Publix. Stockholder Online

Website Account Request

Instructions

- 1. Complete the information below, print and sign the form.
- 2. Mail the completed form along with a copy of your driver's license to: Publix stockholder services, P.O. Box 32040, Lakeland, Florida 33802-2040.

Once your form is processed and your eligibility for a website account is verified, you'll receive your login instructions by U.S. mail. After receiving these instructions, you'll need to enter the credentials provided in the instructions on the login screen and respond to a security check using your phone number provided below.

Personal Information			
First Name:	Middle Initial:	Last Name:	
Social Security Number:			
Street Address:			
City:		State:	ZIP Code:
Email Address:		Phone Number: ()	
Stock Account			
Please provide the information below for your individual, joint or custodial Publix stock account. If you only have a PROFIT Plan account, you do not need to provide the information in this section.			
Account Number:			
Account Registration Name:			
Signature and Acknowledgements			
 SOCIAL SECURITY NUMBER CERTIFICATION (SUBSTITUTE FORM W-9): Under penalties of perjury, I certify that: 1) the number shown on this form is my correct Social Security Number, 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 as defined in the instructions issued by the IRS. I agree to allow Publix to contact me at the phone number provided on this form for security verification, and I understand carrier message and data rates may apply. I acknowledge the IRS does not require my consent to any provision of this document other than the Social Security number certifications required to 			
Tacknowledge the IRS does not require my consent to an avoid backup withholding.	y provision of this docum	nent other than the Social Sec	anty number certifications required to
Stockholder Signature:		Date:	