

# HOW TO COMPLETE YOUR W8-BEN FORM

## Individual, Joint and Sole Trader Account

**For Joint Account**, each account holder must complete a separate copy of the W-8BEN form.

**Alterations are not allowed; please start form again.**

You must complete and return a W-8BEN form if you wish to trade shares listed in the United States (U.S.) on your trading account.

The W-8BEN Form is a U.S. Internal Revenue Service (IRS) form used to reflect the documentation requirements of Chapter 4 and is only required for non-U.S. residents. By completing the form you may be eligible to pay a reduced rate of withholding tax.

Please DO NOT complete this form if you are a U.S. citizen or Green Card holder.

For Joint Account, each account holder must complete a separate copy of the W-8BEN form.

W-8BEN forms remain in effect until 31 December three years after the date of signing, unless there are any changes in your personal circumstances. For example, a Form W-8BEN form signed on May 31, 2021, remains valid through to and including December 31, 2024.

Please be informed that PhillipCapital is unable to provide you with any tax advice in relation to your declaration. For further advice, please contact the IRS or your tax adviser.

Please return your signed and completed form to:

By Email:

Scan the completed form to your adviser or [settlements@phillipcapital.com.au](mailto:settlements@phillipcapital.com.au)

By Post:

PhillipCapital International Trading Desk  
PO Box 628 Collins Street West VIC 8007

**Notes:**

Part I: Can be completed electronically

Part III: Must be signed by hand

**SAMPLE FOR INDIVIDUALS – FOR REFERENCE ONLY**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](http://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

**IMPORTANT NOTICE Do not use this form if:**

- 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 United States (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**

**Instead, use Form:****Note:** If you are resident in a FATCA partner jurisdiction, you may be provided to your jurisdiction of residence.

Part 1: Please complete items 1,2,3, 4 (if applicable) and 8

information may be

**Part I Identification of Beneficial Owner (see instructions)****1** Name of individual who is the beneficial owner**3** Permanent residence address (street, apt. or suite no., or rural route)

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)**6a** Foreign tax identifying number (see instructions)**6b** Check if FTIN not legally required . . . . .**7** Reference number(s) (see instructions)**8** Date of birth (MM-DD-YYYY) (see instructions)

You can complete your PO Box address in Part 4, if you have provided the Street address in Part 5

**IMPORTANT**This is American (USA) format  
Only  
Month/Day/Year  
Example: 09/20/2021**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** \_\_\_\_\_: The beneficial owner is claiming the provisions of Article and paragraph 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 1: Please complete item 9

**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 or proceeds 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;
- This form relates to:
  - (a) income not effectively connected with the conduct of a trade or business in the United States;
  - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to U.S. tax;
  - (c) the partner's share of a partnership's effectively connected taxable income; or
  - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1445.
- 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

Part III. Select

Furthermore, I declare that I am not providing to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner. I agree that I will submit a new form with the income of which I am the beneficial owner.

**IMPORTANT**This is American (USA) format  
Only  
Month/Day/Year  
We will reject if not in this format**Sign Here**☒ I certify that I have the capacity to sign for the person identified on line 1 of this form.

Sign by Hand

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

Full name of signer

Print name of signer

09/20/2021

Date (MM-DD-YYYY)