

Guide to completing W-8BEN individual US tax forms

Applicable to individuals and joint accounts

1. General information

1.1 Who is this guide intended for?

This guide is intended for individual investors that:

- are Australian residents for tax purposes
- are invested in securities that are dual listed on the ASX and a stock exchange in the United States of America (US), and
- hold these securities on Wrap platform.

1.2 What is a W-8BEN form?

For listed securities that derive income in the United States of America (US), the US Internal Revenue Service (IRS) requires certain documentation from the ultimate beneficial owner to ensure the appropriate level of tax is withheld in the US. Individual investors who are non-residents for US tax purposes, are required to complete a W-8BEN form – *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*.

Generally, investors who are a non-resident of the US for tax purposes are subject to a maximum withholding tax rate of 30 per cent on certain income they derive from US sources. Where the requisite form is completed in full by an investor, a withholding tax of 15 per cent may apply for Australian tax residents who derive certain income sourced in the US, in accordance with the Australia/US Double Taxation Agreement (DTA).

The example in this guide is provided to assist with completing the W-8BEN form and does not constitute legal, financial or taxation advice. This guide has been completed using information provided in the IRS W-8BEN instructions, which can be found on the IRS website, [irs.gov](https://www.irs.gov). For additional information, [Computershare](#) has also provided guidance on this form.

Investors should seek independent professional advice relevant to their specific circumstances, before submitting a W-8BEN form.

1.3 Who should complete a W-8BEN form?

For individual investors in the Wrap platform, a W-8BEN form must be completed by the beneficial owner(s) who are **not** US citizens or residents for tax purposes. Where there are multiple beneficiaries, such as a joint account, a form must be completed for each beneficiary. Further details are set out below under 'Form completion'.

For members of our superannuation fund (the Fund), no action is required. As the Fund holds these assets in trust, the trustee of the Fund will complete the form as required.

Individual investors who are a US citizen or tax resident, will need to complete a W-9 form – *Request for Taxpayer Identification Number and Certification*. This can be accessed on the IRS website, [irs.gov](https://www.irs.gov).

Please note, non-US entities (including deceased estates) must use form W-8BEN-E. For further information on the W-8BEN-E form, please see *Guide to completing W-8BEN-E entity US tax forms*.

1.4 Form completion

A W-8BEN form will need to be completed where an individual investor holds a security that may distribute certain US sourced income. These include securities that are dual-listed (ie listed on the Australian Securities Exchange and a US stock exchange). **Only one form is required per individual investor, regardless of how many dual-listed securities are held.**

Generally, a current W-8BEN form will remain in effect until 31 December, three years after the date of signing. For example, a form signed on 15 March 2018 will remain in effect until 31 December 2021.

However, if a change in circumstances makes any information on the form incorrect, a new W-8BEN form (or other appropriate form) must be filed to continue to claim a reduced rate of withholding tax under the DTA. Note that no alterations or correction fluid is accepted on the W-8BEN form. Any amendments will lead to the rejection of the form.

Once completed, please submit the original signed W-8BEN form to your adviser or our Customer Service team, with any other required documentation. The Wrap platform address is GPO Box 3154 Sydney NSW 2001. **Do not send the form directly to the share registry, as further information is required from us prior to submission.**

Please ensure that any forms completed are accurate and complete as penalties may be imposed by the IRS.

For information on the ability of a taxpayer to claim a foreign income tax offset for tax withheld in the US, please view frequently asked questions and answers on W-8BEN forms on the relevant Wrap Tax website.

2. Common errors to be aware of

Below is a list of common errors to be aware of when completing this form.

1. Only one beneficial owner may sign a form. For joint accounts each beneficial owner will be required to submit a separate form.
2. Please ensure "Date of Birth" is entered.
3. Do not complete this form if any of the account holders are a US citizen or US resident for tax purposes.
4. Please ensure the form is signed and dated.

3. Guidelines for completing the W-8BEN form

3.1 Individual account/each individual beneficial owner of a joint account

Example client scenario

- **Account name:** Mr John Smith
- **Registered address:** 1 Orange Street, Sydney NSW 2000
- Client is an Australian resident for tax purposes.

Sections to complete

Name and address as appearing on the register of the securityholders: Enter your Wrap Code. This can be found on the Account Details report under Account No or from your adviser.

| | | |
|----------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name and address as appearing on the register of the securityholders | Bond Street Custodians Limited | |
| | Wrap Account No. | <input type="text"/> |
| | Wrap Account Name. | <input type="text"/> |
| | GPO Box 4067 Sydney NSW 2001 | |
| *Must include Country in full | Country | <input type="text" value="A U S T R A L I A"/> |
| | | Securityholder Reference Number (SRN) Holder Identification Number (HIN) FOR INTERNAL USE ONLY – please do not complete <input type="text"/> |

Part I: Identification of Beneficial Owner

- Item 1:** Enter your name. This must match the name on the relevant application form.
- Item 2:** Enter your country of citizenship eg Australia. If you are a dual citizen, enter the country where you are both a citizen and a resident for tax purposes at the time of completing this form. If you are not a resident in any country in which you have citizenship, enter the country where you were most recently a resident.
- Item 3:** Enter your residential address.
- Item 5:** Enter your US TIN or social security number (if applicable). Do not enter your Australian Tax File Number (TFN). If you do not have a TIN leave this box blank.
- Item 8:** Enter your date of birth.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|--|
| Part I Identification of Beneficial Owner (see instructions) | | | |
| 1 Name of individual who is the beneficial owner JOHN SMITH | 2 Country of citizenship AUSTRALIA | | |
| 3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 1 ORANGE STREET City or town, state or province. Include postal code where appropriate. SYDNEY NSW 2000 | | Country AUSTRALIA | |
| 4 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. | | Country | |
| 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) | 6 Foreign tax identifying number (see instructions) | | |
| 7 Reference number(s) (see instructions) | 8 Date of birth (MM-DD-YYYY) (see instructions) MM / DD / YYYY | | |

Part II: Claim of Tax Treaty Benefits

- Item 9:** Enter the country of tax residency for the account (eg Australia).

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 AUSTRALIA within the meaning of the income tax 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 – Sign Here

- Sign and date the form. Your name must match the name on the relevant application form. Please note, each beneficial owner of a joint account must complete, sign and return a separate W-8BEN form.
- ‘Capacity in which acting’. If form is completed by an agent under a duly authorised Power of Attorney, the form must be accompanied by a copy of the Power of Attorney.
- Please submit the original signed W-8BEN form to your adviser or our Customer Service team. **Do not send the form directly to the share registry, as further information is required from us prior to submission.**

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 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: | |
| <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> (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. | |
| Sign Here <input checked="" type="checkbox"/> I certify that I have the capacity to sign for the person identified on line 1 of this form. | |
| _____ Signature of beneficial owner (or individual authorized to sign for beneficial owner) | MM / DD / YYYY _____ Date (MM-DD-YYYY) |
| JOHN SMITH _____ Print name of signer | |

4. Blank W-8BEN form – individuals

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| Form W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service | Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) ▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code. ▶ Go to www.irs.gov/FormW8BENE 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 | | | | | | | | | | | | | | | | |
| Name and address as appearing on the register of the securityholders *Must include Country in full | Bond Street Custodians Limited Wrap Account No. <input style="width: 100px;" type="text"/> Wrap Account Name. <input style="width: 100px;" type="text"/> GPO Box 4067 Sydney NSW 2001 Country <input style="width: 150px;" type="text" value="A U S T R A L I A"/> | Securityholder Reference Number (SRN) Holder Identification Number (HIN) FOR INTERNAL USE ONLY – please do not complete <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | |
| Part I Identification of Beneficial Owner | | | | | | | | | | | | | | | | | | |
| 1 Name of organization that is the beneficial owner | 2 Country of incorporation or organization | | | | | | | | | | | | | | | | | |
| 3 Name of disregarded entity receiving the payment (if applicable, see instructions) | | | | | | | | | | | | | | | | | | |
| 4 Chapter 3 Status (entity type) (Must check one box only): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Central Bank of Issue</td> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Foreign Government - Controlled Entity</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Foreign Government - Integral Part</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> International organization</td> <td></td> </tr> </table> If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Simple trust | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Private foundation | <input type="checkbox"/> Complex trust | <input type="checkbox"/> Foreign Government - Controlled Entity | <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign Government - Integral Part | | | <input type="checkbox"/> International organization | |
| <input type="checkbox"/> Simple trust | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Private foundation | <input type="checkbox"/> Complex trust | <input type="checkbox"/> Foreign Government - Controlled Entity | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign Government - Integral Part | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> International organization | | | | | | | | | | | | | | | | |
| 5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. 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Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. 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| <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account. | | | | | | | | | | | | | | | | | |
| 6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). | | | | | | | | | | | | | | | | | | |
| City or town, state or province. Include postal code where appropriate. | Country | | | | | | | | | | | | | | | | | |
| 7 Mailing address (if different from above) | | | | | | | | | | | | | | | | | | |
| City or town, state or province. Include postal code where appropriate. | Country | | | | | | | | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see separate instructions. | | | | | | | | | | | | | | | | | | |
| Cat. No. 59689N | Form W-8BEN-E (Rev. 10-2021) | | | | | | | | | | | | | | | | | |

This document is issued by IOOF Investment Services Ltd (Operator) (ABN 80 007 350 405, AFSL 230703). The Operator is a member of the IOOF group of companies comprising IOOF Holdings Ltd (ABN 49 100 103 722) (IOOF) and its related bodies corporate. IOOF, the Operator, and its related bodies corporate and associated entities do not guarantee the repayment of capital, the performance of, or any rate of return of an investment in the products issued by the Operator. Such an investment is subject to investment risk and other risks, including delays in the repayment of capital and loss of income and principal invested. Past performance is not an indication of future performance.

The information provided is of a general nature and does not take into account your personal needs, financial circumstances or objectives. Before acting on this information, you must consider the appropriateness of the information, having regard to your needs, financial circumstances and objectives. You must also read the relevant IDPS Guide, this information and any other current disclosure documents which are available by calling Customer Services on 1800 893 141 or emailing Customer Services at service@wrapinvest.com.au before making any investment decision.

The Wrap Cash Account is issued by Macquarie Bank Limited (ABN 46 008 583 542 AFSL 237 502).

The information in this document is current as at the date on this document and may be subject to change. For further information, please contact your financial adviser or Customer Services on 1800 893 141. MW189 WA 11/22

We're ready to help, whenever you need us



Call 1800 893 141



Email us at service@wrapinvest.com.au

Wrap Access

Checklist for Completing the W-8BEN Form

Below is a checklist to assist in the completion of the W-8BEN form

- The form available on the tax website has been used

- Wrap account details have been provided

- Name of an individual that is a beneficial owner

- Country of citizenship

- Permanent address

- Date of birth

- Relevant sections completed in Part II

- Only one beneficial owner signs and prints their name on each form

- The document has been dated

- Please ensure the complete W-BEN form is submitted either via email to wrapsolutions@macquarie.com or via registered post to the following address: GPO Box 4067, Sydney, NSW, 2001

Failure to complete any of the items identified in this checklist may result in the form being rejected by the Share Registry and the full rate of withholding tax being applied. We cannot guarantee the receipt of any form. We will pass on valid forms received to the Share Registry.

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

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

► 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

Name and address as appearing on the register of the securityholders

Bond Street Custodians Limited

Wrap Account No.

Wrap Account Name.

GPO Box 4067
Sydney NSW 2001

Country

Securityholder Reference Number (SRN)
Holder Identification Number (HIN)

FOR INTERNAL USE ONLY – please do not complete

*Must include Country in full

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

| | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1 Name of individual who is the beneficial owner | 2 Country 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. | |
| City or town, state or province. Include postal code where appropriate. | Country |
| 4 Mailing address (if different from above) | |
| City or town, state or province. Include postal code where appropriate. | Country |
| 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) | |
| 6a Foreign tax identifying number (see instructions) | 6b Check if FTIN not legally required <input type="checkbox"/> |
| 7 Reference number(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 _____ within the meaning of the income tax 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:
 - (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.**

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

Sign Here ►

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

Date (MM-DD-YYYY)

Print name of signer