

**Certificate of Foreign Status of Beneficial Owner
 for United States Tax Withholding**

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.

Do not use this form for: Instead, use Form:

- A U.S. citizen or other U.S. person, including a resident alien individualW-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United StatesW-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions)..... W-8ECI or 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 that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions)W-8ECI or W-8EXP

Note: *These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.*

- A person acting as an intermediaryW-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)	
1. Name of individual or organization that is the beneficial owner	2. Country of incorporation or organization
3. Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4. 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 (do not abbreviate)
5. Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
6. U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7. Foreign tax identifying number, if any (optional)
8. Reference number(s) (see instructions)	

Part II Identification of Beneficial Owner			
9. Profession	Email Address	Name of Employer	Day time telephone and fax number
Date of birth	Mother's maiden name	Employment Number	Passport number
10. Name of spouse(see instructions)		Spouse's date of birth	
11. Name of Bank(s): (U.S.A. Bank Only)		Branch address	
Account Name and Account Number		Date Account was Opened	
Name of other bank(s)/Investment: (U.S.A. ONLY)		Account Name And Account Number	

Part III Notional Principal Contracts
<input type="checkbox"/> I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV 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:
1. I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
2. The beneficial owner is not a U.S. person.
3. The income to which this form relates is (a) not effectively connected with the conduct of trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected income, and
4. 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 to which I am beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

 Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM/DD/YYYY) Capacity in which acting