

W-8BEN Sample Form ONLY

All inputted data is fictitious.

PLEASE NOTE:

Parts I and III that are highlighted are the sections that **MUST** be completed by all members.

Part I Identification of Beneficial Owner

This section is mandatory. Please complete all fields.

Foreign tax identifying number

Box 6a: You must provide the foreign tax identifying number issued to you by your jurisdiction of tax residence.

Box 6b: By checking this box, you will be treated as having provided an explanation for not providing an FTIN on line 6A.

Reference number(s)

Box 7: Use your member number. If you are a new applicant, use your UNFCU membership application ID number.

Part III Certification

This section is mandatory.

Sign and include date.

Electronic signatures are **not accepted**.

If you are signing for the beneficial owner, please print your name and indicate how you are authorized to sign for the beneficial owner.

Form W-8BEN		Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)		OMB No. 1545-1621
(Rev. October 2021)		▶ For use by individuals. Entities must use Form W-8BEN-E.		
Department of the Treasury Internal Revenue 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.		
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		
DOE, JONATHAN (JOHN)		ITALY		
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.				
1234 SAMPLE ROAD				
City or town, state or province. Include postal code where appropriate.			Country	
PERUGIA			ITALY	
4 Mailing address (if different from above)				
4567 NEW YORK CITY STREET				
City or town, state or province. Include postal code where appropriate.			Country	
NEW YORK, NY 12345			US	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)				
000-11-2222				
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required. <input type="checkbox"/>		
00-1234567				
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)		
		08-22-1932		
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.				
<input type="checkbox"/> 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				
For Paperwork Reduction Act Notice, see separate instructions.				
Cat. No. 25047Z			Form W-8BEN (Rev. 10-2021)	