



W-8BEN-E / Business

Enter name of your entity

Tick the appropriate box depending on your entity's type

Enter the address your entity's registered at:
street, building, apartment/unit
city, state, ZIP code

Form W-8BEN-E (Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-9BEN-E. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BEN-E 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 for:
• U.S. entity or U.S. citizen or resident W-9
• A foreign individual W-8BEN (Individual) or Form 8233
• A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
• A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
• A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of sections 1152, 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
• Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization Canada
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"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Foreign Government - Controlled Entity
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Estate
<input type="checkbox"/> Disregarded entity <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. Yes 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 an FFI related to a Reporting IGA or FFI other than a deemed-compliant FFI, participating FFI, or FFI sponsored FFI, or nonreporting IGA FFI covered in Part XII). Complete Part XII.	<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 XII.	
<input type="checkbox"/> Participating FFI.	<input type="checkbox"/> International organization. Complete Part XIV.
<input type="checkbox"/> Reporting Model 1 FFI.	<input type="checkbox"/> Exempt from FATCA. Complete Part XV.
<input type="checkbox"/> Reporting Model 2 FFI.	<input type="checkbox"/> Directly owned by exempt beneficial owners. Complete Part XVI.
<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"/> Territory financial institution. Complete Part XVII.
<input type="checkbox"/> Sponsored FFI. Complete Part IV.	<input type="checkbox"/> Exempted nonfinancial group entity. Complete Part XVIII.
<input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.	<input type="checkbox"/> Exempted nonfinancial start-up company. Complete Part XIX.
<input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.	<input type="checkbox"/> Exempted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.
<input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.	<input type="checkbox"/> 501(c) organization. Complete Part XXI.
<input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.	<input type="checkbox"/> Nonprofit organization. Complete Part XXII.
<input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.	<input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.
<input type="checkbox"/> Owner-documented FFI. Complete Part X.	<input type="checkbox"/> Exempted territory NFFE. Complete Part XXIV.
<input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Active NFFE. Complete Part XXV.

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).
123 Example St., Ste. 1001

City or town, state or province. Include postal code where appropriate.
City Example, State/Province Example, A07 BCD

7 Mailing address (if different from above)

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

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 59698N Form W-8BEN-E (Rev. 10-2021)

Please, pay attention while completing your W-8BEN-E Form, as we cannot accept amended forms.

Should an error occur, you will need to fill out a new form.

Enter country where your entity was established

If mail can't reach you at your entity's registration address (field 6), enter the entity's mailing address here: street, building, apartment/unit, city, state/province/region, ZIP code, country



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Enter your entity's Tax Identification Number (TIN)

If you are unsure what it is, check the following links for more info about TINs in your country: [Link 1](#) and [Link 2](#). Please don't conceal any part of the TIN. We can assure you that it is safe. To protect your personal information, we take reasonable precautions and follow industry best practices to make sure it is not lost, misused, accessed by third party, or disclosed to unrelated entities.



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Part I Identification of Beneficial Owner (continued)

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8 U.S. taxpayer identification number (TIN), if required

9a GIIN b Foreign TIN ABC123456D c Check if FTIN not legally required.

10 Reference number(s) (see instructions)

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

11 Chapter 4 status (FATCA status) of disregarded entity or branch receiving payment

Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.
 Participating FFI. Reporting Model 2 FFI.

12 Address of disregarded entity or branch (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 _____

13 GIIN (if any) _____

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner receives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

Government Company that meets the ownership and base erosion test
 Tax-exempt pension trust or pension fund Company that meets the derivative benefits test
 Other tax-exempt organization Company with an item of income that meets active trade or business test
 Publicly traded corporation Favorable discretionary determination by the U.S. competent authority received
 Subsidiary of a publicly traded corporation No LOB article in treaty
 Other (specify Article and paragraph): _____

c The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 Special rates and conditions (if applicable—see instructions):
The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

16 Name of sponsoring entity: _____

17 Check whichever box applies.

I certify that the entity identified in Part I:
• Is an investment entity;
• Is not a QI, WP, or WT; and
• Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

I certify that the entity identified in Part I:
• Is a controlled foreign corporation as defined in section 957(a);
• Is not a QI, WP, or WT;
• Is wholly owned, directly or indirectly, by the U.S. financial institution identified above to act as the sponsoring entity for this entity; and
• Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

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Tick the box "I certify ..."

Leave a signature

For this document, two types of signatures are accepted:

- wet signature that has been applied to the printed copy of the form and then scanned or photographed
- electronic signature that can be done in Adobe Acrobat or in any similar software (SmallPDF, DocuSign, etc.)

Enter the name of the individual authorized to sign for the entity or the beneficial owner

Enter current date in MM-DD-YYYY format