# Long-Term Care Insurance Client Consultation Referral

## Program Description

Our Long-Term Care Insurance Client Consultation Referral Program is designed to reward our attorney partners who encourage proactive long-term care planning for their clients. In addition to helping clients explore long-term care planning solutions, this program offers attorneys and their firms added benefits when collaborating with Krause Financial.

For a limited time, attorneys can earn a $100 referral fee for each client who completes an initial consultation with one of Krause Financial's in-house long-term care insurance specialists. Importantly, this referral fee is paid solely based on the completion of the consultation—it is not dependent on the sale of any insurance products. The purpose of this program is to help educate your clients about their long-term care insurance options with no obligation for them to purchase a policy.

***To qualify for the $100 referral fee, referrals must be submitted by December 31, 2025.***

## Guidelines

### Submitting Referrals

For the attorney to earn a referral fee, the attorney or the client must complete an online referral intake form. A consumer-friendly version of the form is available to provide to the client for the attorney's convenience. The attorney's name, firm name, and email address must be provided with the form in order to properly attribute the referral.

**Attorney Submission Form:**
https://www.krausefinancial.com/ltci-referrals

**Client Submission Form:**
https://www.krausefinancial.com/ltci-referrals-client

Please note that credit for referrals is solely based on completion of the client's consultation as described above and is not in any way contingent upon the sale of any insurance product.

### Scheduling the Consultation

The client will be given the opportunity to schedule a call with our in-house long-term care insurance specialist at the time of form submission. This call may be scheduled via Calendly. The client may choose to hold their consultation on video conference or by phone call. If the client does not schedule a call at the time of form submission, our in-house specialist will contact the client by either phone or email to schedule the consultation.

### Receiving Payment

If the client proceeds with their consultation appointment, the long-term care insurance specialist will notify the attorney via email that they are eligible to receive their referral fee. If it is the first time the attorney is eligible to receive their fee, they must sign and return these guidelines and corresponding paperwork. If the attorney has already completed and returned these documents, payment will be remitted automatically via ACH.

### Changes to Employment

If the attorney engaging with the program on behalf of their firm leaves that firm, any compensation earned from the program will be payable to the party listed in the Acknowledgment and Engagement Agreement section of this document unless we have written, signed consent from the firm to otherwise release to the attorney. The attorney signing the Acknowledgment and Engagement Agreement shall hold Krause harmless for any disputes related to payment under this program resulting from the signing attorney's change of employment and any damages related thereto.

### W-9

Krause Financial is required to file a 1099 for any payment made through this program. Therefore, the participating attorney is required to complete and return a W-9.

### State Compliance

Although Krause Financial has done extensive research and consultation to ensure standard regulatory compliance, it is up to the participating attorney to ensure that their receipt of funds, the use of the funds, and any necessary client disclosures satisfy their state regulatory requirements.

### Reservation of Rights

Krause Financial retains the right to modify or terminate this program at any time and at its own discretion. Participating attorneys will receive advance notice of at least 30 days should any changes occur.

## Acknowledgment and Engagement Agreement

### Attorney Information

Attorney Name: _____

Law Firm Name: _____

***Law Firm Location:***

Address Line 1: _____

Address Line 2: _____

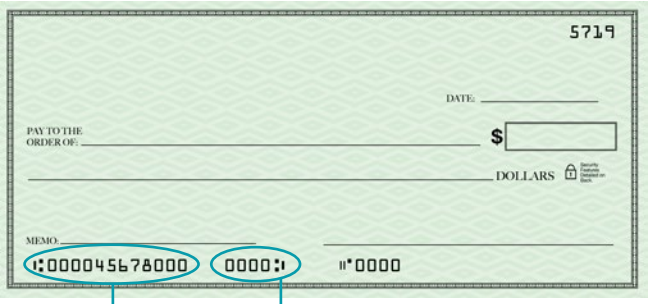
City: _____ State: _____ Zip: _____

***ACH Information:***

Name on the Account: _____

Account Type: ☐ Checking ☐ Savings Bank Name: _____

Routing Number: _____ Account Number: _____




### Signatures

By signing this agreement, I acknowledge that I have read the program guidelines and understand that it is my responsibility to adhere to the program's requirements and/or my state's rules and regulations.

Attorney Signature: _____ Date: _____

Form **W-9**
(Rev. March 2024)
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.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

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

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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

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

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

**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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

| | | | – | | – | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

**or**

**Employer identification number**

| | | – | | | | | | | |
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| | | | | | | | | | |

## 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*.

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they