## 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 NO	T 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 alie	n individual		W-9			
	are a beneficial owner claiming that income is effectively conner than personal services)	ected with the conduct of t	rade or business	within the United States			
• You	are a beneficial owner who is receiving compensation for perso	onal services performed in	the United States	8233 or W-4			
• You	are a person acting as an intermediary			W-8IMY			
	If you are resident in a FATCA partner jurisdiction (that is, a Need to your jurisdiction of residence.	Model 1 IGA jurisdiction w	ith reciprocity), ce	ertain tax account information may be			
Par	<u>, , , , , , , , , , , , , , , , , , , </u>	tructions)					
1	Name of individual who is the beneficial owner		2 Country of c	tizenship			
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 ap	propriate.		Country			
4	Mailing address (if different from above)						
	City or town, state or province. Include postal code where appropriate.			Country			
5	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 I	egally required .				
7	Reference number(s) (see instructions)	8 Date of birth (MM-	-DD-YYYY) (see in	structions)			
Part	Claim of Tax Treaty Benefits (for chapter 3	purposes only) (see	instructions)				
9	I certify that the beneficial owner is a resident of	• • • • • • • • • • • • • • • • • • • •	<u> </u>	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):						
	Or the field, identified on the		70 Tate Of Withhole	uning of (specify type of income).			
	Explain the additional conditions in the Article and paragraph	the beneficial owner meet	ts to be eligible for	r the rate of withholding:			
Part	Certification						
Under pe	enalties of perjury, I declare that I have examined the information on this form and to the	e best of my knowledge and belief it	t is true, correct, and con	nplete. I further certify under penalties of perjury that:			
relate	the individual that is the beneficial owner (or am authorized to sign for thes or am using this form to document myself for chapter 4 purposes; person named on line 1 of this form is not a U.S. person;	ne individual that is the benefic	cial owner) of all the i	ncome or proceeds to which this form			
•	form relates to:						
(a) in	come not effectively connected with the conduct of a trade or business	in the United States;					
(b) in	come effectively connected with the conduct of a trade or business in the	ne United States but is not sub	oject to tax under an	applicable income tax treaty;			
(c) th	e partner's share of a partnership's effectively connected taxable incom	e; or					
٠,	e partner's amount realized from the transfer of a partnership interest su	•	***				
•	erson named on line 1 of this form is a resident of the treaty country listed on line 9 or Proker transactions or barter exchanges, the beneficial owner is an exem	` **	· ·	ity between the United States and that country; and			
	nore, I authorize this form to be provided to any withholding agent that has contri			eneficial owner or any withholding agent that can			
	or make payments of the income of which I am the beneficial owner. I agree the	at I will submit a new form withi	n 30 days if any certif				
Sign	Here	on identified on line 1 of this fo	orm.				
	Signature of beneficial owner (or individual aut	horized to sign for beneficial of	owner)	Date (MM-DD-YYYY)			
	Print name of signer						

## Written Explanation for W-8BEN Form



<b>MSUFCU Account Number</b>						
MSUFCU Member Informa	tion					
First Name	Middle	Last	Last			
Mailing Address	City	State	ZIP	Phone		
Permanent Address	City	State	ZIP			
Explanation of U.S. Adress	es, U.S. Phone Number, o	r U.S. Birth Plac	:e			
	S) regulations, MSUFCU is requir cy, and a written explanation fro					
<ul><li>U.S. address</li><li>U.S. phone number</li><li>Address outside the countr</li><li>U.S. place of birth</li></ul>	y of permanent residence					
	xplain how the address or phon- hone number and to whom it be U.S.					
Write the explanation in the box	pelow.					
Explanation						
<u> </u>		_				
Signature		Date		<del></del>		

