

Form:

SSC

Vendor Master Checklist - Domestic

| About this Form | The purpose of this form is to enable the user to complete all documents needed to set up a vendor in SAIC purchasing and payment system. | | | | | |
|-----------------|---|--|--|--|--|--|
| | Check the items that are included in your request for a vendor number. | | | | | |
| | Note Only the ACH form is optional. | | | | | |
| | | | | | | |
| | Vendor Master Data Template (Instructions included) | | | | | |
| | Supplier Code of Conduct | | | | | |
| | Equal Employment Opportunity and Affirmative Action Policy Notification | | | | | |
| | Electronic Transfer Authorization Agreement | | | | | |

SAIC - Instructions for completion of Vendor Master Template

Completion of this form is required to establish a company as an authorized vendor in SAIC's Procurement System. Purchase orders (PO's) and related payments cannot be issued to a vendor unless this form has been completed by the vendor and processed by SAIC's Accounts Payable Department (A/P). Once a company has been identified as a new vendor, an SAIC Buyer/Requester will forward this form to the vendor for completion. Once completed, the form should be returned to the SAIC Buyer/Requester, who will verify the completeness of the data and then sign and forward the form to SAIC A/P. If you have any questions about this form, please contact your SAIC Buyer/Requester. Please note all fields indicated below must be completed or the form will be returned to the vendor for completion. Some fields on the form are optional.

<u>Data requirements for each section on the Vendor Master Template are as follows:</u>

SAIC USE ONLY - NOTE: All fields must be filled out by the SAIC buyer/requester or SAIC A/P personnel.

- SAIC Requester Name Required First and last name of SAIC buyer/requester to be completed by SAIC buyer/requester before forwarding the form to the new vendor.
- Requester Phone Number/Email Required Phone number or email of SAIC buyer/requester to be completed by SAIC buyer/requester before forwarding the form to the new vendor
- Requester's Signature Required Signature of SAIC buyer/requester to be completed after reviewing the template for accurate vendor information.
- Date Required Date of requester's signature
- Vendor Type Required Completed by the SAIC buyer/requester.
 - o Purchase order mark this box if the vendor is being setup to issue an SAIC purchase order.
- o Non Purchase Order mark this box if the vendor is being setup to pay an invoice that is exempt from a purchase order.
- Vendor Number, SAIC VM Agent, and Date Entered Required to be completed by SAIC A/P vendor master department.

SALES OFFICE ADDRESS (for mailing/correspondence related to PO's) - NOTE: All fields from this point on are to be completed by new vendor.

- Full Legal Name of Business As Reportable to IRS Required Enter full legal business name as shown on social security card or business name as it was used to apply for Employer Identification Number
- Street Address/City/State/Country/Zip Code Required Indicate mailing address for all correspondence related to PO's
- Phone Number (Costpoint field "Phone number") Required Please provide phone number to be used if SAIC has any Purchase Order-related question

<u>REMITTANCE ADDRESS</u> (for mailing/correspondence related to <u>Payments</u>) - Required only if remittance will be made to an address different from the Sales Office Address indicated in section above. If remittance is to be made to a company with a different social security number or federal tax ID number, a separate Vendor Master Data Template must be completed.

SOCIO-ECONOMIC STATUS - Required - Indicate socio-economic status based on Standard Industry Classification (SIC) or Merchant Category Code (MCC). The socio-economic code is used in complying with the acquisition related sections of the Small Business Act, Armed Services Procurement Act, and the Federal Property & Administrative Services Act. Small business size standards are applied by classifying the product or service being acquired in the industry whose definition, as found in the SIC Manual, best describes the principal nature of the product or service being acquired; identifying the size standard in the solicitation, so that offeror can appropriately represent themselves as small or large. The vendor's accounting or contracts department can assist with determination of proper socio-economic status.

FEDERAL TAX CLASSIFICATION (Substitute W-9) - Required

Check one of the boxes indicating your federal tax classification and enter your Taxpayer Identification Number (TIN) in the appropriate section. For individuals/sole proprietors, your TIN must be a Social Security Number. For partnerships and corporations, it is your EIN. If an LLC, please provide your EIN and enter the appropriate tax classification. If your organization does not fall under these four categories, please describe your organization type and provide an EIN.

FATCA Code(s), if applicable: 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. If you are submitting this form for an account you hold in the United States, you may leave this field blank.

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

Printed Name of Authorized Vendor Representative - Required - Please print name of person signing form below

Signature & Certification of Substitute W-9 Information and Date of signature - Required - Authorized Vendor Representative is required to sign the completed Vendor Master Data Template Form to 1) certify that the data shown on the Vendor Master Data Template is accurate, 2) certify that you are not subject to backup withholding, 3) claim exemption from backup withholding if you are an exempt payee, and 4) the FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting is correct. Payments you receive will be subject to backup withholding if: a) you do not furnish your TIN, b) the IRS tells SAIC that you are subject to backup withholding, d) you fail to certify that you are not subject to backup withholding, or e) you fail to certify the accuracy of the TIN provided.

Completed and signed form should be emailed by the Vendor to the SAIC Buyer/Requester who sent the form

| SCIENCE APPLICATIONS INTERNATIONAL CORPORATION (SAIC) | SAIC USE ONLY | | | | |
|--|---|---------------|--|--|--|
| Vendor Master Data Template *SAIC Requester Name: | Vendor Number: | | | | |
| Completion of this form is required to establish your company as an authorized vendor of SAIC. *Requester Phone No. / Email: | * SAIC VM Agent: | | | | |
| * Required Fields * Requester's Signature: | * Date Entered: | | | | |
| Please print clearly or type. * Vendor Type: Purchase Or | | | | | |
| SALES OFFICE ADDRESS for mailing/correspondence | | | | | |
| * * City: | * Phone Number: | | | | |
| Full Legal Name of Business As Reportable to IRS: | | | | | |
| * State: | Fax Number: | | | | |
| Doing Business As (DBA) Name: * Zip code: | Email Address: | | | | |
| | | | | | |
| * Street Address: Country: | Contact Name: | | | | |
| | | | | | |
| REMITTANCE ADDRESS for mailing/correspondence related to Payments (required if remittance address is different from Sales Office Address) | | | | | |
| * Name to Print on Checks: City: | Phone Number: | | | | |
| Out to Country | Alternate Phane Number | | | | |
| State/Country: | Alternate Phone Number: | | | | |
| Street Address As Will Appear on Invoice: Zip Code: | Fax Number: | | | | |
| * SOCIO-ECONOMIC STATUS - Check All That Apply (based on primary NAICS/MCC Code) | | | | | |
| *Business type required DUNS Number: Primary NAICS Code: | Primary NAICS Code: | | | | |
| ☐ Small Business | | | | | |
| □ Large Business Check all that apply □ US Government Agency □ Women Owned Business (cannot be checked alone) □ SBA Certified SDB | Check applicable ethnicity ☐ Asian-Pacific American ☐ Native America | un. | | | |
| □ Non-Profit Organization □ Educational Institution □ Self-Certified SDB | ☐ Subcontinent-Asian American ☐ Native Hawaiiai | | | | |
| ☐ Foreign Owned Business ☐ Historically Black College/Minority Institutions ☐ SBA HUBZone certified | ☐ African-American ☐ Native Alaskan | | | | |
| Foreign Owned Businesses must attach W-8 | Hispanic American Other | | | | |
| * FEDERAL TAX CLASSIFICATION (SUBSTITUTE W9) - Check only one FATCA Code | -(-) | - | | | |
| | e(s) if applicable emplate instructions for exemption code(s) | | | | |
| | Social security number | | | | |
| Individual/sole-proprietorship or single-member LLC Corporation S Corporation Partnership Other | | | | | |
| Single member 220 | or Employer identification number | <u>_</u> | | | |
| Limited Liability Company: Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership) | | | | | |
| CEPTIFICATION: Under penaltice of porture. Locatify that: 1) the number shown on this form is my correct T.I.N. 2) Lam not subject to be kind withholding because a) Lam even | not from backup withholding or h) I have not been posified by the ID | S that I am | | | |
| CERTIFICATION: Under penalties of perjury, I certify that: 1) the number shown on this form is my correct T.I.N., 2) I am not subject to backup withholding because a) I am exem 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, 3) I am a US personal to the form of the IRS has notified me that I am no longer subject to backup withholding, 3) I am a US personal to the IRS has notified me that I am no longer subject to backup withholding. | | o uiai i airi | | | |
| entered on this form (if anv) indicating that I am exempt from FATCA reporting is correct. | | | | | |
| * Printed Name of Authorized Vendor Representative * Signature of US Person & Certification of Substitute W-9 Information | * Date | | | | |

Return completed form to SAIC Representative

Revision Date: 01/2017



Redefining Ingenuity



GENERAL DISCLAIMER

This document is in no way intended to conflict with or modify the terms and conditions of any existing contract. In the event of a conflict, suppliers must first adhere to applicable laws and regulations, then the contract terms, followed by this list of expectations.

I. COMPLIANCE WITH LAWS

We expect our suppliers to maintain full compliance with all laws and regulations applicable to their business. When conducting international business, or if their primary place of business is outside the United States, suppliers must comply with local laws and regulations.

A. Maintain Accurate Records

We expect suppliers to create accurate records and not alter any record entry to conceal or misrepresent the underlying transaction represented by it. All records, regardless of format, made or received as evidence of a business transaction must fully and accurately represent the transaction or event being documented. When a record is no longer needed to conduct current business, records should still be retained based on the applicable retention requirements. Suppliers performing as U.S. Government contractors (whether direct or indirect) must comply with the requirements in FAR 4.703. Suppliers that are performing as or fulfilling a U.S. Government role in their prescribed work must comply with the records requirements of the affected agency and any relevant National Archives and Records Administration (NARA) requirements that apply to that agency. For the avoidance of doubt, this section expressly includes supplier time charging. All hours worked and billed in support of a Government contract must be accurately recorded and billed appropriately in accordance with the terms of the agreement. This or similar language must be flowed down to suppliers at all tiers where billable labor is part of the supplier's scope of work.

II. HUMAN RIGHTS

We expect our suppliers to treat people with respect and dignity, encourage diversity, remain receptive to diverse opinions, promote equal opportunity for all, and foster an inclusive and ethical culture.

A. Child Labor

We expect our suppliers to ensure that illegal child labor is not used in the performance of work. The term "child" refers to any person under the minimum legal age for employment where the work is performed.

B. Human Trafficking

Suppliers must adhere to regulations prohibiting human trafficking and comply with all applicable local laws in the country or countries in which they operate. Suppliers must refrain from violating the rights of others and address any adverse human rights impacts of their operations. Suppliers must educate employees on prohibited trafficking activities, discipline employees found to have violated the law or rules, and notify the contracting officer of violations and action taken against employees. Specifically, suppliers will be prohibited from the following in all contracts:

- Destroying, concealing, or confiscating identity or immigration documents;
- · Using misleading or fraudulent tactics in recruiting;
- Charging employee recruitment fees or providing inadequate housing based on local standards, laws, and directives;
- Failing to provide employment contracts and other documentation in the employee's native language;
- Failing to provide return transportation upon the end of employment for employees brought to the country for the purpose of working on a U.S. Government contract or subcontract; and
- Failing to interview and protect employees suspected of being trafficking victims.

III. EMPLOYMENT PRACTICES

A. Harassment

We expect our suppliers to ensure their employees are afforded an employment environment that is free from physical, psychological, and verbal harassment or other abusive conduct.

B. Non-Discrimination

We expect our suppliers to provide equal employment opportunity to its employees and applicants for employment, without regard to race, ethnicity, religion, color, sex, national origin, age, military veteran status, ancestry, sexual orientation, gender identity or expression, marital status, family structure, genetic information, or mental or physical disability, so long as the essential functions of the job can be competently performed with or without reasonable accommodation.

C. Substance Abuse

We expect our suppliers to maintain a workplace free from illegal use, possession, sale, or distribution of controlled substances.



IV. ANTI-CORRUPTION

A. Anti-Corruption Laws

Our suppliers must comply with the anti-corruption laws, directives, and/or regulations that govern operations in the countries in which they do business, such as the U.S. Foreign Corrupt Practices Act and the UK Bribery Act.

We require our suppliers to refrain from offering or making any improper payments of money or anything of value to government officials, political parties, candidates for public office, or other persons. This includes a prohibition on facilitating payments intended to expedite or secure performance of a routine governmental action like obtaining a visa or customs clearance, even in locations where such activity may not violate local law. Personal safety payments are permitted where there is an imminent threat to health or safety and adherence with record keeping requirements.

We expect our suppliers to exert due diligence to prevent and detect corruption in all business arrangements, including partnerships, joint ventures, offset agreements, and the hiring of consultants.

B. Illegal Payments

Our suppliers must not offer any illegal payments to, or receive any illegal payments from, any customer, supplier, their agents, representatives, or others. The receipt, payment, and/or promise of monies or anything of value, directly or indirectly, intended to exert undue influence or improper advantage is prohibited. This prohibition applies even in locations where such activity may not violate local law.

C. Anti-Trust

Our suppliers must not fix prices or rig bids with their competitors. They must not exchange current, recent, or future pricing information with competitors. Our suppliers must refrain from participating in a cartel.

D. Gifts/Business Courtesies

We expect our suppliers to compete on the merits of their products and services. The exchange of business courtesies may not be used to gain an unfair competitive advantage. In any business relationship, our suppliers must ensure the offering or receipt of any gift or business courtesy is permitted by law and regulation, these exchanges do not violate the rules and standards of the recipient's organization, and are consistent with reasonable marketplace customs and practices.

E. Insider Trading

Our suppliers and their personnel must not use material or non-publicly disclosed information obtained in the course of their business relationship with us as the basis for trading or for enabling others to trade in the securities of our company or those of any other company.

V. CONFLICT OF INTEREST

We expect our suppliers to avoid all conflicts of interest or situations giving the appearance of a potential conflict of interest in their dealings with our company. We expect our suppliers to provide notification to all affected parties in the event an actual or potential conflict of interest arises. As an example, when a supplier is contracted to perform work for our customer(s), the supplier must not concurrently engage in other employment or contracts that conflict with the customer's interests. This includes a conflict between the interests of our company and personal interests or those of close relatives, friends, or associates. This or similar language must be flowed down to lower-tier suppliers. Any potential conflict must be disclosed to supplier's contractual representative and vetted in advance of any such performance.

VI. INFORMATION PROTECTION

A. Confidential/Proprietary Information

We expect our suppliers to properly handle sensitive information, including confidential, proprietary, and personal information. Information should not be used for any purpose (e.g., advertisement, publicity, and the like) other than the business purpose for which it was provided, unless there is prior authorization from the owner of the information.

B. Intellectual Property

We expect our suppliers to respect and comply with all the laws governing intellectual property rights assertions, including protection against disclosure, patents, copyrights, and trademarks.

C. Information Security

Suppliers must protect the confidential and proprietary information of others, including personal information, from unauthorized access, destruction, use, modification, and disclosure through appropriate physical and electronic security procedures. Suppliers must comply with all applicable data privacy laws. Suppliers shall ensure extension of this requirement to all sub-tier sources they employ.

VII. ENVIRONMENT, HEALTH, AND SAFETY

We expect our suppliers to operate in a manner that actively manages risk, conserves natural resources, and protects the environment. We expect our suppliers to apply environmental management system principles in order to establish a

systematic approach to the management of risks/hazards and opportunities associated with the environment, including potential risk from regulatory non-compliance, reputational loss, and opportunities for business growth through operational and product stewardship.

We expect our suppliers to comply with all applicable environmental, health and safety laws, regulations, and directives. Suppliers should protect the health, safety, and welfare of their people, visitors, and others who may be affected by their activities.

VIII. GLOBAL TRADE COMPLIANCE

A. Security

When applicable, suppliers are encouraged to implement practices and procedures to ensure the security of their supply chains in accordance with the Customs-Trade Partnership Against Terrorism initiative of the U.S. Department of Homeland Security.

B. Import

We expect our suppliers to ensure their business practices are in accordance with all applicable laws, directives, and regulations governing the import of parts, components, and technical data.

C. Export

We expect our suppliers to ensure their business practices are in accordance with all applicable laws, directives, and regulations governing the export of parts, components, and technical data.

D. Anti-Boycott

Our suppliers must not participate in, cooperate with, or further the cause of any unsanctioned foreign economic boycott, in accordance with the 1977 Export Administration Act and the 1976 Tax Reform Act.

E. Conflict Minerals

Suppliers must adhere to Federal laws and regulations requiring reporting companies to make specialized disclosure and conduct due diligence concerning their use of conflict minerals that may have originated in the Democratic Republic of the Congo (DRC) or an adjoining country. Conflict minerals include cassiterite, columbite-tantalite, gold, and wolframite or their derivatives (tantalum, tin, and tungsten). Under the Securities Exchange Act of 1934, reporting companies that manufacture or contract to manufacture products that contain conflict minerals must conduct due diligence on the source and chain of custody of the applicable conflict minerals and file a report with the U.S. Securities and Exchange Commission (SEC). We expect our suppliers to develop due diligence processes to meet our obligations to ensure all products are responsibly manufactured.

IX. Quality

Suppliers must take due care to ensure their work product meets our company's quality standards. We expect our suppliers to have in place quality assurance processes to identify defects and implement corrective actions and to facilitate the delivery of a product whose quality meets or exceeds the contract requirements.

A. Counterfeit Parts

We expect our suppliers to develop, implement, and maintain methods and processes appropriate to their products to minimize the risk of introducing counterfeit parts and materials into deliverable products. Effective processes should be in place to detect counterfeit parts and materials, provide notification to recipients of counterfeit product(s) when warranted, and exclude them from the delivered product.

X. ETHICS PROGRAM EXPECTATIONS

A. Whistleblower Protection

We expect our suppliers to provide their employees with avenues for raising legal or ethical issues or concerns without fear of retaliation. We expect our suppliers to take action to prevent, detect, and correct any retaliatory actions.

B. Consequences for Violating these Expectations

In the event of a violation of any of the above expectations, we may pursue corrective action to remedy the situation. In the case of a violation of law or regulation, we may be required to report those violations to proper authorities. We reserve the right to terminate our relationship with any supplier under the terms of the existing procurement/purchasing contract.

C. Ethics Policies

Commensurate with the size and nature of their business, we expect our suppliers to have management systems in place to support compliance with laws, regulations, and the expectations related to or addressed expressly within this document.

If you believe that SAIC or any of its employees or agents has acted improperly or unethically, you may report to:

- SAIC's Ethics Hotline at 800.760.4332,
- Its website (saic.ethix360.com/) and/or
- SAIC's Ethics Office (ethicsoffice@saic.com).

Supplier, by signing below, understands and agrees to comply with the Supplier Code of Conduct. Any violation of this code may be cause for termination of supplier's relationship with SAIC.

| Authorized Representative: | Date: | | |
|----------------------------|------------------|--|--|
| · | | | |
| Supplier Name: | Supplier Tax ID: | | |





Equal Employment Opportunity and Affirmative Action Policy Notification

Dear Supplier:

This communication is provided to you as a supplier of SAIC. SAIC is a federal government contractor subject to the nondiscrimination and affirmative action compliance requirements of Executive Order 11246, as amended, the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. As part of our efforts to comply with these laws and their implementing regulations, SAIC has developed and implemented equal employment opportunity and affirmative action policies and programs, which are designed to ensure that all qualified applicants and employees are treated without regard to such factors as race, color, religion, sex, national origin, disability, veteran status, or any other reason prohibited by law.

The implementing regulations of these laws require federal contractors to disseminate to their suppliers information about their nondiscrimination and affirmative action policies, and also to "request appropriate action" on their part to ensure full compliance throughout the subcontracting chain related to the federal contract.

As a supplier of SAIC, I wanted to take this opportunity to inform you of SAIC's commitment to compliance with these important nondiscrimination and affirmative action requirements, and to ask for your support of and commitment to compliance with them as well.

Should you have any questions concerning this notification, please contact Tina Richards, Chief Procurement Officer, at Tina.M.Richards@saic.com.

DOC-01111 Revision 0 Effective 12/16/19



ELECTRONIC TRANSFER AUTHORIZATION AGREEMENT

PLEASE TYPE or PRINT LEGIBLY

Required Fields Are Marked with an Asterisk (*)

By completing and signing this authorization form, the Payee hereby authorizes Science Applications International Corporation (SAIC) to initiate credit entries to the account listed below in connection with agreed-upon Electronic Data Interchange (EDI) transactions between our companies. The Payee agrees that such transactions will be governed by the National Automated Clearing House Association rules. This authority will be effective immediately upon receipt by SAIC of this completed form, as well as validation of the bank details provided below and will remain in effect until SAIC's Accounts Payable has been afforded a reasonable opportunity to act on any written notification of change or termination received from the Payee, or upon notice of termination by SAIC. Failure to provide the correct requested information may delay or prevent the receipt of funds. In addition, the Payee authorizes SAIC to correct any entries in the event a credit entry to the Payee's account is made in error. The Payee agrees to not hold SAIC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by the Payee, or incorrect deposit of the funds by the Payee's financial institution.

PLEASE NOTE THAT SAIC DEEMS PAYMENTS TIMELY IN THE FOLLOWING SITUATIONS: ACH PAYMENTS ARE RECEIVED NO LATER THAN FOUR BUSINESS DAYS FROM THE DUE DATE, FOREIGN WIRE PAYMENTS ARE RECEIVED NO LATER THAN TWO BUSINESS DAYS FROM THE DUE DATE, AND DOMESTIC WIRES ARE RECEIVED NO LATER THAN ONE BUSINESS DAY FROM THE DUE DATE.

| | SECTION I: VENI | DOR/I | PAYEE INFORMATIO | N | | | | | |
|--|-------------------------|---------------------------------------|--|---------|-----------|------------|--|--|--|
| *Name of Vendor/Payee: | | | *Remit Address: | | | | | | |
| *Contact Name & Phone: | | | ty: | *State: | *Country: | *Zip Code: | | | |
| Email Address: | | Taxpayer Identification Number (TIN): | | | | | | | |
| SECTION II: PAYMENT INFORMATION | | | | | | | | | |
| **Letter From Bank (on bank letterhead) Validating All Banking Information MUST be Attached With This Form | | | | | | | | | |
| *Please Select One: New Setup Update to Existing (MUST PROVIDE THE PREVIOUS BANKING INSTRUCTIONS FOR AUTHENTICATIO Previous ABA/SWIFT: Previous Account/IBAN: | | | | | | | | | |
| RECEIVING/BENEFICIARY FINANCIAL INSTITUTION INFORMATION | | | | | | | | | |
| *Financial Institution Name: | | *Bank Street Address: | | | | | | | |
| *Name on Bank Account: | | *Cit | ty: | *State: | *Country: | *Zip Code: | | | |
| *Account Number: | | *Ty | *Type of Account (Please Check One): Checking Saving | | | Savings | | | |
| *ABA/SWIFT/Bank Code: | | IBA | N Number (<i>If Applicat</i> | ble): | | | | | |
| ACH Wire | | | | | | | | | |
| Additional Instructions (if needed): | | | | | | | | | |
| INTERMEDIARY FINANCIAL INSTITU | TION INFORMATIO | ON (if | applicable) | | | | | | |
| Intermediary Bank Name: | | Bank Street Address: | | | | | | | |
| Intermediary Account Number/IBAN: | | | : | State: | Country: | Zip Code: | | | |
| Intermediary ABA/SWIFT/Bank Code: | | | Additional Instructions (if needed): | | | | | | |
| CORRESPONDENT FINANCIAL INSTIT | TUTION INFORMAT | TION | (if applicable) | | | | | | |
| Correspondent Bank Name: | | | Correspondent Account Number/IBAN: | | | | | | |
| Correspondent Bank Routing/SWIFT Code: | | | Addt'l Instructions: | | | | | | |
| *Intermediary/Corresponding Bank may not appl *Name on the bank account should be the exact na you must provide a written explanation on your co Attach the letter to this form.) | me as shown on your mon | | | | | | | | |
| VENDOR/PAYEE AUTHORIZATION I certify that the information on this form is true and correct as of the date written below | | | | | | | | | |
| *Authorized Signature: | | | *Printed Name/Title: | | | | | | |
| Phone #: E-mail Addre | | ress: | | | *Date: | *Date: | | | |
| INTERNAL USE ONLY | | | | | | | | | |
| Vendor ID # | SAIC VM Agent: | | | Date: | | | | | |

For questions concerning the set-up for electronic payments, please contact the Vendor Master Desk at 865-425-5288. For questions concerning individual transactions, please contact the A/P Help Desk at 866-955-7242, option 4.