

## ePOI Information Form

|                         |               |                | Personal I          | nformation |                    |          |
|-------------------------|---------------|----------------|---------------------|------------|--------------------|----------|
| PSID#:                  |               |                |                     |            |                    |          |
| Full Name:              |               |                |                     |            |                    |          |
|                         | First         |                | Middle              |            | Last               |          |
| Birth Date:             |               |                | Social Security #:  |            | Gender:            |          |
| Home Addres             | SS:           |                |                     |            |                    |          |
|                         |               | Street Address |                     |            | Apartment/Unit #   |          |
|                         |               | -              |                     |            |                    |          |
|                         |               | City           |                     |            | State              | ZIP Code |
| Mailing Addre           | ess:          |                |                     |            |                    |          |
|                         |               | Street Address |                     |            | Apartment/Unit #   |          |
|                         |               |                |                     |            |                    |          |
|                         |               | City           |                     |            | State              | ZIP Code |
| Home Phone:             |               |                | Cellular Phone:     |            |                    |          |
| Business Pho            |               |                |                     |            |                    |          |
| Home Email              | Address:      |                |                     |            |                    |          |
| Business Em             | nail Address: |                |                     |            |                    |          |
| Destination E           | Email Addres  | ss:            |                     |            |                    |          |
|                         |               |                |                     |            |                    |          |
| Driver's License State: |               |                | Driver's License #: |            |                    |          |
| Visa/Permit Type:       |               |                | Visa/Permit #:      |            |                    |          |
|                         |               |                |                     |            |                    |          |
| A                       |               |                |                     | I Use ONLY |                    |          |
| Account Acce            | 3SS:          | Cougarnet FI   | _                   | Flag U     | H Email Alias Flag |          |
| POI Type:               |               |                | Effective Date:     |            | Sponsor ID:        |          |
|                         |               |                | Planned Exit Date:  |            | Sponsor Name:      |          |
| Comments:               |               |                |                     |            |                    |          |
| (Why is this r          | needed?)      |                |                     |            |                    |          |
|                         |               |                |                     |            |                    |          |
| -DOL#:                  |               |                |                     |            |                    |          |
| ePOI #:                 |               |                | Date Emailed Info:  |            |                    |          |
| EMPL ID:                |               |                |                     |            |                    |          |