| | W-8BEN | | olding and Reporting | ng (Individuals) | | | |
|----------------------------|---|---|---|--------------------------|---|--|--|
| Department of the Treasury | | For use by individuals. Entities must use Form W-8BEN-E. Go to www.irs.gov/FormW8BEN for instructions and the latest information. | | | OMB No. 1545-1621 | | |
| | | _ | the withholding agent or payer. Do not send to the IRS. | | | | |
| Do N | OT use this form if | : | | | Instead, use Form: | | |
| • You | are NOT an individ | ual | | | W-8BEN-E | | |
| • You | are a U.S. citizen o | r other U.S. person, including a reside | ent alien individual | | | | |
| | are a beneficial ow er than personal se | ner claiming that income is effectively rvices) | | of trade or business v | vithin the U.S. | | |
| • You | are a beneficial ow | ner who is receiving compensation fo | r personal services performe | d in the United States | 8233 or W-4 | | |
| • You | are a person acting | g as an intermediary | | | | | |
| | If you are resident ded to your jurisdict | in a FATCA partner jurisdiction (i.e., a ion of residence. | Model 1 IGA jurisdiction with | reciprocity), certain ta | ix account information may be | | |
| Pa | t I Identific | ation of Beneficial Owner (se | e instructions) | | | | |
| 1 | Name of individua | al who is the beneficial owner | | 2 Country of cit | izenship | | |
| 3 | Permanent reside | nce address (street, apt. or suite no., | or rural route). Do not use a | P.O. box or in-care-c | of address. | | |
| | City or town, stat | e or province. Include postal code wh | ere appropriate. | | Country | | |
| 4 | Mailing address (i | f different from above) | | | | | |
| | City or town, stat | te or province. Include postal code where appropriate. | | Country | | | |
| 5 | U.S. taxpayer ide | ntification number (SSN or ITIN), if red | quired (see instructions) | 6 Foreign tax ic | 6 Foreign tax identifying number (see instructions) | | |
| 7 | Reference numbe | er(s) (see instructions) | astructions) 8 Date of birth (MM-DD-YYYY) (see instructions) | | | | |
| Par | t II Claim of | Tax Treaty Benefits (for chap | oter 3 purposes only) (s | ee instructions) | | | |
| 9 | 2 | peneficial owner is a resident of | | | within the meaning of the income \ensuremath{tax} | | |
| | treaty between the United States and that country. | | | | | | |
| 10 | Special rates an | 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: | | | | | | |
| Dev | | tion | | | | | |
| Par | illi Certifica | | | | | | |

- 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,
- 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 applicable income tax treaty, or

(c) the partner's share of a partnership's effectively connected income,

- 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.

Sign Here

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

Date (MM-DD-YYYY)

Form **W-8BEN** (Rev. 7-2017)

| Print name of signer | Capacity in which acting (if form is not signed by beneficial owner) |
|----------------------|--|
| | oupdoiry in which doing (in form is not signed by bencholar owner) |