

W-8BEN 填寫說明

Form **W-8BEN**

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

(Rev. February 2014)

Department of the Treasury
Internal Revenue Service

- For use by individuals. Entities must use Form W-8BEN-E.
- Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.
- 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:

- 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
- A person acting as an intermediary W-8IMY

Instead, use Form:

Part I Identification of Beneficial Owner (see instructions) 實益所有人資料

1 Name of individual who is the beneficial owner 姓名	2 Country of citizenship 國籍
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 永久居住地址 - 樓, 號, 段, 路, 街 (不可填寫郵政信箱或轉交地址)	
City or town, state or province. Include postal code where appropriate. 市或鎮, 州或省 (如適用請包括郵遞區號) - 區, 鄉, 鎮, 縣, 市, 郵遞區號	Country 國家
4 Mailing address (if different from above) 郵寄地址 (如與上方地址不同) - 樓, 號, 段, 路, 街	
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5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 美國賦稅編號, 如沒有請空白 (SSN 社會安全號碼 或 ITIN 個人納稅識別號碼)	6 Foreign tax identifying number (see instructions) 外國賦稅編號 (選擇性提供)
7 Reference number(s) (see instructions) 關聯號碼 (說明請詳 instructions 第 6 頁 Line 7)	8 Date of birth (MM-DD-YYYY) (see instructions) 出生日期 (月-日-西元年)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions) 稅務減免申報 (如適用)

9 I certify that the beneficial owner is a resident of 國家名稱 within the meaning of the income tax treaty between the United States and that country. 我是 XXX(國家)居民, 我的國家與美國簽有所得稅協議。

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):

特別稅率及條件 (如適用): 實益所有人依據上述第 9 項第 章的約定, 要求享有 (請填寫具體所得類別) 之 % 預扣稅率

Explain the reasons the beneficial owner meets the terms of the treaty article:
請說明實益所有人符合協議章節約定之原因

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 as an individual that is an owner or account holder of a foreign financial institution,
 - 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 the period for which I am the beneficial owner or
- 實益所有人(或被授權代表實益所有人簽署之人士)簽名 *請以英文簽名
- 日期
- Further, if any certification made on this form becomes incorrect, I will submit a new form within 30 days.

Sign Here



Signature of beneficial owner (or individual authorized to sign for beneficial owner) 正楷姓名:	Date (MM-DD-YYYY) 月-日-西元年
Print name of signer	Capacity in which acting (if form is not signed by beneficial owner)

Allianz 安聯人壽

OMB No. 1545-1621

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 |
| • A person acting as an intermediary | W-8IMY |

出生日期 (月-日-西元年)

請說明實益所有人符合協議章節約定之原因

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	City or town, state or province. Include postal code where appropriate. 市或鎮, 州或省 (如適用請包括郵遞區號) - 區, 鄉, 鎮, 縣, 市, 郵遞區號		Country 國家
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5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 美國賦稅編號, 如沒有請空白 (SSN 社會安全號碼 或 ITIN 個人納稅識別號碼)		6 Foreign tax identifying number (see instructions) 外國賦稅編號 (選擇性提供)
7	Reference number(s) (see instructions) 關聯號碼 (說明請詳 instructions 第 6 頁 Line7)	8 Date of birth (MM-DD-YYYY) (see instructions) 出生日期 (月-日-西元年)	

9 I certify that the beneficial owner is a resident of _____ 國家名稱 _____ within the meaning of the income tax treaty between the United States and that country. 我是 XXX(國家)居民，我的國家與美國簽有所得稅協議。

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____
特別稅率及條件 (如適用)：實益所有人依據上述第 9 項第 _____ 章的約定，要求享有 _____ (請填寫具體所得類別) 之 _____ %預扣稅率

Explain the reasons the beneficial owner meets the terms of the treaty article:
請說明實益所有人符合協議章節約定之原因 _____

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 • The income to which this form relates is:
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 • 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 both of the following purposes:
 (a) to determine whether the income to which this form relates is exempt from U.S. tax under an applicable income tax treaty, and
 (b) to determine whether the income to which this form relates is exempt from U.S. tax under an applicable provision of U.S. law.
 Further, if any of the information provided on this form is incorrect, I will submit a new form within 30 days of the date on which I am the beneficial owner or account holder of the foreign financial institution to which this form relates.
- 實益所有人(或被授權代表實益所有人簽署之人士)簽名 *請以英文簽名
- 日期

月-日-西元年

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

正楷姓名： 與稅務人之關係：

Print name of signer Capacity in which acting (if form is not signed by beneficial owner)

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Allianz 安聯人壽

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