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 #

Sign Here

[sign here]

Print name of signer

[legal/passport name]

Do NOT use this form if:

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. Give this form to U.S. Bank. Do not send to the IRS

Instead, use Form:

[date signed]

Date (MM-DD-YYYY)

You are NOT an individual You are a U.S. citizen or other U.S. person, including a resident alien individual		
You are a beneficial owner claiming that income is effectively connected with the co	conduct o	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 personal ser		
You are a person acting as an intermediary		
Note: If you are a resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdic	tion 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	10	Country of citizenship
	2	Country of citizenship
[your legal name on passport]		ur passport country]
3 Permanent residence address (street, apt. or suite no., or rural route). Do not	use a P.	U. Box or in-care-of address.
[address outside the US]		T
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. a	ddress 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	s)	
[your Social Security Number xxx-xx-xxxx]		
6a Foreign tax identifying number (see instructions)	6b	Check if FTIN not legally required 🗆 🛨
*		
7 Account number(s) (see instructions)	8	Date of birth (MM-DD-YYYY) (see instructions)
[your bank account number]	[e.	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 correct, and complete. I further certify under penalties of perjury that:	and to th	ne best of my knowledge and belief it is true,
 I am the individual that is the beneficial owner (or am authorized to sign for the inc proceeds to which this form relates or am using this form to document myself for of 		
 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 S	States;
(b) income effectively connected with the conduct of a trade or business in the Un income tax treaty;	ited State	es but is not subject to tax under an applicable
(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 subjec	t to withh	olding under section 1446(f);
 The person named on line 1 of this form is a resident of the treaty country listed or tax treaty between the United States and that country; and 	n line 9 of	the form (if any) within the meaning of the income
For broker transactions or barter exchanges, the beneficial owner is an exempt for	eign pers	son as defined in the instructions.
Furthermore, I authorize this form to be provided to any withholding agent that has co beneficial owner or any withholding agent that can disburse or make payments of the		

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

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required

will submit a new form within 30 days if any certification made on this form becomes incorrect.

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.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

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: Signature		
□ Voter Registration Card □ National Foreign ID Card		
Charletet Comparting Claim of Farairy Status (f. 1871)		
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		