W-8BEN – Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

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Form W-8BEN (Rev. 10-2021)

For Joint Accounts, each account holder must complete a separate form.

A form W-8BEN must be completed correctly without any alterations.

If you make a mistake, please start over using a new form.

Do not use liquid paper or any other correctional tool.

All W Forms must be completed in English.

For Paperwork Reduction Act Notice, see separate instructions.

Form W-8BEN (Rev. October 2021) 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. ► Go to www.irs.gov/Form/W8EEN 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
Do NOT 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 resident alien	individual			W-9
	wner claiming that income is effectively connec		trada or husiness y	within the Unit	ad States
(other than personal s					W-8ECI
You are a beneficial or	wner who is receiving compensation for person	nal services performed in	the United States		8233 or W-4
You are a person actir					W-8IMY
	<u> </u>				
Note: If you are resider provided to your jurisdi	nt in a FATCA partner jurisdiction (that is, a Mo iction of residence.	odel 1 IGA jurisdiction w	ith reciprocity), ce	ertain tax acco	ount information may be
Part I Identifi	cation of Beneficial Owner (see instr	ructions)			
 Name of individ 	ual who is the beneficial owner		2 Country of ci	itizenship	
3 Permanent residence	dence address (street, apt. or suite no., or rural	route). Do not use a P.C). box or in-care-	of address.	
City or town, sta	ate or province. Include postal code where app	ropriate.		Country	
4 Mailing address	(if different from above)				
City or town, sta	ate or province. Include postal code where app	ropriate.		Country	
5 U.S. taxpayer in	dentification number (SSN or ITIN), if required (s	see instructions)			
6a Foreign tax ider	ntifying number (see instructions)	6b Check if FTIN not	legally required .		
7 Reference numb	ber(s) (see instructions)	8 Date of birth (MM	-DD-YYYY) (see in	structions)	
	/T T . D . C . //				
	of Tax Treaty Benefits (for chapter 3	purposes only) (see			
	beneficial owner is a resident of			within the me	aning of the income tax
	the United States and that country.				
10 Special rates a	and conditions (if applicable—see instructions)				
	of the treaty identified on line	9 above to claim a	% rate of withhold	ding on (speci	fy type of income):
F 11 0 11					
Explain the add	litional conditions in the Article and paragraph t	tne beneticial owner mee	ts to be eligible for	r the rate of w	trinoiding:
Part III Certific	ection				
	lare that I have examined the information on this form and to the				
 I am the individual that is relates or am using this f 	s the beneficial owner (or am authorized to sign for the form to document myself for chapter 4 purposes;	e individual that is the benefit	cial owner) of all the i	ncome or proce	eds to which this form
The person named on lin	ne 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 co	nnected with the conduct of a trade or business in the	United States but is not sut	bject to tax under an	applicable inco	ne tax treaty;
(c) the partner's share of	a partnership's effectively connected taxable income	c or			
(d) the partner's amount	realized from the transfer of a partnership interest sub	eject to withholding under se	ction 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	ng of the income tax trea	ty between the Un	ited States and that country; and
	or barter exchanges, the beneficial owner is an exemp				
Furthermore, I authorize this fo disburse or make payments of	orm to be provided to any withholding agent that has control of a income of which I am the beneficial owner. I agree that	i, receipt, or custody of the incor t i will submit a new form withi	me of which I am the be in 30 days if any certifi	eneficial owner or Ication made on	any withholding agent that can this form becomes incorrect.
	I certify that I have the capacity to sign for the person	n identified on line 1 of this fo	orm.		
Sign Here	7				2
1	<u> </u>				3
_	Signature of beneficial owner (or individual auth	nortzed to sign for beneficial o	owner)	Date	(MM-DD-YYYY)

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- A. Please read this section and the associated instructions to ensure you are completing the correct W form.
- B. PART I (Identification of Beneficial Owner)
 - Line 1 Full Name (First Name and Last Name).
 - Line 2 Citizenship
 - Line 3 Insert full street address on the first line, and the City or town, state or province including post code on the 2nd line.

Do NOT USE:

PO Box or C/O address

Name of a third party

Address at a Financial Institution

US address

Line 4 Insert a mailing address only if it is different from your Permanent residence address.

Note: If a US mailing address is entered, a written explanation/reason for the US mailing address will be required. If the country/territory differs to the one in the permanent residence address then a written explanation will be required.

- Line 5 Insert your US Taxpayer Identification Number (TIN). It will either be a Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN).
- Line 6 6a) Insert your non-US tax identifying number. If you do not have one, go to 6b.
 - 6b) Check the box if you are not legally required to obtain an FTIN from your jurisdiction of residence (including if the jurisdiction does not issue TINs).
- Line 7 DO NOT LIST ACCOUNT NUMBERS as this could limit the form to the accounts listed and you may have to provide another form for your other accounts.
- Line 8 Write down your date of birth (MM/DD/YYYY).

Note: Please refer to the W-8BEN instructions for further guidance on who is the beneficial owner.

C. PART II (Claim of Tax Treaty Benefits)

Line 9

Only complete this section if you are resident in a treaty country/territory and entitled to claim tax treaty benefits, ie if you are receiving fixed or determinable, annual or periodical (FDAP) income, for example dividend payments, and the payment is from sources within the US. If you have any queries regarding your eligibility to claim tax treaty benefits, we suggest that you seek independent tax advice.

D. PART III (Certification)

- 1. If you are signing on behalf of the person stated on Line 1, please check the box.
- 2. Please sign the form and print your name on the line below your signature.
- 3. Please date the form using the MM/DD/YYYY format.

Note: This form cannot be signed under a Power of Attorney (POA) unless the POA document specifically mentions that the agent/attorney is able to sign on tax matters or on tax forms (and a copy is provided, or held), or alternatively if an IRS Form 2848 is provided.

^{*} Hang Seng is unable to provide any Tax advice. If you require any advice please refer to an independent tax advisor.