

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages

AGREEMENT NUMBER

AMENDMENT NUMBER

DGS MSA DISC**4**

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and Contractor named below:

STATE AGENCY'S NAME

DEPARTMENT OF GENERAL SERVICES

CONTRACTOR'S NAME

Discover Financial Services LLC

2. The term of this

Agreement is 5/01/2002 through 6/30/20083. The maximum amount of this **\$0**Agreement after this amendment is: Zero dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

This amendment:

- 1) Extends the end date of this contract from 4/30/2007 **TO** 6/30/2008.
- 2) Adds "Phase-In and Phase-Out Services" language as noted on page 2 of this amendment.
- 3) Changes contractor's business type from an "Inc." **TO** "LLC."
- 4) Replaces Exhibit D, Payee Data Record Std. 204 in its entirety.
- 5) Updates the Contract Administrator for the State and the Contract Contact for Discover as follows:

Sarah J. Collins
 Department of General Services
 Procurement Division
 707 3rd Street, 2nd Floor
 West Sacramento, CA 95605
 Phone: (916) 375-4385
 Fax: (916) 375-4663
 E-mail: sarah.collins@dgs.ca.gov

June Sailas
 Relationship Manager, National Accounts
 Discover Network
 2500 Lake Cook Road, 2/3/AA
 Riverwoods, IL 60015
 Phone: (303) 252-4483
 Fax: (303) 252 4687
 E-mail: junesailas@discoverfinancial.com

The effective date of this amendment is the date approved and signed by the Department of General Service's Office of Legal Services.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only	
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Discover Financial Services LLC		<div style="text-align: center;"> </div>	
BY (Authorized Signature) 	DATE SIGNED (Do not type) <u>4/25/07</u>		
PRINTED NAME AND TITLE OF PERSON SIGNING Kevin J. O'Donnell, VP			
ADDRESS 2500 Lake Cook Road Riverwoods, IL 60015		<div style="text-align: center;"> </div>	
STATE OF CALIFORNIA			
AGENCY NAME Department of General Services - Procurement Division			
BY (Authorized Signature) 	DATE SIGNED (Do not type) <u>4/30/07</u>		
PRINTED NAME AND TITLE OF PERSON SIGNING Rita Hamilton, Deputy Director		<input type="checkbox"/> Exempt per:	
ADDRESS 707 Third Street, 2nd Floor, West Sacramento, CA 95605			

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Phase-In and Phase-Out Services

Prior to termination of this Agreement and/or those contracts executed directly with agencies under this Agreement, Contractor must furnish phase-out services for up to 120 working days. Additionally, Contractor must negotiate in good faith a plan with a successor to determine the nature and extent of phase-in, phase-out services required.

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>								
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>								
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>								
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov						
For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov						
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>								
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>								