| Form W-8BEN (Rev. January 2017) | | 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. | | | OMB No. 1545-1621 | |
|---|--|--|--|---|-------------------|-------------------------------|
| | nent of the Treasury Revenue Service | ► Information about Form w-oblin and its separate instructions is at www.irs.gov/formwoblen. ► Give this form to the withholding agent or payer. Do not send to the IRS. | | woben. | | |
| Do NO | DT use this form if | : | | | | Instead, use Form: |
| • You | are NOT an individ | ual | | | | W-8BEN-E |
| • You | are a U.S. citizen c | r other U.S. person, including a resider | nt alien individual | | | W-9 |
| | | ner claiming that income is effectively o | | | within the U.S | S. |
| | · | rvices) | | | | W-8ECI |
| | | • • | | | | |
| | | as an intermediary | | | | |
| | If you are resident led to your jurisdict | in a FATCA partner jurisdiction (i.e., a N ion of residence. | Nodel 1 IGA jurisdiction with re | eciprocity), certain ta | ax account ir | nformation may be |
| Par | t Identific | ation of Beneficial Owner (see | e instructions) | | | |
| 1 | Name of individual who is the beneficial owner | | | 2 Country of citizenship | | |
| | | | | | | |
| 3 | Permanent reside | ence address (street, apt. or suite no., o | or rural route). Do not use a P | O. box or in-care- | of address. | |
| | City or town, state or province. Include postal code whether the state of the state | | iere appropriate. | | Country | |
| 4 | Mailing address (| f different from above) | | | | |
| | City or town, state or province. Include postal code where appropriate. | | | | Country | |
| 5 | U.S. taxpayer ide | ntification number (SSN or ITIN), if requ | uired (see instructions) | 6 Foreign tax identifying number (see instructions) | | |
| 7 | Reference numbe | ber(s) (see instructions) 8 Date of birth (MM-DD-YYYY) (see instructions) | | | | |
| Par | Claim of | Tax Treaty Benefits (for chap | ter 3 purposes only) (see | e instructions) | | |
| 9 | | and the first second | | | within the m | neaning of the income tax |
| | treaty between th | e United States and that country. | | | | |
| 10 | Special rates an | d conditions (if applicable – see instruction of the treaty identified o | ctions): The beneficial owner i n line 9 above to claim a | 0 1 | | |
| | Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: | | | | | |
| Part | III Certifica | tion | | | | |
| Under | | declare that I have examined the information | on this form and to the best of my | / knowledge and belief | it is true, corr | ect, and complete. I further |
| • | | hat is the beneficial owner (or am authorized to document myself for chapter 4 purposes, | to sign for the individual that is th | e beneficial owner) of a | all the income | to which this form relates or |
| • | The person named | on line 1 of this form is not a U.S. person, | | | | |
| • | The income to whic | h this form relates is: | | | | |
| | (a) not effectively co | onnected with the conduct of a trade or busir | ness in the United States, | | | |

- (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)