Form W-8BEN

(Rev. October 2021)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

► Go to www.irs.gov/FormW8BEN for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

| Do N | OT use this fo | orm if: | | | Instead, use Form: | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|---------------------------------------|--|
| • You are NOT an individual | | | | | | |
| • You are a U.S. citizen or other U.S. person, including a resident alien individual | | | | | | |
| | | ial owner claiming that income is effectively connectable services) | | trade or business | within the United States W-8ECI | |
| • You | are a benefic | ial owner who is receiving compensation for perso | nal services performed ir | the United States | s 8233 or W-4 | |
| • You | are a person | acting as an intermediary | | | W-8 I MY | |
| | | sident in a FATCA partner jurisdiction (that is, a M risdiction of residence. | lodel 1 IGA jurisdiction v | rith reciprocity), c | ertain tax account information may be | |
| Par | t I Ider | Identification of Beneficial Owner (see instructions) | | | | |
| 1 | Name of inc | | | | untry of citizenship | |
| 3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address | | | | | of address. | |
| | City or tow | n, state or province. Include postal code where app | appropriate. | | Country | |
| 4 Mailing address (if different from above) | | | | | | |
| - | City or town, state or province. Include postal code where appropriate. | | | | Country | |
| 5 | U.S. taxpay | xpayer identification number (SSN or ITIN), if required (see instructions) | | | | |
| 6a | Foreign tax | identifying number (see instructions) | 6b Check if FTIN not | legally required . | | |
| 7 | 7 Reference number(s) (see instructions) 8 D | | | 8 Date of birth (MM-DD-YYYY) (see instructions) | | |
| Par | t I Clai | m of Tax Treaty Benefits (for chapter 3 | purposes only) (see | instructions) | | |
| 9 I certify that the beneficial owner is a resident of within the meaning of the inco | | | | | | |
| | treaty betw | een the United States and that country. | | | <u>-</u> | |
| 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 | | tification | | | | |
| 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 | | | | | | |
| | | this form to document myself for chapter 4 purposes; | e individual triat is the benef | ciai owner) or all the | income of proceeds to which this form | |
| | • | on line 1 of this form is not a U.S. person; | | | | |
| • This form relates to: | | | | | | |
| (a) income not effectively connected with the conduct of a trade or business in the United States; W8IT (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 transacti | ions or barter exchanges, the beneficial owner is an exemp | ot foreign person as defined | in the instructions. | | |
| | | this form to be provided to any withholding agent that has contro ints of the income of which I am the beneficial owner. I agree tha | | | | |
| Sign | Here | ☐ I certify that I have the capacity to sign for the perso | n identified on line 1 of this f | orm. | | |
| Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) | | | | | Date (MM-DD-YYYY) | |
| | | Print name of signer | | | | |
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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 10-2021)

AFFIDAVIT FOR UNCHANGED STATUS: under penalties of perjury, I declare that I have examined and signed the above Form W-8BEN and that the information and certifications contained therein remained the same and unchanged for the period beginning to the present, and were true, correct and complete for those years. (Please attach a separate statement if any information has changed).