## Substitute **W-8BEN**

Department of the Treasury Internal Revenue Service

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

► For use by individuals. Entities must use Form W-8BEN-E.

For complete instructions or more information on the W-8 forms, please refer to www.irs.gov/formw8ben. If you have any other questions regarding your

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

TD Ameritrade Singapore Pte. Ltd.

1 Temasek Avenue #15-02 Millenia Tower Singapore 039192

арріі		ount, please contact 1D Amentraue.				
Pa	rt i lo	dentification of Beneficial Owner (See instructions.)				
1	Name of in	ndividual who is the beneficial owner		<b>2</b> Co	ountry 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 tow	/n, state or province. Include postal code where appropriate.			Country	
5	U.S. taxpay	S. taxpayer identification number (SSN or ITIN) if required (see instructions)				
6a	Foreign tax	x identifying number (see instructions)	•	6b Check if FTIN	I not legally required	
7	TD Amerit	rade Account Number	8 Date of birth (MM-DD-YYYY) (see instructions)		M-DD-YYYY) (see instructions)	
Pai	rt II C	laim of Tax Treaty Benefits (for chapter 3 purpose	s only	) (see instruction	(a)	
9		the beneficial owner is a resident of		,		
Ū		ax 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:					
		Certification perjury, I declare that I have examined the information on this form and	o 460 64	ant of many lemanula data an	ad haliaf it is two a sawast and sawastes	
		er penalties of perjury that:	o the be	ist of my knowledge an	ia beller it is true, correct, and complete.	
	<ul> <li>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 to which this form relates or am using this form to document myself for chapter 4 purposes,</li> <li>The person named on line 1 of this form is not a U.S. person,</li> </ul>					
	• This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States; (b) income effectively connect 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 partner effectively connected taxable income; or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under sec					
	• 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					
	<ul> <li>For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.</li> </ul>					
any v	vithholding age	orize this form to be provided to any withholding agent that has control, ent that can disburse or make payments of the income of which I am the made on this form becomes incorrect.	receipt, benefic	or custody of the incor ial owner. I agree that	ne of which I am the beneficial owner or I will submit a new form within 30 days	
		nue Service does not require your consent to any provisions of this do S. person and, if applicable, obtain a reduced rate of withholding.	cument	other than the certific	cations required to establish your	
		☐ I certify that I have the capacity to sign for the person identified on	line 1 of	this form.		
Sia	n Here					
oigi	ii i icic	Signature of beneficial owner (or individual authorized to sign for ber	eficial o	wner)	Date (MM-DD-YYYY)	
		Print name of signer				
		Affidavit of Unchanged Stat	us (if a	pplicable)		
the		of perjury I declare that I have examined and signed the above Form W-8BEN changed for the period beginning January 1, of this year (or later account open	and tha	t the information and cer		
Sic	gnature:	Signature Ca	oacity:			

Please fax all requested paperwork to (+65) 6238 6601. If mailing is preferred, send original W-8BEN to the address in the upper right hand corner.



Page 2 of 2 TDAS 2689 F 01/22