

Tax Form Checklist - Form W-8BEN and W-8BEN-E

Please follow the checklist exactly to ensure a successful review when you submit your tax form:

- A. The Identification of Beneficial Owner part must be completed and match your current profile information.
At the minimum:
 - i. Lines **1 - 3** and **8** as shown below for individuals filing Form **W-8BEN**.
 - ii. Lines **1 - 6** as shown below for companies filing Form **W-8BEN-E**.
- B. All lines in the Certification part must be completed and signed by the person registered in your profile.
- C. Date of Certification must be within 5 days of upload date. Anything older than 5 days will be considered expired.
- D. Digital signatures are not accepted. Please print and sign the form by hand.
- E. Scan the entire form, including unmarked pages into a single file. PDF, TIFF, JPG, or PNG file types are accepted.

Any submissions that do not follow this checklist will not be accepted. Individuals will be required to correct and resubmit their documents, potentially delaying transfer of funds.

W8BEN: Part I, II and III

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| 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) | 6 Foreign tax identifying number (see instructions) |
| 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 _____ 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: _____ | |
| 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 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:<ul style="list-style-type: none">(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, andFor 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) |
| Print name of signer | Capacity in which acting (if form is signed by beneficial owner) |

W-8BEN-E: Part I and XXX

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| 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): <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Central Bank of Issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Private foundation <input type="checkbox"/> International organization 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 | |
| 5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status). <input type="checkbox"/> Nonparticipating FFI (including a limited FFI or 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"/> Nonreporting IGA FFI. Complete Part XII. <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"/> Certified deemed-compliant investment advisors and investment managers. 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"/> 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 XXII. <input type="checkbox"/> Nonprofit organization. Complete Part XXIII. <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) | |
| Part XXX 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">The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W,The entity identified 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 income tax treaty, or (c) the partner's share of a partnership's effectively connected income, andFor 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 the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner. I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect. | |
| Sign Here | |
| Signature of individual authorized to sign for beneficial owner | Print Name |
| | Date (MM-DD-YYYY) |
| <input type="checkbox"/> I certify that I have the capacity to sign for the entity identified on line 1 of this form. | |