

Assign Payment

Existing Multifamily | Standard Incentive Applications | Form 320A



To be completed by Participant

Lockheed Martin is a Program Management Contractor for Energy Trust of Oregon.

To authorize payment of the Energy Trust incentive to your contractor or another designated payee, both the Participant and Payee must sign and submit this **Assign Payment (Form 320A)** along with the applicable Existing Multifamily standard incentive application (**Forms 320APP, 320F, 320HVAC, 320WH, or 320WX**).

Option to Assign Incentive Payment

PLEASE NOTE: The Energy Trust incentive payment will be made to Participant unless Participant and its designated Payee complete the section below to assign the payment to Payee. An **IRS Form W-9** (Request for Taxpayer Identification Number and Certification) for the Payee named below must be provided if this option is selected.

SITE ADDRESS			
Street Address	City	State	Zip

PARTICIPANT AND PAYEE
 Both Participant and Payee understand and agree that if this Option to Assign Incentive Payment is selected the incentive check will be issued to the Payee named below at the address listed below and Energy Trust is not responsible for any tax liabilities that may be associated with the incentive payment. In addition, Participant understands that, notwithstanding this assignment, responsibility for complying with the terms and conditions of this incentive agreement shall continue to be the obligation of Participant, and Energy Trust's sole responsibility under this incentive agreement shall be to Participant. Accordingly, Payee understands that it shall have no rights against Energy Trust or the PMC with respect to such assignment or the payment of the incentive, and in the event that Energy Trust does not pay the incentive as a result of Participant's failure to comply with this agreement, Payee's sole recourse shall be against Participant. Participant directs Energy Trust to pay any incentive to which it is entitled to the Payee named below and waives all rights to directly receive the Energy Trust

SIGNATURES: By my signature below, I represent to Energy Trust that I have read this agreement and am duly authorized to sign this Option to Assign Incentive Payment on behalf of the party for whom I am signing.

On Behalf of Participant <i>Authorized Representative</i> _____ <i>(printed)</i>	_____ <i>(signature)</i>	Date
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Participant Name
(must match legal business Property Owner name listed as the "Participant" on associated incentive application)

PAYEE NAME AND SIGNATURE

On Behalf of Payee <i>Authorized Representative</i> _____ <i>(printed)</i>	_____ <i>(signature)</i>	Date
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Payee Name
(must match submitted IRS form W9)

Mailing Address for Check	City	State	Zip
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Phone	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	Email
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