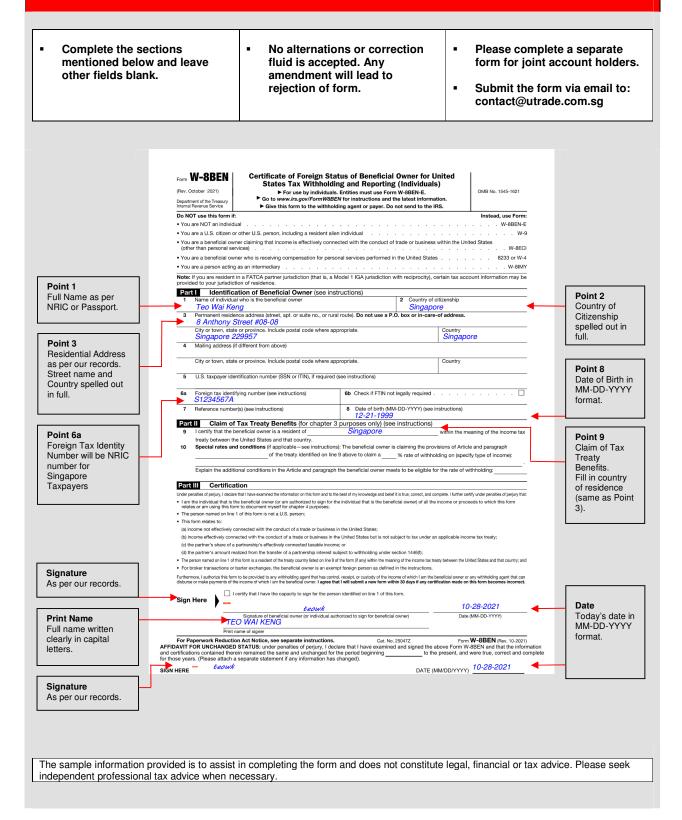
INSTRUCTIONS FOR W-8BEN FORM COMPLETION



| | I-8BEN Ober 2021) 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. | | lividuals) ^{BEN-E.} | OMB No. 1545-1621 | |
|-----------------------------|--|--|---|--------------------------------|---|
| Departmer Internal Re | Bevenue Service Go to www.irs.gov/FormW8BEN for instructions and the latest information. Give this form to the withholding agent or payer. Do not send to the IRS. | | | | |
| | use this form if | | | | Instead, use Form |
| • You ar | e NOT an individ | lual | | | W-8BEN-E |
| • You ar | e a U.S. citizen c | or other U.S. person, including a residen | t alien individual | | W-9 |
| (other | than personal se | ner claiming that income is effectively c rvices) | | | W-8ECI |
| | | ner who is receiving compensation for p | | | |
| You ar | e a person acting | g as an intermediary | | | |
| provideo | d to your jurisdic | t in a FATCA partner jurisdiction (that is tion of residence. | | ciprocity), certain tax acc | ount information may be |
| Part | | ation of Beneficial Owner (see | , | | |
| 1 ľ | vame of Individu | al who is the beneficial owner | 2 (| Country of citizenship | |
| 3 F | Permanent reside | ence address (street, apt. or suite no., o | r rural route) . Do not use a P.O. box | or in-care-of address. | |
| (| City or town, stat | e or province. Include postal code when | re appropriate. | Country | |
| 4 N | Mailing address (| if different from above) | | | |
| (| City or town, stat | e or province. Include postal code when | re appropriate. | Country | |
| | | | | | |
| 5 | U.S. taxpayer ide | entification number (SSN or ITIN), if requ | uired (see instructions) | | |
| 6a I | Foreign tax ident | ifying number (see instructions) | 6b Check if FTIN not legally required | | |
| 7 F | Reference numbe | er(s) (see instructions) | 8 Date of birth (MM-DD-YYYY) (see instructions) | | |
| Part I | Claim of | f Tax Treaty Benefits (for chapt | ter 3 purposes only) (see instri | uctions) | |
| | | peneficial owner is a resident of | | , | eaning of the income tax |
| 1 | treaty between the United States and that country. | | | | |
| 10 | 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 9 above to claim a% rate of withholding on (specify type of income): | | | | |
| - | - Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: | | | | |
| | Explain the addit | ional conditions in the Article and parag | raph the beneficial owner meets to b | e eligible for the rate of w | ntnholaing: |
| Part I | Certifica | ation | | | |
| | | re that I have examined the information on this form an | | | |
| | | the beneficial owner (or am authorized to sign rm to document myself for chapter 4 purpose | | ner) of all the income or proc | eeds to which this form |
| The per | rson named on line | 1 of this form is not a U.S. person; | | | |
| | rm relates to: | connected with the conduct of a two days in the | incon in the United States. | | |
| | - | connected with the conduct of a trade or busi nected with the conduct of a trade or busines | | tax under an applicable inco | me tax treatv: |
| | | partnership's effectively connected taxable i | | | ,, |
| (d) the p | partner's amount re | ealized from the transfer of a partnership inter | rest subject to withholding under section 1 | 446(f); | |
| | | this form is a resident of the treaty country listed on I | | | nited States and that country; and |
| | | barter exchanges, the beneficial owner is an | | | and the state of the |
| | | m to be provided to any withholding agent that has he income of which I am the beneficial owner. I ag | | | |
| Sign H | | certify that I have the capacity to sign for the | person identified on line 1 of this form. | | |
| | | Signature of beneficial owner (or individu | al authorized to sign for beneficial owner) | Date | (MM-DD-YYYY) |
| | | | | | |
| | Print | name of signer | | | |

for those years. (Please attach a separate statement if any information has changed).