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# Enrollment Form for PepsiCo, Inc. BuyDIRECT Plan

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**  
 To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you complete an enrollment application, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Please be aware that we will verify the information you provide and may also ask for copies of your driver's license or other identifying documents.

## 1. Account Registration (Select one of the following account types, printing clearly in CAPITAL LETTERS)

**Individual or Joint Account**

Owner's name

Owner's Social Security Number (used for tax reporting)

 -   -    

Owner's date of birth (month / day / year)

  /   /  

Joint Owner's name

Joint Owner's Social Security Number (used for tax reporting)

 -   -    

The account will be registered "Joint Tenants with Rights of Survivorship" unless you check a box below:

Tenants in common  Tenants by entirety  Community property

**Gift Transfer to a Minor (UGMA/UTMA)**

Custodian's name

Minor's name

Minor's Social Security Number (required)

 -   -    

Minor's date of birth (month / day / year)

  /   /  

Custodian's state

 

**Trust (Check one trustee type)**

Person as trustee

Organization as trustee

Trustee: Individual or organization name

and Co-trustee's name, if applicable

Name of trust

For the benefit of

Trust Taxpayer Identification Number (required)

 -       

Date of trust (month / day / year)

  /   /  

Donor's state

 

**Organization or Business Entity (Check one)**

Corporation

Partnership

Other

Name of entity

Taxpayer Identification Number (required)

 -





## 8. Substitute Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

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6 U.S. Taxpayer Identification Number,  
if required

(Check one)  SSN or  TIN

1 Name of individual or organization that is the beneficial owner:

2 Country of incorporation or organization. **Do not abbreviate country.**

3 Type of beneficial owner (check one):

Individual     Corporation     Estate     Private Foundation

4 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address. Do not abbreviate country.**

5 Mailing address (if different from above):

### Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a  The beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country. **Do not abbreviate country.**
- b  If required, the U.S. taxpayer identification number is stated on line 6.
- c  The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and if applicable, meets the requirements of the treaty provision dealing with limitation on benefits.
- d  The beneficial owner is not an individual, is claiming treaty benefits for dividends, received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status.

**Certification: Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:**

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2 The beneficial owner is not a U.S. person,
- 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ►

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Capacity in which acting