



Guide for completing the W-8BEN (Individuals)

Please note, W-8BEN forms are only valid for three years after date of signature. If any information needs to be updated during the three-year time period, a new W-8BEN form must be submitted within 30 days.

Part I: Identification of Beneficial Owner

Line 1: Enter your legal name. (Required)

Line 2: Enter the name of the country where you are a citizen. If you are a citizen of more than one country, enter the country where you are currently a resident and a citizen. **Note:** if you hold U.S. citizenship or identify as a U.S. resident for tax purposes, do not fill out this form. Instead, visit the **IRS website** for details. **(Required)**

Line 3: Enter the address of your permanent residence. Note: P.O. boxes are not accepted. (Required)

Line 4: Enter your mailing address. If the mailing address is the same as the address on Line 3, you can leave blank. **Note:** P.O. boxes are not accepted. **(Required)**

Line 5: Leave blank. If you have a U.S. Social Security Number or Individual Taxpayer Identification Number (ITIN), please call us by logging into the TD App and choose Contact Us or call 1-800-465-5463 to determine if the correct form is being used or if additional information or documentation is required.

Line 6a: Enter the Foreign Tax Identifying Number (FTIN) for the country where you are a resident or will become a resident. Do not enter your Canadian Social Insurance Number. (Required for individuals residing outside Canada)

Line 6b: Check the box if your country of residence does not issue a FTIN. Refer to the **IRS website** for a list of countries that do not issue FTINs.

Line 7: Enter the TD Direct Investing account number(s) for which you are signing this form. (Required)

Line 8: Enter your date of birth. (Required)

Part II: Claim of Tax Treaty Benefits

Line 9: Enter the country where you are a resident or will become a resident. (Required)

Line 10: Generally not required

Part III: Certification (Required)

Tick Box: Only tick the box if you are signing on behalf of the person identified on Line 1.

Signature of Beneficial Owner: Print and sign a hard copy of the form. **Please note:** a digital signature (for example, typing your name and adding a time stamp) will not be accepted. **(Required)**

Date: Enter the date the form was signed. (Required)

Print name of signer: Clearly print the name of the individual who has signed the form. (Required)

For further instructions please visit the **IRS website** or consult with a tax advisor.

The W-8BEN form shown below is for reference only.

Form W-8BEN

(Rev. October 2021)

Department of the Treasury

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 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

• You	OT use this fo	orm if:			Instead, use Form:	
- 100	ı are NOT an i	ndividual			W-8BEN-E	
• You	ı are a U.S. cit	tizen or other U.S. person, including a resident a	alien individual		W-9	
	u are a benefic ner than perso	ial owner claiming that income is effectively cor nal services)	nnected with the conduct of	trade or business	within the United States W-8ECI	
• You	ı are a benefic	cial owner who is receiving compensation for pe	rsonal services performed in	n the United States	8233 or W-4	
• You	ı are a person	acting as an intermediary			W-8IMY	
Note	: If you are res	sident in a FATCA partner jurisdiction (that is, a	a Model 1 IGA jurisdiction v	vith reciprocity), ce	ertain tax account information may be	
		risdiction of residence.	,		•	
Pai		Identification of Beneficial Owner (see instructions)				
1	Name of inc	f individual who is the beneficial owner 2 Country of citizenship				
3	Pormanant	residence address (street, apt. or suite no., or re	ural routa). Do not uso a B	O boy or in care	of address	
3	reimanem	residence address (street, apr. or suite no., or n	urai routej. Do not use a F.	O. DOX OF III-Care-	or address.	
	City or town	n, state or province. Include postal code where	appropriate.		Country	
4	Mailing add	dress (if different from above)				
	Ü	,				
	City or town	n, state or province. Include postal code where	appropriate.		Country	
5	U.S. taxpay	yer identification number (SSN or ITIN), if require	ed (see instructions)			
			Ch. Observit ETIN mask	La mallion manusima at		
6a	Foreign tax	identifying number (see instructions)	6b Check if Filin not	legally required .		
7	Reference r	number(s) (see instructions)	8 Date of birth (MN	1-DD-YYYY) (see ir	nstructions)	
Par		2 1 2 1 2 1 2 1 4 1 1 1 1 1 1 1 1 1 1 1				
9	•	that the beneficial owner is a resident of within the meaning of the incom				
10	•	etween the United States and that country. rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph				
10	Opeciai rai	of the treaty identified on line 9 above to claim a writer of withholding on (specify type of income):				
				_ 70 1010 01 Within 01	ang on (opeany type of meemo).	
	Explain the	additional conditions in the Article and paragra	ph the beneficial owner mee	ets to be eligible fo	r the rate of withholding:	
_	-					
Par		tification				
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Under p	penalties of perjury,		, ,			
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