STUDENT APPLICATION PACKET

Please mail all completed forms, copies of identification, and the initial deposit to:

1st Source Bank
Attn: Culver Department
518 N. Michigan Street
Argos, IN 46501

If you have any questions at all, please feel free to contact me.

Thank You,

1st Source Bank
Culver@1stsource.com
574 892-1560
1 800 513-2360

Dear Culver Student,

Congratulations! You're off to Culver, the finest college preparatory school in the country! It means more independence, an opportunity to be on your own and take care of yourself. It means more responsibility, too. 1st Source Bank understands how hectic this time is as you plan for your transition. We can help you manage your financial affairs with a great lineup of student services. Culver does not handle student spending accounts and has chosen 1st Source Bank as the local bank for student accounts.

YOUR MONEY IS AT YOUR FINGERTIPS WITH OUR STUDENT PACKAGE

As a Culver student, you have a great package of services available to you.

- **e-Student Checking Account for Culver Academies Students**
  You are eligible for a checking account with no monthly fee and no minimum balance requirements. See the enclosed disclosure reviewing the benefits of our e-Student Checking Account for Culver Academies students.
- **Online Banking***
  With Online Banking from 1st Source Bank, you can securely access your account information quickly and easily - 24/7. You will be able to access your accounts through our website or from the 1st Source mobile app. You must set up online banking prior to using the 1st Source Bank mobile app.
- **Resource Plus® Card**
  You can make deposits and withdrawals from the Culver ATM, make withdrawals from any other ATM** displaying the Mastercard® or Accel® logo, or use your debit card to make purchases where the Mastercard or Accel is accepted. The maximum ATM withdrawal per day is $300 and the maximum purchases per day are $1,000, but you can select lower amounts if you wish on the enclosed New Account Application or by contacting us later.

NEARBY BANKING CENTERS

With Banking Centers nearby in Plymouth, Argos, Knox, Winamac, Rochester and all over Northern Indiana and Southwest Michigan, we are everywhere you need us. We are on the Culver campus with a 1st Source ATM located at the Lay Student Center.

Please use the New Account Checklist that is enclosed to help you complete your application. Meanwhile, if you have any questions you may email us*** at culver@1stsource.com or call us at (574) 892-1560 or (800) 513-2360.

We look forward to seeing you this fall when you arrive at Culver.

Sincerely,

Culver Department
1st Source Bank

*To use 1st Source Bank's Online Banking, you must have a 1st Source checking account, internet access, and a valid email address. Your account must be held jointly with an adult if you are under the age of 18.

**You may incur a fee from 1st Source Bank and the ATM owner when you use a non-1st Source ATM.

***Please do not send sensitive personal information, such as account numbers or Social Security Numbers, through unsecure email.

ACCOUNT	SERVICE FEES AND HOW TO AVOID THEM	OTHER IMPORTANT ACCOUNT INFORMATION
e-Student Checking No monthly service fees and no monthly minimum balance for clients who are students. Non-interest-bearing account. $15 minimum deposit to open.	Paper Statement Fee: $3 per statement cycle. See Other Important Account Information for ways to avoid the Paper Statement Fee.	This account is for minors and clients who are students who provide proof of their student status. Clients under the age of 25 will not be required to provide proof of student status until their 25th birthday. Proof of student status must be renewed after 6 years or at clients 25th birthday, whichever is later. Use of Online/Mobile Banking will minimize fees associated with this account. Account Statements ■ We waive the Paper Statement Fee for your first two statement cycles to allow you time to meet the requirements to avoid this fee. ■ You may avoid the Paper Statement Fee by signing up for Online/Mobile Banking and enrolling in electronic statements. For check image and other fees for this account, refer to the Other Account Fees & Services section of the Fee Schedule for Personal Accounts at www.1stsource.com/disclosures. This account is eligible for ATM fee rebates; refer to the Other Account Fees & Services section of the Fee Schedule for Personal Accounts at www.1stsource.com/disclosures for details. Overdrafts or Non-Sufficient Funds ■ We will refund one 1st Source Bank Overdraft Item Fee or Non-Sufficient Funds Fee per calendar year. This refund will be credited the same business day the fee is charged to your account and will appear on your statement as OD/NSF Fee Reversal. If multiple charges occur due to overdraft or non-sufficient funds, only one charge will be refunded, and the balance of the fees are your responsibility to pay. Account Conversion ■ Within one week (7days) of the client's 25th birthday, the e-Student checking account will automatically be converted to a 1st Checking account, unless proof of student status has been provided. If student status has been provided the account will be automatically converted to a 1st Checking account 6 years after the proof of student status was provided. At the end of the 6-year period, clients will have the ability to provide updated proof of student status to remain in the e-Student account for an additional 6-year period. ■ All the account details and charges that apply to the 1st Checking account will then be applicable.

See the Fee Schedule for Personal Accounts for additional fees that may apply to this account at 1stsource.com/disclosures.

TRANSFERRING FUNDS INTO YOUR STUDENT'S 1ST SOURCE BANK ACCOUNT

Once your student's account is open, deposits can be made into the account using the following methods:

BANK-TO-BANK TRANSFERS IN ONLINE BANKING* (fees may apply)
Bank-to-Bank Transfers allows you to transfer funds to or from your 1st Source account to the accounts you have at other financial institutions in the U.S. You must be an owner on each of the accounts in order to make a transfer.

- Log in to Online Banking and select External Transfer from the Move Money tab
- Select "Transfer Between My Accounts"
- Complete one-time registration and accept the terms and conditions
- Add your accounts from your other financial institutions

MOBILE DEPOSIT THROUGH OUR MOBILE APP*
The 1st Source Bank Mobile App is available for your mobile device (e.g. cell phone, tablet) on the App Store and Google Play. You can deposit checks into your account through the Mobile App. Funds deposited are subject to our funds availability policy and may not be available for immediate use.

- Log in to the Mobile App
- Select "More"
- Select "Check Deposit"
- Following the directions to enter the check information and take a picture of your check
- Enter the check information as requested, take a picture of the check using your device, and submit your deposit

ATM ON CAMPUS
Our ATM on the Culver campus allows you to deposit checks and cash to your account. Follow the instructions on the ATM to complete your deposit. Retain the receipt for your records.

DIRECTLY MAIL A CHECK TO THE BANK TO DEPOSIT
You can mail your deposit to the following address, along with the account information into which you want the check deposited: 1st Source Bank, Attn: Mail Teller, P.O. Box 1602, South Bend, IN 46634.

WIRE FUNDS INITIATED THROUGH PARENT'S BANK (fees may apply)
Once the account is open, parents can wire money into the student account. The information needed to transmit the wire is:

- Bank name / address: 1st Source Bank, 100 N. Michigan Street, South Bend, IN 46601
- 1st Source Bank Routing/ABA #: 071212128
- Student's 1st Source Bank account #
- Student's name / school address

INTERNATIONAL CABLES THROUGH PARENT'S BANK (fees may apply)
Once the account is open, parents can wire money into the student account. The information needed to transmit the international cable is:

- Bank name/address: 1st Source Bank, 100 N. Michigan St., South Bend, IN 46601
- BIC Code (SWIFT): SRCEUS31
- 1st Source Bank Routing/ABA #: 071212128
- Students 1st Source Bank account #

See the Fee Schedule for Personal Accounts for additional fees that may apply to this account.

NEW ACCOUNT CHECKLIST

To ensure that your 1st Source bank account is ready to go when you arrive at Culver, please complete the following documents. Please retain the first 6 pages for your records and return the remaining documents to us.

CHECKING ACCOUNT AND ATM/DEBIT CARD APPLICATION (Required)

- Complete ALL Student Information (page 8)
- If the student is under 18 years old, complete ALL adult Information for at least one adult (page 9)
- Select your choice of Resource Plus® card (debit)
- If you select the Resource Plus® card, check any transaction limitation changes you desire
- Student signature is required
- Adult signature is required if an adult is on the account

ACCOUNT SIGNATURE CARD (Required)

- The student should sign Line 1 under Signature(s) and enter Date of Birth (DOB)
- The adult should sign on Line 2 and enter DOB if an adult is on the account
- If two adults are on the account, Adult 2 should sign Line 3 and enter DOB
- You do not need to complete any other information on the Account Signature Card

IMPORTANT INFORMATION ABOUT IDENTITY DOCUMENTATION REQUIRED FOR OPENING YOUR NEW ACCOUNT (Required)

- Please read this information carefully. It describes the types of documentation that we must receive to confirm student and parent identities. An account **WILL NOT** be opened until all required identity documentation is received. See Page 6 for acceptable forms of ID.

W-8BEN CERTIFICATE OF FOREIGN STATUS (Required ONLY for non-US resident foreign citizens)

- Please complete Part I of the W-8BEN. Sign, date, and return one for **EACH** individual on the account that is a foreign citizen AND IS ALSO neither a U.S. citizen nor a resident alien.

DEBIT & ATM CARD OVERDRAFT* CHOICE FORM (Optional)

Please read the Overdraft Choice Form carefully; it describes our practices regarding debit and ATM card transactions that overdraw your account and allows you to make a choice regarding whether you would like these practices applied to your account. Please retain a copy of this form for your records.

INITIAL DEPOSIT (Optional)

- To fund your account right away, include a check payable to the student account name.
- We recommend that you make a deposit when you open your account, but it is optional. Please reference the Agreement for Deposit - Personal Accounts at 1stsource.com/disclosures for more information on our *Zero Balance Account Access & Closure Policy*.

Please mail all completed forms, copies of identification, and the initial deposit to:

1st Source Bank
Attn: Culver Department
518 N. Michigan Street
Argos, IN 46501

*In order to opt-in to Debit & ATM Overdraft Choice, your account must be held jointly with an adult if you are under the age of 18.

IMPORTANT INFORMATION ABOUT IDENTITY DOCUMENTATION REQUIRED FOR OPENING YOUR NEW ACCOUNT

Acceptable Account Owner Identification Documents Must Be Returned With Your Application. An adult is required to be a joint signer on a student's account. For **EACH** name you will have on the account (student and adult), please include a photocopy of **ONE** (1) acceptable form of identification. All documents must be Non-Expired, Government Issued (State or Federal) and have a photograph.

U.S. CITIZENS AND RESIDENT ALIENS:

- U.S. State Issued Driver's License
- Temporary License
- Learners Permit
- Expired U.S. State Issued Driver's License with an Extension Credential
- U.S. State Issued Identification Card
- U.S. Passport or U.S. Passport Card
- Foreign Government Issued Passport
- Permanent Resident Card
- Federally recognized, tribal-issued Photo Identification
- Matricula Consular Identification Card
- U.S. Employment Authorization Card (I-766)

FOREIGN CITIZENS:

- Passport (current)
- Visa (current)

MINORS:

Minors can provide any of the pieces of identification listed above for "U.S. Citizens and Resident Aliens" or "Foreign Citizens". If the minor does not have these items available, they can provide a Social Security Card and Birth Certificate.

THE USA PATRIOT ACT

United States law requires all financial institutions to obtain, verify and record information that identifies each customer who is on an account.

How does this affect you? For new customers, we must ask for a copy of your identifying documents. We also must obtain your legal name, date of birth, physical address, and tax or other government-issued identification number for all customers on the account.

Safeguarding information is a top concern, and we will respect and protect it as always. Thank you for your cooperation and understanding. Welcome to 1st Source Bank.

An account may be opened upon presenting required identification at the student registration day. Be advised that if the account is opened upon arrival on campus, it will take up to 14 business days to process and mail the 1st Source Bank Resource Plus® debit card.

Consumer Account Signature Card

ACCOUNT NUMBER

Account Number		Date Opened		Opened By		Branch Opened	

Product Name:

Account Type:

Checking

Savings

CD

Phone:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): **X** _____	SSN: DOB:
(2): **X** _____	SSN: DOB:
(3): **X** _____	SSN: DOB:
(4): **X** _____	SSN: DOB:

TIN: _____

WITHHOLDING – Important: By signing this Signature Card, I, the primary Account Holder, as required by Federal Law, certify under penalties of perjury that the number shown above as my Taxpayer Identification Number (TIN) is correct, that I am a U.S. person (including a U.S. resident alien), I am exempt from FATCA reporting and that (check appropriate box in the area provided):

☒ I am not subject to backup withholding because I am exempt from backup withholding, or because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.

☐ I am an exempt recipient under the Internal Revenue Service regulations.

The authorized individual(s) signing above are signing as owner(s) of the account unless the Account Holder (Owner) is not a natural person, in which case the signers are signing in their capacity as authorized agents of the owner. By signing this Signature Card, each owner agrees (jointly and severally, if more than one) to the terms set forth in the Agreement for Deposit -- Personal Accounts and in the Truth in Savings Disclosure, the Rate and Fee Schedule, the Time Certificate of Deposit Agreement (if applicable), and this Signature Card, as such documents may be amended from time to time.

Owner(s) also acknowledge that 1st Source Bank provided at least one copy of these deposit account documents. Owner(s) further authorize 1st Source Bank to make such verification of Owner's credit and information given in this card and as 1st Source Bank deems necessary.

THE CULVER ACADEMIES NEW ACCOUNT APPLICATION

STUDENT INFORMATION

Name: _____
First Name Middle Initial Last Name

School Address: 1300 Academy Road Culver IN 46511
Street City State Zip

Home Address: _____
Street, City, State and Zip Code (or full foreign address, if applicable)

Mailing Address (if different): _____
Street, City, State and Zip Code (or full foreign address, if applicable)

Country: _____

SSN or ITIN: _____ Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

Culver Email: _____

Other Email: _____

RESOURCE PLUS® CARD (Debit Card)

_____ Please sign me up for the Resource Plus® (debit) card. The standard daily limit for ATM withdrawals is $300. The standard daily limit for Mastercard® debit transactions (signature or PIN-entered) is $1,000. You may select a different amount as checked below.

_____ Please change my standard daily ATM limit to _____ $200 _____ $100 instead of $300.

_____ Please change my standard daily purchase limit to $500 instead of $1,000

Select from these options of the Resource Plus Debit Card:

☐ Terra Cotta

☐ White

☐ Black

PARENT 1 INFORMATION (At least one adult must be on the student's account if student is under 18)

Name:_____
First Name MI Last Name

Home Address:_____
Street, City, State and Zip Code (or full foreign address, if applicable)

Mailing Address (if different): _____
Street, City, State and Zip Code (or full foreign address, if applicable)

Country:_____

SSN or ITIN: _____ Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

I am requesting a Resource Plus® card that, when issued, may be used to initiate withdrawals, deposits and transfers from a 24-hour automated teller machine (ATM). I understand that the Resource Plus® card provides access to InfoSource, an automated 24-hour account access telephone service.

I affirm the above information is correct and you are authorized to obtain additional information from any source.

Parent 1 Signature X _____ Date: _____

PARENT 2 INFORMATION (additional adult, if desired)

Name:_____
First Name MI Last Name

Home Address:_____
Street, City, State and Zip Code (or full foreign address, if applicable)

Mailing Address (if different): _____
Street, City, State and Zip Code (or full foreign address, if applicable)

Country:_____

SSN or ITIN: _____ Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

I am requesting a Resource Plus® card that, when issued, may be used to initiate withdrawals, deposits and transfers from a 24-hour automated teller machine (ATM). I understand that the Resource Plus® card provides access to InfoSource, an automated 24-hour account access telephone service.

I affirm the above information is correct and you are authorized to obtain additional information from any source.

Parent 2 Signature X _____ Date: _____

Debit & ATM Card Overdraft **CHOICE FORM**

What You Need to Know about Overdrafts and Overdraft Fees

What is an overdraft?

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans which may be less expensive than our standard overdraft practices. These include Overdraft Transfer Service, which automatically transfers from your savings account to your checking account, and the Carefree Line of Credit, which covers your overdraft with a line of credit and is subject to credit approval. To learn more about these products and others, contact any local 1st Source banking center.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

After your account is established and is in good standing, 1st Source may authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- Everyday debit card transactions
- ATM card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if 1st Source Bank pays my overdraft?

Under our standard overdraft practices:

- We will charge you a $36 Overdraft Item Fee each time we pay an overdraft. Please note that if we return a check unpaid you will still be charged a $36 Non-Sufficient Funds Fee (NSF Fee). We limit the number of $36 fees to three (3) per day.
- Also, for each day the account remains overdrawn, we will charge an additional $7 Daily Overdraft Fee per day starting on the seventh (7th) consecutive business day of the overdraft. This $7 consecutive daily overdraft fee is unlimited and will be charged daily until the account is no longer overdrawn.

How can I provide my choice to 1st Source regarding authorizing and paying overdrafts on my individual, everyday debit and ATM card transactions?

Visit us: At any one of our local banking centers

Call us: 574-235-2000 or 1-800-513-2360

Mail us this form: Debit Card Overdraft Choice, c/o Deposit Services
1st Source Bank
P.O. Box 1602
South Bend, IN 46634

Debit & ATM Card Overdraft Choice Agreement

☐ I do not want 1st Source Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

☐ I want 1st Source Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

[PLEASE PRINT CLEARLY]

Date: _____ Phone: ( ) _____

Printed Name: _____ Signature: _____

Please indicate which account(s) you would like your consent to apply to:

Account Number: _____ Account Number: _____

Account Number: _____ Account Number: _____

1st Source Bank, Deposit Services • PO Box 1602 • South Bend, IN 46634 Equal Housing Lender | Member FDIC

Rev. 4/2022

CUSTOMER DUE DILIGENCE QUESTIONNAIRE — PERSON

First Name: _____ Last Name: _____

SSN/ITIN: _____ ☐ No SSN/ITIN

Occupation & Employer (retired/disabled/unemployed? list "former", plus occupation): _____

_____

Will you be using a safe deposit box? ☐ Yes ☐ No

Will the initial deposit exceed $5,000? ☐ Yes ☐ No

Source of funds for initial deposit: _____

Declared Behavior (Monthly Average):

Check Deposits: $ _____ Check Withdrawals: $ _____

Will you use Mobile Deposit? ☐ Yes ☐ No

Cash Deposits: $ _____ Cash Withdrawals: $ _____

Incoming Wires: $ _____ Outgoing Wires: $ _____

If sending/receiving wires to/from non-US locations, please list the countries below:

Incoming wire locations: _____

Outgoing wire locations: _____

Incoming ACHs: $ _____ Outgoing ACHs: $ _____

If sending/receiving ACHs to/from non-US locations, please list the countries below:

Incoming ACH locations: _____

Outgoing ACH locations: _____

Are you a US Citizen? ☐ Yes ☐ No

If no, what is/are your country(ies) of citizenship? _____

Do you have a Green Card, or are you a Permanent Resident? ☐ Yes ☐ No

Do you have a US Individual Taxpayer Identification number (ITIN)? ☐ Yes ☐ No

If Yes, ITIN number: _____

Do you have Citizenship with any other country? ☐ Yes ☐ No

If Yes, please list: _____

W-8BEN CERTIFICATE OF FOREIGN STATUS

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/FormW8BEN* 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
• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services)	W-8ECI
• You are a beneficial owner who is receiving compensation for personal services performed in the United States	8233 or W-4
• You are a person acting as an intermediary	W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, 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)

1	Name of individual who is the beneficial owner	**2** Country of citizenship
3	Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.**	
	City or town, state or province. Include postal code where appropriate.	Country
4	Mailing address (if different from above)	
	City or town, state or province. Include postal code where appropriate.	Country
5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a	Foreign tax identifying number (see instructions)	**6b** Check if FTIN not legally required ☐
7	Reference number(s) (see instructions)	**8** Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax 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: _____

Part III 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.**

Sign Here ▶ ☐ 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) Date (MM-DD-YYYY)

_____
Print name of signer

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▶ **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
• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services)	W-8ECI
• You are a beneficial owner who is receiving compensation for personal services performed in the United States	8233 or W-4
• You are a person acting as an intermediary	W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, 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)

1 Name of individual who is the beneficial owner

2 Country of citizenship

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

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

Country

4 Mailing address (if different from above)

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

Country

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

6a Foreign tax identifying number (see instructions)

6b Check if FTIN not legally required ☐

7 Reference number(s) (see instructions)

8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax 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: _____

Part III 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.**

Sign Here ▶ ☐ 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) — Date (MM-DD-YYYY)

Print name of signer

W-8BEN CERTIFICATE OF FOREIGN STATUS

Form **W-8BEN**

(Rev. October 2021)

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▶ **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
• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services)	W-8ECI
• You are a beneficial owner who is receiving compensation for personal services performed in the United States	8233 or W-4
• You are a person acting as an intermediary	W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, 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)

1	Name of individual who is the beneficial owner	**2** Country of citizenship
3	Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.**	
	City or town, state or province. Include postal code where appropriate.	Country
4	Mailing address (if different from above)	
	City or town, state or province. Include postal code where appropriate.	Country
5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a	Foreign tax identifying number (see instructions)	**6b** Check if FTIN not legally required ☐
7	Reference number(s) (see instructions)	**8** Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax 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: _____

Part III 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.**

Sign Here ▶ ☐ 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) Date (MM-DD-YYYY)

_____
Print name of signer