

**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 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

**Note:** If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner** (see instructions)

1 Name of individual who is the beneficial owner <b>Max Mustermann</b>	2 Country of citizenship <b>Germany</b>
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. <b>Musterstr. 1</b>	
City or town, state or province. Include postal code where appropriate. <b>12345 Musterstadt</b>	Country <b>Germany</b>
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) <b>99876543210</b>	6b Check if FTIN not legally required . . . . . <input type="checkbox"/>
7 Reference number(s) (see instructions) <b>1234567890</b>	8 Date of birth (MM-DD-YYYY) (see instructions) <b>01-30-1980</b>

**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 **Germany** 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 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 tax under an applicable income tax treaty;
  - (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 1446(f);
- 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.

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

**Sign Here** **Max Mustermann** **04-19-2023**  
 Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)  
**Max Mustermann**  
 Print name of signer

## Ausfüllhilfe W-8BEN

Sutor Bank GmbH | Hermannstraße 46 | 20095 Hamburg

### Allgemeine Hinweise

Sehr geehrte Kundin, sehr geehrter Kunde,  
 diese Ausfüllhilfe unterstützt Sie beim Ausfüllen des Formulars.

Die regelmäßig einzutragenden Angaben können Sie der nachfolgenden Aufstellung entnehmen. Bei zusätzlichen Fragen stehen wir Ihnen gern telefonisch unter 040 82223163 zur Verfügung.

### Part I Identification of Beneficial Owner

- 1 Ihr Vor- und Nachname
- 2 Land Ihrer Staatsangehörigkeit
- 3 Ihr Wohnsitz: Straße und Hausnummer, PLZ und Ort, Land
- 4 Ihre Postadresse: Straße und Hausnummer, PLZ und Ort, Land (falls abweichend von Ziffer 3)
- 5 Ihre US-Steuer-ID-Nummer (falls vorhanden)
- 6a Ihre Steuer-Identifikationsnummer
- 6b Bitte das Kreuz setzen, wenn Ihr Wohnsitzstaat keine Steuer-Identifikationsnummer erteilt
- 7 Ihre Konto-/Depotnummer bei der Sutor Bank
- 8 Ihr Geburtsdatum im Format MM.TT.JJJJ

### Part II Claim of Tax Treaty Benefits

- 9 Ihr steuerlicher Wohnsitz (z.B. „Germany“)

### Part III Certification

Sign Here	Ihre Unterschrift
Date	Datum im Format MM.TT.JJJJ
Print name of signer	Name/n der unterzeichnenden Person/en in Druckschrift
I certify that I have the capacity to...	Bitte hier ankreuzen, wenn Sie als gesetzlicher Vertreter (legal representative) oder als Bevollmächtigter (authorized agent) handeln. Eine Vollmacht (z.B. Formular 2848) muss in diesem Fall beigefügt werden.