| (Rev. C                                     | W-8BEN<br>October 2021)<br>ment of the Treasury<br>Revenue Service   | Certificate of Foreign State<br>States Tax Withholdir<br>► For use by individuals.<br>► Go to www.irs.gov/FormW8BE<br>► Give this form to the withhold   | OMB No. 1545-1621                               |   |                    |
|---|--|--|---|---|--------------------|
| Do NO                                       | DT use this form if  | :<br>:   |   |   | Instead, use Form: |
| • You                                       | are NOT an individ   | lual   |   |   | W-8BEN-E           |
| • You                                       | are a U.S. citizen d   | or other U.S. person, including a resident alier   | n individual                                    |   | W-9                |
| (oth  | er than personal se  | ner claiming that income is effectively conner<br>ervices)   |   |   | W-8ECI             |
|   |  |  |   |   |                    |
| 1   | Identification of Beneficial Owner (see instructions)           Name of individual who is the beneficial owner           Permanent residence address (street, apt. or suite no., or rural route). Do not use |  |   | 2 Country of citizenship<br>a P.O. box or in-care-of address. |                    |
|   | City or town, stat   | Country Countr |   |   |                    |
| 4 Mailing address (if different from above) |  |  |   |   |                    |
|   | City or town, stat   | vn, state or province. Include postal code where appropriate.  |   |   |                    |
| 5   | U.S. taxpayer ide  | lentification number (SSN or ITIN), if required (see instructions)   |   |   |                    |
| <mark>6a</mark>                             | Foreign tax ident  | ifying number (see instructions)   | 6b Check if FTIN not legally required           |   |                    |
| 7   | Reference numb   | er(s) (see instructions)   | 8 Date of birth (MM-DD-YYYY) (see instructions) |   |                    |

 Part II
 Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

 9
 I certify that the beneficial owner is a resident of

treaty between the United States and that country.

**10** Special rates and conditions (if applicable – see instructions): The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

## Part III 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:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- · This form relates to:

Sign Here

(a) income not effectively connected with the conduct of a trade or business in the United States;

(b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;

(c) the partner's share of a partnership's effectively connected taxable income; or

- (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

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. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Certify that I have the capacity to sign for the person identified on line 1 of this form.

## YOUR SIGNATURE

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

Date (MM-DD-YYYY)

Print name of signer