

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident
- A foreign individual
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits)
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions)
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions)
- Any person acting as an intermediary

Instead use Form:

- W-9
- W-8BEN (Individual)
- W-8ECI
- W-8BMY
- W-8ECI or W-8EXP
- W-8BMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner

2 Country of incorporation or organization

3 Name of entity receiving the payment (if applicable)

4 Chapter 3 Status (entity type) (Must check one box only unless otherwise indicated). (See instructions for details and complete the certification below for the entity's applicable status.)

Simple trust Grantor trust Corporation Disregarded entity Partnership

Central Bank of Issue Tax-exempt organization Complex trust Estate Government

Private foundation

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. Yes No

5 Chapter 4 Status (FATCA status) (Must check one box only unless otherwise indicated). (See instructions for details and complete the certification below for the entity's applicable status.)

Nonparticipating FFI (including a limited FFI or an FFI related to a Reporting IGA FFI other than a registered deemed-compliant FFI or participating FFI).

Nonreporting IGA FFI (including an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA). Complete Part XII.

Participating FFI

Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.

Reporting Model 1 FFI

International organization. Complete Part XIV.

Reporting Model 2 FFI

Exempt retirement plans. Complete Part XV.

Registered deemed-compliant FFI (other than a reporting Model 1 FFI or sponsored FFI that has not obtained a GIIN).

Entity wholly owned by exempt beneficial owners. Complete Part XVI.

Sponsored FFI that has not obtained a GIIN. Complete Part IV.

Territory financial institution. Complete Part XVII.

Certified deemed-compliant nonregistering local bank. Complete Part V.

Nonfinancial group entity. Complete Part XVIII.

Excepted nonfinancial start-up company. Complete Part XIX.

Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.

Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.

Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.

501(c) organization. Complete Part XXI.

Certified deemed-compliant limited life debt investment entity. Complete Part VIII.

Nonprofit organization. Complete Part XXII.

Certified deemed-compliant investment advisors and investment managers. Complete Part IX.

Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.

Owner-documented FFI. Complete Part X.

Excepted territory NFFE. Complete Part XXIV.

Restricted distributor. Complete Part XI.

Active NFFE. Complete Part XXV.

Passive NFFE. Complete Part XXVI.

Excepted inter-affiliate FFI. Complete Part XXVII.

Direct reporting NFFE.

Sponsored direct reporting NFFE. Complete Part XXVIII.

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

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

Country

7 Mailing address (if different from above)

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

Country

8 U.S. taxpayer identification number (TIN), if required

9 GIIN Foreign TIN

10 Reference to instructions

Note. Please complete remainder of the form including signature and date in Part XXX.

For Paperwork Reduction Act notice, see separate instructions. Cat. No. 50689N Form **W-8BEN-E** (2-2014)

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if disregarded entity or branch of an FFI in a country other than the FFI's country of residence.)

11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment

Limited Branch Reporting Model 1 FFI U.S. Branch.

Participating FFI Reporting Model 2 FFI

12 Address of disregarded entity or branch (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

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

Country

13 GIIN (if any)

Important:

- The W-8BEN-E is to be completed by entities **only**. Individuals are to complete the W-8BEN.
- The W-8BEN-E **MUST** be completed in its entirety (in English) and signed.
- The completed W-8BEN-E will remain valid until (i) the end of the third year from the date of the document or (ii) a change in your entity's non-resident status.
- Should your entity's non-resident status change, please contact First American Bank directly.
- Tax related inquiries should be directed to an independent tax advisor.
- An interactive W-8BEN-E is available at: <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>.

Part I — Identification of Beneficial Owner

- Enter the **FULL NAME** of the organization.
- Enter the country of incorporation or organization.
- If applicable, enter the name of the disregarded entity receiving the payment.
- Indicate the organization's Chapter 3 Status - the entity type of the organization. (Only one box may be checked)
- Indicate the organization's Chapter 4 Status (FATCA status). (Only one box may be checked unless otherwise indicated)
- Enter the organization's permanent **FOREIGN** address in the country named in box 2. A complete address includes the city or town, state or province, postal code, and country. The foreign address **CANNOT** be an address in the United States, a P.O. Box or an in-care-of address.
- Enter the organization's mailing address. Leave blank if same as permanent foreign address. The mailing address **CAN** be an address in the United States, a P.O. Box or an in-care-of address. A complete address includes the city or town, state or province, postal code, and country.
- Enter the organization's U.S. Employer Identification Number (EIN) if applicable. An EIN is nine digits long and only contains numbers.
- Check (a) if the organization has a Global Intermediary Identification Number (GIIN) and notate the GIIN in the box provided **OR** check (b) if the organization has a Foreign Tax Identification Number (Foreign TIN) and notate the Foreign TIN in the box provided.
- Leave blank.

Part II — Disregarded Entity or Branch Receiving Payment

- Complete this section only if disregarded entity or branch of an FFI in a country other than the FFI's country of residence.

Instructions to Complete the IRS Form W-8BEN-E

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only)

- 14 I certify that (check all that apply):
- a The beneficial owner is a resident of 12 within the meaning of the income tax treaty between the United States and that country.
 - b The beneficial owner derives 12 (item or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty dealing with limitation on benefits (see instructions).
 - c The beneficial owner is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and is a qualified resident status (see instructions).
- 15 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article 14 of the treaty identified on line 14a above to claim a 14 % rate of withholding on (specify type of income): 14. Explain the reasons the beneficial owner meets the terms of the treaty article: _____

5 Chapter 4 Status (FATCA status) (Must check one box only unless otherwise indicated). (See instructions for details and complete the certification below for the entity's applicable status).

- | | |
|---|---|
| <input type="checkbox"/> Nonparticipating FFI (including a limited FFI or an FFI related to a Reporting IGA FFI other than a registered deemed-compliant FFI or participating FFI). | <input type="checkbox"/> Nonreporting IGA FFI (including an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA). Complete Part XII. |
| <input type="checkbox"/> Participating FFI. | <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. |
| <input type="checkbox"/> Reporting Model 1 FFI. | <input type="checkbox"/> International organization. Complete Part XIV. |
| <input type="checkbox"/> Reporting Model 2 FFI. | <input type="checkbox"/> Exempt retirement plans. Complete Part XV. |
| <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI or sponsored FFI that has not obtained a GILN). | <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. |
| <input type="checkbox"/> Sponsored FFI that has not obtained a GILN. Complete Part IV. | <input type="checkbox"/> Territory financial institution. Complete Part XVII. |
| <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. | <input type="checkbox"/> Nonfinancial group entity. Complete Part XVIII. |
| <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. | <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. |
| <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. | <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. |
| <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. | <input type="checkbox"/> 501(c) organization. Complete Part XXI. |
| <input type="checkbox"/> Certified deemed-compliant investment advisors and investment managers. Complete Part IX. | <input type="checkbox"/> Nonprofit organization. Complete Part XXII. |
| <input type="checkbox"/> Owner-documented FFI. Complete Part X. | <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. |
| <input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. |
| | <input checked="" type="checkbox"/> Active NFFE. Complete Part XXV. |
| | <input type="checkbox"/> Passive NFFE. Complete Part XXVI. |
| | <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. |
| | <input type="checkbox"/> Direct reporting NFFE. |
| | <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. |

Part XXV Active NFFE

- 39 I certify that:
- The entity identified in Part I is a foreign entity that is not a financial institution;
 - Less than 50% of such entity's gross income for the preceding calendar year is passive income; and
 - Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXX 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:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W.
- The entity identified on line 1 of this form is not a U.S. person.
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, 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 the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit 16 within 30 days if any certification on this form becomes incorrect.

Sign Here

Signature of individual authorized to sign for beneficial owner

Print Name

Date (MM-DD-YYYY)

- I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Part III – Claim of Tax Treaty Benefits (if applicable). (For Chapter 3 purposes only)

This section should be completed **ONLY** if the organization resides in a treaty country and is entitled to claim tax treaty benefits. Any questions regarding the organization's eligibility to claim tax benefits should be directed to an independent tax advisor.

12. Insert country of tax residency in line 14(a). This **MUST** match address of country listed in box 2.
13. Check 14(b) **OR** 14(c) if applicable.
14. Indicate special rates and conditions if applicable. See IRS instructions for additional assistance.

Parts IV to XXVII

15. Complete each part of the form that corresponds to your Chapter 4 status indicated in step 5.

Example: If 'Active NFFE' was checked in step 5, part XXV of the form should also be completed.

Part XXIX

16. Sign the form
17. Print name of person signing the form
18. Date the form
19. Check the box to certify that you have the capacity to sign on behalf of entity indicated in Part 1 of the form.

Return the completed Form to your local First American Bank branch, or mail to:

First American Bank
Item Processing
P.O. Box 0794
Elk Grove Village, IL 60009-0794

