



兆豐國際商業銀行

Mega International Commercial Bank

New York Branch

65 Liberty Street, New York, NY 10005 Tel: (212) 608-4222 Fax: (212) 608-4943

CUSTOMER IDENTIFICATION PROGRAM NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

**** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If you are opening an account on behalf of a business entity, documents relating to its formation, existence and authority may also be requested.**

填寫範例供參

CUSTOMER INFORMATION PROFILE (Individual/Joint Account) 客戶資料表(個人/聯名帳戶)

A/C No. 帳戶號碼: **12345**

A/C type 帳戶種類: Individual 個人 / Joint 聯名戶, 各持有人請分別填具此表格

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格, 若有任何更正請於旁邊備註!

Customer Information 客戶基本資料 (聯名戶者, 請個別帳戶持有人分開填具)		
Full Name 中/英文姓名		Joint account relationship, if applicable 聯名戶關係, 非屬聯名戶客戶請忽略 SPOUSE (聯名戶方需填寫)
Chinese name 中文姓名 王小明	English name, same as passport 英文譯名(請與護照相同) Given name 名 <u>HSIAO MING</u> Middle name, if any 中間名(如有) _____ Surname 姓 <u>WANG</u>	
Country of birth 出生國 TAIWAN	Date of Birth 生日 <u>12</u> MM 月 / <u>31</u> DD 日 / <u>1960</u> YYYY 年	
		Gender 性別 <input checked="" type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
ID Document Type, Please provide at least two types of government-issued identities with photo. For Taiwanese, valid passport (if available) and Taiwan I.D. are preferred. 身分證類型, 至少提供二項由政府單位發行附照片的身分證件影本。台灣籍請優先提供有效護照(如有)及台灣身分證。		ID Document No. 身分證號碼
		Expiry Date, if any 有效期限, 若有 (MM 月 / DD 日 / YYYY 年)
<input checked="" type="checkbox"/> Diplomatic/Official/G Passport 外交/公務/G 類護照(如持有此類護照, 請務必提供)	NO. <u>D12345678</u>	<u>12 / 31 / 2018</u>
<input type="checkbox"/> Ordinary Passport 普通護照	NO. _____	____ / ____ / ____
<input checked="" type="checkbox"/> Taiwan I.D. 台灣身分證(台灣籍請提供)	NO. <u>Z123456789</u>	
<input type="checkbox"/> Social Security Number 社會安全碼	NO. _____	
<input type="checkbox"/> USA Driver license 美國駕照	NO. _____	____ / ____ / ____
<input type="checkbox"/> Military ID 軍人身分證	NO. _____	____ / ____ / ____
<input type="checkbox"/> State ID 州身分證	NO. _____	____ / ____ / ____
<input type="checkbox"/> Green Card 美國綠卡	NO. _____	____ / ____ / ____
<input type="checkbox"/> Other: _____ 其他: _____	NO. _____	____ / ____ / ____
Citizenship, if multiple citizenship applicable, please specify 國籍, 若具多重國籍請詳列:		
<input checked="" type="checkbox"/> Taiwan 台灣 <input type="checkbox"/> U.S.A. 美國 <input type="checkbox"/> Others: 其他 _____		
U.S. Citizenship Status 美國公民狀態		
您是否在美國境內出生, 或曾否或目前為美國公民、擁有美國國籍、取得美國永久居住權, 或正辦理美國移民手續? Are/Were you born in U.S., a holder of U.S. citizenship, U.S. nationality or permanent right of abode, or applying U.S. immigration?		
<input type="checkbox"/> YES 是		
<input checked="" type="checkbox"/> NO 否 Date of Expatriation / Denaturalization (if any) 棄籍/除籍日期(如有): _____ MM 月 / _____ DD 日 / _____ YYYY 年		
Permanent Address 永久地址(若為台灣籍, 請同身分證戶籍地址) 1F-1, NO.1, MINZU ROAD, ZHONGSHAN DIST., TAIPEI CITY 100, TAIWAN R.O.C. (恕不接受郵政信箱) (英文地址查詢網址) http://www.post.gov.tw/post/internet/Postal/index.jsp?ID=207	Phone (Permanent), if any 戶籍地電話號碼, 若有 國碼-區碼-電話 <u>886 - 02 - 12345678</u>	
	Phone (Mobile), if any 戶籍地手機電話號碼, 若有 國碼-電話 <u>886-12345678</u>	
Current Residential Address: P.O. Box is NOT acceptable 現在居住地址, 恕不接受郵政信箱	Phone (Mobile) 手機電話號碼 國碼-電話 <u>1 - 1234567890</u>	
<input type="checkbox"/> Same as permanent address 同永久地址	Phone (Residence) 住家電話號碼 國碼-區碼-電話 <u>1 - 123 - 4567890</u>	
<input checked="" type="checkbox"/> Others 其他: (請填寫現在居住國家之地址) 1F-1, NO.1, BROADWAY, NEW YORK, NY 10005, U.S.A.	Fax, if any (Residence) 住家傳真號碼, 若有 國碼-區碼-電話 _____ - _____ - _____	

CUSTOMER INFORMATION PROFILE (Individual/Joint Account) 客戶資料表(個人/聯名帳戶)

A/C No. 帳戶號碼: **12345**

A/C type 帳戶種類: Individual 個人 / Joint 聯名戶, 各持有人請分別填寫此表格

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Mailing Address: Paper statement and other notices will be sent to mailing address. 通訊地址: 寄發紙本對帳單及其他通知使用。		
<input type="checkbox"/> Same as permanent address 同永久地址 <input checked="" type="checkbox"/> Same as current residential address 同現在居住地址 <input type="checkbox"/> Same as office address 同辦公室地址 <input type="checkbox"/> Others 其他:		
Office Address 辦公室地址 65, LIBERTY STREET, NEW YORK, NY 10005, U.S.A.	Phone (Office) 辦公電話號碼 國碼-區碼-電話 1 - 212 - 6084222 Fax, if any (Office) 辦公傳真號碼, 若有 國碼-區碼-電話 1 - 212 - 6084888	
E-mail Address: Please provide at least one valid email address. 電郵信箱: 請務必提供至少一個有效之電郵信箱		
Primary 主要聯絡信箱	HSIAOMINGWANG@GMAIL.COM	
Alternative, if any 備用聯絡信箱, 若有	HSIAOMINGWANG@YAHOO.COM	
Present Occupation 目前職業 (ex. 僱主名稱: TECO IN NY, 行業類別: 教育組, 職稱: 主任/OR 秘書, 工作內容: 總務/領務/行政/會計)		
<input checked="" type="checkbox"/> Employee 受僱 Employer 僱主名稱 Industry 行業類別 Title 職稱 Job description 工作內容 <input checked="" type="checkbox"/> Full-time 全職 <input type="checkbox"/> Part-time 兼職 <input type="checkbox"/> Employer 企業主 Name of Company 公司名稱 Industry 行業類別 Title 職稱 Job description 工作內容 <input type="checkbox"/> Self-Employed Professional 自僱 Profession 執業類型 Industry 行業類別 Title 職稱 Job description 工作內容 <input type="checkbox"/> Retired 退休 <input type="checkbox"/> Home Maker 家管 <input type="checkbox"/> Others 其他 (please specify 請敘明)		
Personal Annual Income 個人年收入 <input type="checkbox"/> Less than or equal US\$50,000 <input checked="" type="checkbox"/> US\$50,001-US\$100,000 <input type="checkbox"/> US\$100,001-US\$250,000 <input type="checkbox"/> US\$250,001& Above		
Personal Net Worth (Assets minus Liability) 個人淨資產 (資產扣除負債) <input type="checkbox"/> Less than or equal US\$100,000 <input checked="" type="checkbox"/> US\$100,001-US\$500,000 <input type="checkbox"/> US\$500,001-US\$1,000,000 <input type="checkbox"/> US\$1,000,001-US\$1,500,000 <input type="checkbox"/> US\$1,500,001& Above		
Funds and Transactions Information 帳戶交易資料 (聯名戶者, 請由主要帳戶持有人一方填寫即可)		
Purpose of this Account (Please check all kinds of anticipated activities) 帳戶用途 (請勾選此帳戶所有可能用途)		
<input checked="" type="checkbox"/> Salary 薪資帳戶 <input checked="" type="checkbox"/> Transactions 交易需求, 如保險費、生活費、學費、旅費、房租等 <input checked="" type="checkbox"/> Savings 儲蓄 <input type="checkbox"/> Line of credit 貸款需求 <input type="checkbox"/> Investments 投資: _____ <input type="checkbox"/> Others 其他 (please specify 請敘明) _____		
Estimated Average Monthly Volumes of Each Type of Transactions 預期交易類型及每月平均交易量		
1. Domestic incoming wire transfers 由美國境內其他銀行匯入 <input type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額 (元): (每月平均) <input checked="" type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000

CUSTOMER INFORMATION PROFILE (Individual/Joint Account) 客戶資料表(個人/聯名帳戶)

A/C No. 帳戶號碼: **12345**

A/C type 帳戶種類: Individual 個人 / Joint 聯名戶, 各持有人請分別填寫此表格

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2. International incoming wire transfers 國際電匯匯入款 <input type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額(元): (每月平均) <input type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input checked="" type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000				
Anticipated Country of Origin of Remittance Fund (Please list all if more than one) 預期主要匯入款資金來源國家 (可填多國) TAIWAN、FRANCE						
3. Domestic outgoing wire transfers 匯出至美國境內其他銀行 <input type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額(元): (每月平均) <input checked="" type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000				
4. International outgoing wire transfers 國際電匯匯出款 <input type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額(元): (每月平均) <input type="checkbox"/> 1-5,000 <input checked="" type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000				
Anticipated country of Beneficiary of Remittance Fund (Please list all if more than one) 預期主要匯出款資金受款國家 (可填多國) TAIWAN、UNITED KINGDOM、HONGKONG						
5. Cash deposits 現金存入 <input checked="" type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額(元): (每月平均) <input type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000				
6. Cash withdrawals 現金提領 <input checked="" type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額(元): (每月平均) <input type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000				
7. Checks deposits 一般支票/銀行本票/匯票等票據存入 <input type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額(元): (每月平均) <input checked="" type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000				
8. Checks issuance 個人票據簽發 <input type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount 美金總金額(元): (每月平均) <input checked="" type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000				
Please specify major payees on the checks and your relationship, if applicable (include separate sheet if more space is needed). 若適用, 請敘明票據常用給付對象及與之關係, 如表格不敷使用, 請自行增列.						
Payee 收款人 英文名稱	ABC LEASING OFFICE	EMILY WU	JOHN WANG	JOE WANG	TECRO IN NEW YORK	CARPS
Relationship 關係	LANDLORD	SPOUSE	SON	PARENTS	EMPLOYER	INSURANCE COMPANY
Purpose 用途	RENT	LIVING EXPENSE	TUITION、GIFT	LIVING EXPENSE、GIFT	INSURANCE	INSURANCE

CUSTOMER INFORMATION PROFILE (Individual/Joint Account) 客戶資料表(個人/聯名帳戶)

A/C No. 帳戶號碼: **12345**

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ACH是指您於其他平台自行設定由您紐行帳號代扣公共事業費用、信用卡費、投資款、學費、轉帳或電子購物等交易。

9. Domestic ACH Transactions 美國境內授權代收/代付交易 <input type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount美金總金額(元): (每月平均) <input checked="" type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000
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10. International ACH Transactions 跨國授權代收/代付交易 <input checked="" type="checkbox"/> None 無此交易	No. of counts 筆數: (每月平均) <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20	Total USD amount美金總金額(元): (每月平均) <input type="checkbox"/> 1-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-30,000 <input type="checkbox"/> > 30,000
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11. Will this account receive third party payments? 此帳戶是否會有第三方(非本人) 匯入或存入之款項?
 Yes 是, If yes, please identify the anticipated originators of such payments. 如是, 請填寫可能之存/匯款人名稱
MOFA、ICDF、TECRO IN NEW YORK、CARPS
 No 否

12. Other Transactions (if any), Please specify the transaction type, volume and counterparty's country. 其他交易(如有), 請列明交易類型, 交易筆數和金額, 以及交易對手國別。
NONE

Other information 其他資料 (聯名戶者, 請個別帳戶持有人分開填具)

問題 1、2 之政治職務可參考附表, 以利您對照(現任或曾任皆適用), 若任一欄為“是”者, 請繼續填寫附件 A 及附件 B, 若皆為“否”者, 請忽略附件 A 及附件 B。	是(YES)	否(NO)
1. Does/Did you hold a highest ranking position in public office or serve in a politically-involved role (see attachment) in Taiwan or foreign government? <i>If yes, please specify and complete supplement A and supplement B.</i> 您是否現任或曾任於台灣/外國政府部門之高階官員(如附表)或從事政治工作(如政黨人士、政府顧問等)? 如是, 請繼續填寫附件A及附件B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does/Did any of your immediate family member hold a highest ranking position in public office or serve in a politically-involved role (see attachment) in Taiwan or foreign government? <i>Immediate family members include your spouse (or legal equivalent), your children and your children's spouses (your son/daughter-in-law), your parents, your siblings, your spouse's parents and siblings. If Yes, please specify and complete supplement A and supplement B.</i> 您的配偶、子女及女婿或媳婦、父母、兄弟姊妹、配偶之父母與配偶之兄弟姊妹是否現任或曾任於台灣/外國政府部門之高階官員(如附表)或從事政治工作(如政黨人士、政府顧問等)? 如是, 請繼續填寫附件A及附件B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do/Did you hold more than 25% shares directly or indirectly, in any company/entity registered in any country? <i>If "Yes", please specify:</i> 您現正或曾否直接或間接持有登記於任一國家之公司/團體逾25%之股權? 若“是”, 請詳述: (如個人有投資持股25%以上之公司, 請填列下方資訊) • 公司/機構名稱Name of company/organization: _____ 註冊國家Country of registration: _____ 職位 Position: _____ • 公司/機構名稱Name of company/organization: _____ 註冊國家Country of registration: _____ 職位 Position: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CUSTOMER INFORMATION PROFILE (Individual/Joint Account) 客戶資料表(個人/聯名帳戶)

A/C No. 帳戶號碼: **12345**

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Means of Collecting Account Statement. Choose Either One

收取對帳單方式, 請擇一選取 (聯名戶者, 請由主要帳戶持有人一方填寫即可)

PAPERLESS (REQUEST TO STOP SENDING ACCOUNT STATEMENT BY MAIL),

Statement to be transmitted to Email Address. 不需要再接獲紙本對帳單, 並請將對帳單寄至電子郵件信箱。

Authorization to Send Monthly Statement via E-Mail

By this notice, I hereby authorize Mega International Commercial Bank, New York Branch to send my monthly account statement via e-mail to me.

I am aware that all banking institutions are normally using mail delivery to send monthly account statement to their customers. As I need to expedite the receipt of account statement for my convenience, your Branch is requested to send my monthly account statement via e-mail to me after the closing date of each month or quarterly, if no transactions occurred or whenever individual request arise. For this purpose, I am responsible to provide a correct e-mail address for my own account (one e-mail address for multiple account statements is not permitted). I understand that I will receive the said statement on a monthly basis or will assign an in charge person to receive the statement on my behalf. Your Branch will be noticed in writing if I wish to stop the delivery of statements via email or if I suspect that the security for the e-mail communication has been compromised.

I understand that there is potential risk that my account activity information might be exposed or intercepted via the e-mail communication. I therefore indemnify your Branch from any liabilities arising from this e-mail service.

PAPER Statement only. 紙本對帳單

BOTH Email statement and paper statement. 電子對帳單及紙本對帳單

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief and I also agree the document(s) submitted is(are) valid from the approval date.

In case of any changes mentioned above, I confirm that I will notify the bank within one month of such a change.

本人茲聲明上述提供資料皆正確, 且同意經本行核准後生效。上述資料如有任何異動, 將於一個月內主動通知貴銀行。

原留簽樣

Customer Signature (as per the bank record)
客戶簽名 (須與銀行原留簽樣相同)

填表日期

Date 日期: _____ / _____ / _____
MM 月 / DD 日 / YYYY 年

CUSTOMER INFORMATION PROFILE (Individual/Joint Account) 客戶資料表(個人/聯名帳戶)

A/C No. 帳戶號碼: **12345**

A/C type 帳戶種類: Individual 個人 / Joint 聯名戶, 各持有人請分別填具此表格

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For Bank Use Only 銀行專用			
<input type="checkbox"/> W-8BEN		DATE:	
<input type="checkbox"/> W-9		DATE:	
<input type="checkbox"/> W-8ECI		DATE:	
<input type="checkbox"/> Date Of Account Started with the Bank:			
RECEIVED DATE 收件日	VERIFIED AND HANDLED BY 經辦	REVIEWED BY 乙級主管	APPROVED BY 甲級主管
	DATE 日期	DATE 日期	DATE 日期

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

► **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 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 U.S. (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 provided to your jurisdiction

非美國籍或非美國應稅身分者適用，並請用英文填寫下方欄位

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country 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 town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

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 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,
- 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 applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- 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.**

Sign Here ►

原留簽樣

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

若您非曾任或現任下述19項政治性職務之一者，請忽略附件A及附件B之文件

ATTACHMENT 附表

Individuals of Prominent public function in Domestic or Overseas, including but not limited to following positions:
國內、外重要政治性職務之人，其範圍包括但不限於下列所示：

1. President、Vice President、Prime Minister and Deputy Prime Minister 總統、副總統、首相、副首相。
2. Secretary-general and Deputy Secretary-general to the President 總統府秘書長、副秘書長。
3. Secretary-general and Deputy Secretary-general to the National Security Conference 國家安全會議秘書長、副秘書長。
4. President and Vice President of Academia SINICA. 中央研究院院長、副院長。
5. Director General and Deputy Director General of National Security Bureau (NSB) 國家安全局局長、副局長。
6. President/Vice President/Secretary-general and Deputy Secretary-general of Executive, Legislative, Judicial, Examination, Control Branches of the government 五院院長、副院長、秘書長、副秘書長。
7. Elected/appointed members of Legislative, Examination, Control Yuan and a national parliament/congress/assembly or equivalent 立法委員、考試委員、監察委員及國會/議會或同級機構的委員。
8. Director-general and Deputy Director-general of second-level agencies of central organizations except Judicial Yuan; members of second-level independent agencies and Ministers without portfolio of Executive Yuan 司法院以外之中央二級機關首長、政務副首長、相當中央二級獨立機關委員及行政院政務委員。
9. Justice of the Constitutional Court 司法院大法官。
10. President and members of Supreme Court/Constitutional court/Supreme Administrative Court, Chief Commissioner of Committee on the Discipline of Public Functionaries, and Prosecutor-General of Supreme Prosecutor Office 最高法院、最高行政法院、憲法法院之院長及法官、公務員懲戒委員會委員長及最高法院檢察署檢察總長。
11. Mayor, Deputy Mayor, Magistrate, Deputy Magistrate, Head/Deputy of state and Head/Deputy of government 直轄市、縣(市)、州及省政府之首長、副首長。
12. Speaker and Deputy Speaker of the Municipality/County/City Council 直轄市及縣(市)議會正、副議長。
13. Ambassadors and permanent Representative (including Consul General、Direct General、Head of foreign governmental agencies) 駐外大使及常任代表(含處長、總領事、政府外交機關之首長)。
14. Lieutenant General or above 編階中將以上人員。
15. Chairman, CEO, and other equivalent executive members of the administrative, management or supervisory boards of government-owned company 國營事業之董事會或高階管理層成員(如董事長、總經理及其他相當職務者)。
16. Head or Senior officials of political party 中央、直轄市及縣(市)民意機關組成黨團之政黨負責人或高級官員。
17. Members of courts of auditors or of the boards of central banks. 中央銀行董事會成員或審計法庭委員
18. Senior executives serve as similar function, such as heads or its deputy, directors of the board or equivalent functions of following international organizations. 在下列依條約、協定或相類之國際書面協定所成立之國際組織擔任正、副主管及董事或其他相類似職務之高階管理人員。
 1. UN and affiliated organizations; 聯合國及其附隨國際組織。
 2. regional international organizations; 區域性國際組織。
 3. military international organization; 軍事國際組織。
 4. international economic organization; 國際經濟組織。
 5. other important international organizations in culture, science, sports, etc. 其他文化、科學、體育等領域具重要性之國際組織。
19. Person with substantial authority to promote, implement, and approve policy/operations related to significant public property, national resources. 擔任前18項以外職務，對於與重大公共事務之推動、執行，或鉅額公有財產、國家資源之業務有核定權限之人員。

填寫範例供參

Supplement A (Individual/Joint Account) 附件 A (個人/聯名帳戶適用)

A/C No. 帳戶號碼: 12345

A/C type 帳戶種類: Individual 個人 / Joint 聯名戶, 各持有人請分別填具此表格

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格, 若有任何更正請於旁邊簡簽!

Funds and Wealth Background 資金及資產來源		
Sources of Funds (Please check all sources of funds associated with the account) 帳戶資金來源, 請複選所有與此帳戶有關資金之來源		
<input checked="" type="checkbox"/> Salary 薪資 <input type="checkbox"/> Self-employment Income 執業收入 <input type="checkbox"/> Business Income (please specify major counterparties and major goods traded) 營業收入(請敘明主要交易對象及交易商品) <input type="checkbox"/> Investments Return/dividends 投資收入/紅利 <input type="checkbox"/> Rent 租金收入 <input checked="" type="checkbox"/> Inheritance/Gift 遺產/贈與所得 <input type="checkbox"/> Living expenses 生活費 <input type="checkbox"/> Cash deposits of USD Currency 美金現金存款 <input type="checkbox"/> Cash deposits of other Currencies 其他幣別現金存款 (please specify 請敘明) <input checked="" type="checkbox"/> Subsidiary/Benefits 津貼/福利金 <input type="checkbox"/> Pension(Incl.401K) 退休金(包括 401K 帳戶收入)	<input type="checkbox"/> Bonus/Commission 獎金/佣金 <input type="checkbox"/> Consultant fee 顧問收入 <input type="checkbox"/> Business allowance or reimbursement 出差收入 <input type="checkbox"/> Trust income 信託收入 <input type="checkbox"/> Insurance payout 保險金所得 <input type="checkbox"/> Lottery winnings 彩券所得 <input checked="" type="checkbox"/> Transfer in from other accounts: <input checked="" type="checkbox"/> Internet payments 網路轉帳 <input type="checkbox"/> Domestic wire transfer 境內匯款 <input checked="" type="checkbox"/> Foreign wire transfer 國際匯款 <input type="checkbox"/> Monetary instrument 金融票據 <input type="checkbox"/> Others 其他 (please specify 請敘明)	
Sources of accumulated Wealth (Please check all applicable sources of accumulated wealth) 個人資產來源, 請複選所有累積資產之來源		
<input checked="" type="checkbox"/> Earnings – Investments (Dividends, Interest) 股利/利息所得 <input checked="" type="checkbox"/> Earnings – Real Estate Investments 不動產投資所得 <input checked="" type="checkbox"/> Employment – Salary 薪資所得 <input type="checkbox"/> Employment – Self-Employment Income 執業收入所得 <input checked="" type="checkbox"/> Inheritance/Family Gift 繼承/贈與所得 <input checked="" type="checkbox"/> Insurance Proceeds/Settlement/Lawsuit Settlement 保險金/訴訟金 <input type="checkbox"/> Pension/Retirement 退休金 <input type="checkbox"/> Sale of Business 營利盈餘	<input type="checkbox"/> Sale of Investments 出售投資項目所得 <input type="checkbox"/> Sale of Property 出售動產/不動產所得 <input type="checkbox"/> Sale of Shares 出售股權/股票所得 <input type="checkbox"/> Settlement from Divorce 贍養費所得 <input type="checkbox"/> Spouse's Income 配偶收入 <input type="checkbox"/> Winnings – Government Lottery 政府機構彩券所得 <input type="checkbox"/> Winnings – Non-Government Lottery 非政府機構彩券所得 <input type="checkbox"/> Others 其他 (please specify 請敘明)	
Ownership interests 持股狀況		
Do/Did you hold more than 10 % shares directly or indirectly, in any company /entity registered in any country? If "Yes", please specify: 您現正或曾否直接或間接持有登記於任一國家之公司/團體逾10%之股權? 若“是”, 請詳述:	是(YES)	否(NO)
<ul style="list-style-type: none"> 公司/機構名稱Name of company/organization: _____ 註冊國家Country of registration: _____ 職位 position: _____ 公司/機構名稱Name of company/organization: _____ 註冊國家Country of registration: _____ 職位 position: _____ 公司/機構名稱Name of company/organization: _____ 註冊國家Country of registration: _____ 職位 position: _____ 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Supplement A (Individual/Joint Account) 附件 A (個人/聯名帳戶適用)

A/C No. 帳戶號碼: 12345

A/C type 帳戶種類: Individual 個人 / Joint 聯名戶, 各持有人請分別填具此表格

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格, 若有任何更正請於旁邊簡簽!

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief and I also agree the document(s) submitted is(are) valid from the approval date.

In case of any information changes, I confirm that I will notify the bank within one month.

本人茲聲明上述提供資料皆正確, 且同意經本行核准後生效。上述資料如有任何異動, 將於一個月內主動通知貴銀行。

原留簽樣

填表日期:

Customer Signature (as per the bank record)
客戶簽名 (須與銀行原留簽樣相同)

Date 日期: ____/____/____
MM 月 / DD 日 / YYYY 年

For Bank Use Only 銀行專用			
RECEIVED DATE 收件日	VERIFIED AND HANDLED BY 經辦	REVIEWED BY 乙級主管	APPROVED BY 甲級主管
	DATE 日期	DATE 日期	DATE 日期

Supplement B: Political Positions Information

附件 B : 重要政治性職務人員資訊

填寫範例供參

1 Are/Were you Involved in Any of the Following Positions Locally or Overseas? <i>If Yes, please specify at the following columns.</i> 是否您本人現職或曾任職於下列國內/外相關職務?如是,請詳填以下右方資訊,另本行可能會再請您提供其他近親之基本資料。					
		Organization / Department: 工作機構名稱/部門	Country/District/City of Organization 工作國家/地區/城市	Job Title and Seniority: 職位及工作年資	Date of Resignation if any 離職日期,如有
Ambassador, Representative, Consul General, Director general; Department Head of foreign mission, institution and organization 駐外大使/代表,總領事,處長,外交使節團/外交機構或組織之首長(附表第13項)	Yes No 是 否 <input checked="" type="checkbox"/> <input type="checkbox"/>	EMBASSY OF THE ROC (TAIWAN)_IN U.S.A._	NEW YORK, U.S.A.	EMBASSADOR 5 YEARS	
Heads of state, heads of government, ministers, city mayor, and deputy or assistant ministers (individual) with substantial authority over policy, operations or use of government-owned resources in the executive, legislative, administrative, military, or judicial branches of a government whether elected or not.省長/州長/縣市長;政府領導人/總統/首相;或為能影響政府政策、營運、立法、人事任免、可動用政府資源的或政府司法部門的部長或副部長(附表第1、2、3、4、5、6、7、8、11、14項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>				
Senior official of a major political party 任何主要政黨的高級官員(附表第16項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>				
Elected/appointed members of a national parliament/congress/ assembly or equivalent 國會/議會/立法院或同級機構的成員(附表第12項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>				
Executive members (e.g. MD, CEO etc.) of the administrative, management, or supervisory boards of State-owned enterprises 國有企業的董事會或高級管理層成員,如總經理或執行長(附表第15項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>				
Members of supreme courts, of constitutional courts or of other high level judicial bodies whose decisions are not generally subject to further appeal, except in exceptional circumstances 最高法院成員或在大多數情況下具有最終裁決權的其他法律機構成員(附表第9、10項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>				
Members of courts of auditors or of the boards of central banks. 中央銀行董事會成員,或審計法庭成員(附表第17項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>				
Others: Including senior executives of international organizations 其他:含國際組織之正副主管、董事或高階管理層或上述以外之職務(附表第18、19項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>				

2 Are/Were your Immediate Family Member or Spouse Involved in the Following Positions? Immediate family member includes: Spouse (or legal equivalent), Children, Children's spouses (son/daughter-in-law), Parents, Siblings, or Spouse's Parents and Siblings. 是否您的配偶、子女及女婿或媳婦、父母、兄弟姊妹、配偶父母或配偶之兄弟姊妹現職或曾任職於下列國內/外相關職務?如是，請詳填以下右方資訊，另本行可能會再請您提供其他近親之基本資料。									
		Relation ship 關係	English and/or Chinese Name 中文及英文姓名	Date of birth 出生日期 MM/DD/YYYY 月/日/年	Nationality and Current Residential country 國籍及現居國家	Organization / Department AND Country/District/City 工作機構名稱/部門及其國家/ 地區/城市等	Job Title and Seniority: 職位及工作年資	Date of Resignation if any 離職日期,如有	
Ambassador, Representative, Consul General, Director general; Department Head of foreign mission, institution and organization 駐外大使/代表,總領事,處長,外交使節團/外交機構或組織之首長(附表第13項)	Yes No 是 否 <input checked="" type="checkbox"/> <input type="checkbox"/>	SPOUSE	John Wang 王約翰	12/31/1961	Taiwan/U.S.A	EMBASSY OF THE ROC (TAIWAN) IN U.S.A.	EMBASSADOR 5 YEARS		
Heads of state, heads of government, ministers, city mayor, and deputy or assistant ministers (individual) with substantial authority over policy, operations or use of government-owned resources in the executive, legislative, administrative, military, or judicial branches of a government whether elected or not. 省長/州長/縣市長; 政府領導人/總統/首相; 或為能影響政府政策、營運、立法、人事任免、可動用政府資源的或政府司法部門的部長或副部長(附表第1、2、3、4、5、6、7、8、11、14項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>								
Senior official of a major political party 任何主要政黨的高級官員(附表第16項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>								
Elected/appointed members of a national parliament/congress/ assembly or equivalent 國會/議會/立法院或同級機構的成員(附表第12項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>								
Executive members (e.g. MD, CEO etc.) of the administrative, management, or supervisory boards of State-owned enterprises 國有企業的董事會或高級管理層成員，如總經理或執行長(附表第15項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>								
Members of supreme courts, of constitutional courts or of other high level judicial bodies whose decisions are not generally subject to further appeal, except in exceptional circumstances 最高法院成員或在大多數情況下具有最終裁決權的其他法律機構成員(附表第9、10項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>								
Members of courts of auditors or of the boards of central banks. 中央銀行董事會成員，或審計法庭成員(附表第17項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>								
Others: Including senior executives of international organizations 其他:含國際組織之正副主管、董事或高階管理層或上述以外之職務(附表第18、19項)	Yes No 是 否 <input type="checkbox"/> <input checked="" type="checkbox"/>								