PM ID: 3098bbcd-755b-4187-bd3b-bf81c70b70ff

Electronic Record and Signature Disclosure						
Payment Events	Status	Timestamps				
Completed	Security Checked	8/8/2025 11:09:13 AM				
Signing Complete	Security Checked	8/8/2025 11:09:13 AM				
Certified Delivered	Security Checked	8/8/2025 11:08:58 AM				
Envelope Sent	Hashed/Encrypted	8/8/2025 11:08:50 AM				
Envelope Summary Events	Status	Timestamps				
Notary Events	Signature	Timestamp				
Witness Events	Signature	Timestamp				
Carbon Copy Events	Status	Timestamp				
Certified Delivery Events	Status	Timestamp				
Intermediary Delivery Events	Status	Timestamp				
Agent Delivery Events	Status	Timestamp				
Editor Delivery Events	Status	Timestamp				
In Person Signer Events	Signature	Timestamp				

#### ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, UCLA Health (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

## Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

#### **How to contact UCLA Health:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: DocuSignSupport@mednet.ucla.edu

#### To advise UCLA Health of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DocuSignSupport@mednet.ucla.edu and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### To request paper copies from UCLA Health

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to DocuSignSupport@mednet.ucla.edu and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

## To withdraw your consent with UCLA Health

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to DocuSignSupport@mednet.ucla.edu and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

#### Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <a href="https://support.docusign.com/guides/signer-guide-signing-system-requirements">https://support.docusign.com/guides/signer-guide-signing-system-requirements</a>.

## Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify UCLA Health as described above, you consent to receive
  exclusively through electronic means all notices, disclosures, authorizations,
  acknowledgements, and other documents that are required to be provided or made
  available to you by UCLA Health during the course of your relationship with UCLA
  Health.