Note that this is to be used on reference to fill out the W-8BEN. The exact detail of the form may differ depending on the bank.

Substitute Form W-8BEN (Rev. October 2021)

U.S. Bank Branch #

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/FormW8BEN for instructions and the latest information.

	Figure this form to U.S. Bank. Do not send to the IRS.	
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
•	You are a beneficial owner claiming that income is effectively connected with the conduct of a trade or business	within the U.S.
	(other than personal services)	
•	You are a beneficial owner who is receiving compensation for personal services performed in the U.S	8233 or W-4
	You are a person acting as an intermediary	
No	te; If you are a resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain t	ax account information may

Note: If you are a resident in a FATCA partner jurisdiction (i.e., 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) Name of individual who is the beneficial owner

1 Name of individual who is the beneficial owner [your legal name on passport] 2 Country of citizenship [your passport country]

Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. Box or in-care-of address.

[address outside the US]

City or town, state or province. Include postal code where appropriate.

Country

[NOT a US address]

4 Mailing address (if different from above) (Note: Complete the attached page if a U.S. address is provided)

[1600 Grand Ave, or any other US mailing address]

City or town, state or province. Include postal code where appropriate.

Country

US

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

[your Social Security Number xxx-xx-xxxx]

6a	Foreign tax identifying number (see instructions)		Check if FTIN not legally required □ ★	
	*			
7	Account number(s) (see instructions)	8	Date of birth (MM-DD-YYYY) (see instructions)	
[yo	ur bank account number]	[e.g	g. Jan 23, 2000 → 01-23-2000]	

Part II 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.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. individual and, if applicable, obtain a reduced rate of withholding.

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

Sign Here

[sign here]	<pre>[date signed]</pre>
Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)
[legal/passport name]	
Print name of signer	

Return completed form to U.S. Bank. Do not send Form W-8BEN to the IRS.

If you provided evidence of U.S. indicia, such as a U.S. address; a U.S. telephone number without providing a non-U.S. telephone number; or a U.S. place of birth, please provide documentary evidence and complete either the checklist *OR* written statement below.

Documentary Evidence Supporting Claim of Foreign Status				
Provide a copy of a government-issued document that shows your name and permanent residence address (unless providing a foreign passport). Check the box below to identify the type of government-issued document you are providing and attach a copy to this form: Type/Class A, B, F, G, I, J, M or Q Visa				
□ Voter Registration Card □ National Foreign ID Card				
Chacklist Supporting Claim of Foreign Status (if completing chacklist do not complete written etatement)				
Checklist Supporting Claim of Foreign Status (if completing checklist, do not complete written statement)				
Complete Section A or Section B, if applicable. If neither Section A nor Section B apply, complete the written statement below.				
Section A: Specific Visa Status				
I am: A Canadian student at a U.S. educational institution and hold: (a) an I-94 record confirming admission to the U.S.; or (b) a "F," "J," "M" or "Q" visa.				
 □ A Canadian teacher, trainee or intern at a U.S. educational institution or a participant in an educational or cultural exchange visitor program and hold: (a) an I-94 record confirming admission to the U.S.; or (b) a "J" or "Q" visa. □ A student at a U.S. educational institution and hold a "F," "J," "M" or "Q" visa. 				
A teacher, trainee or intern at a U.S. educational institution or a participant in an educational or cultural exchange visitor program and hold a "J" or "Q" visa.				
 □ A foreign individual assigned to a diplomatic post or position in a consulate, embassy, or international organization in the U.S. □ A spouse or unmarried child under the age of 21 of the persons described above. 				
Section B: Substantial Presence Test				
An individual is a resident alien of the U.S. for tax purposes and not a nonresident alien if they meet the substantial presence test. An individual meets this test if they are present in the U.S. for at least 31 days during the current calendar year and at least 183 days for the 3-year period ending on the day of the current calendar year, using a weighted average.				
I do not meet the substantial presence test because I have been in the U.S.:				
days in the current year ("3rd year")				
days in the prior calendar year ("2nd year")				
days in the initial year (2 years prior to current year) ("1st year")				
Under penalties of perjury, I declare that I have examined the information on this checklist and to the best of my knowledge and belief it is true,				
correct, and complete.				
☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.				
Sign Here				
[sign here] [date signed]				
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)				
[legal/passport name]				
Print name of signer				
Written Statement Supporting Claim of Foreign Status (if completing written statement, do not complete checklist)				
I am a foreign person despite providing U.S. indicia (e.g., U.S. address; a U.S. telephone number without providing a non-U.S. telephone number; or a U.S. place of birth) in relation to my account for the following reason:				
[fill out the checklist above]				
Under penalties of perjury, I declare that I have examined the information on this written statement and to the best of my knowledge and belief it is true, correct, and complete.				
☐ 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				