## Form W-8BEN

(Rev. February 2014)

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.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

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

OMB No. 1545-1621

| Do No    | OT use this form if:  |                                       |                             | Instead, use Form:                              |  |
|----------|---|---------------------------------------|-----------------------------|---|--|
| • You    | are NOT an individual   |                                       |                             | W-8BEN-E  |  |
| • You    | are a U.S. citizen or other U.S. person, including a reside   | ent alien individual                  |                             | W-9   |  |
|          | are a beneficial owner claiming that income is effectively er than personal services)   |                                       | f trade or business         | within the U.S.                                 |  |
| • You    | are a beneficial owner who is receiving compensation for  | r personal services performed         | in the United States        | s 8233 or W-4                                   |  |
|          | ·   | ·                                     |                             | W-8IMY  |  |
|          | <u> </u>  |                                       |                             |   |  |
| Par<br>1 | Name of individual who is the beneficial owner (see instructions)   |                                       | 2 Country of citizenship    |   |  |
| •        |   |                                       |                             |   |  |
| 3        | Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>  |                                       |                             |   |  |
|          | 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 rec   | quired (see instructions)             | 6 Foreign tax               | identifying number (see instructions)           |  |
| 7        | Reference number(s) (see instructions)  | 8 Date of birth (MM-DD-               | DD-YYYY) (see instructions) |   |  |
| Par      | Claim of Tax Treaty Benefits (for chap  | oter 3 purposes only) (se             | e instructions)             |   |  |
| 9        |   |                                       |                             |   |  |
|          | 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   |                                       |                             |   |  |
|          | of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):  |                                       |                             |   |  |
|          |   |                                       |                             |   |  |
|          | Explain the reasons the beneficial owner meets the terms of the treaty article:   |                                       |                             |   |  |
|          |   |                                       |                             |   |  |
| Dowl     | III Contification   |                                       |                             |   |  |
| Part     |   |                                       |                             |   |  |
|          | penalties of perjury, I declare that I have examined the information<br>under penalties of perjury that:  | n on this form and to the best of m   | y knowledge and belie       | et it is true, correct, and complete. I turther |  |
| •        | 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 to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution, |                                       |                             |   |  |
| •        | 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 withho any withholding agent that can disburse or make payments of if any certification made on this form becomes incorrect.   |                                       |                             |   |  |
| Sign     | Here  |                                       |                             |   |  |
|          | Signature of beneficial owner (or individual  | dual authorized to sign for beneficia | al owner)                   | Date (MM-DD-YYYY)                               |  |
|          | Print name of signer  |                                       | Capacity in which acti      | ng (if form is not signed by beneficial owner)  |  |
|          |   |                                       |                             |   |  |