Substitute Form W-8BEN-E CDN Entities

Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting for Canadian Entities (Other than Financial Institutions)

The Instructions for the Substitute Form W-8BEN-E Canadian Entities are available at https://www.rbcdirectinvesting.com/downloadable-forms.html under "QI, FATCA and CRS Forms (U.S. Internal Revenue Service – IRS – W-8, W9 and more)"

(Rev. Nov 2021)

	NOT use this form for: anadian Financial Institutions				Instead, use official IRS Form: W-8BEN-E or W-8IMY
	• " "				W-9, W-8BEN-E or W-8IMY
• Pa	rtnerships, simple trusts, grantor trusts, or any person	acting as an interr	mediary		W-8IMY
• Fo	reign governments, foreign private foundations, and fo	oreign tax-exempt	organizations		W-8EXP
• Dis	sregarded entities and simple or grantor trusts that are	e hybrid entities cla	iming treaty be	enefits	W-8BEN-E
Pa	art I Identification of Beneficial Owner				
1	Name of organization that is the beneficial owner (Full legal name of the entity as shown on the organ	izational documen	ts)		Country of incorporation or organization
3	Chapter 3 Status (Entity Type) (Must check one box	only):			
	Corporation	Complex trust			Estate
4	Permanent residence address (street, apt. or suite raddress).	no., or rural route).	Do not use a	P.O. box or in-care	e-of address (other than a registered
	City or town		Province	Postal Code	Country
		l' 11 \ /E	1 1 0		
	art II Claim of Tax Treaty Benefits (if ap	•			
Ca	nadian entities may qualify for reduced withl	noiding on U.S.	source inco	me (see instructi	ons – Appendix B)
5	I certify that:				
â	The beneficial owner is a resident of	try.		,	within the meaning of the income tax
k	The beneficial owner derives the item (or items) of it of the treaty provision dealing with limitation on ben		•	· · ·	• • • • • • • • • • • • • • • • • • • •
	Government	Company	that meets the	e ownership and bas	e erosion test
	Tax exempt pension trust or pension fund	Company	that meets the	derivative benefits	test
	Other tax exempt organization Company with an item of income that meets active trade or business test				
	Publicly traded corporation	Favorable	discretionary	determination by the	U.S. competent authority received
	Subsidiary of a publicly traded corporation	Other (spe	ecify Article an	d paragraph):	
6	Special rates and conditions (if applicable; see Ins	structions – Appen	dix D):		
	The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 5a above to claim a% rate of withholding on (specify type of income):				
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of wit					

Part III Chapter 4 Status – FATCA status pursuant to the Canada - U.S. Intergovernmental Agreement (IGA)

Complete ONE of the following sections (7, 8, or 9). By completing the section, you are representing that the entity identified on line 1 qualifies for the classification indicated.

7	Account that is not a Financial Account (see Instructions – Appendix F) I certify that the entity identified on line 1 is a Canadian entity that is excluded from the definition of a Financial Account under Regulations section 1.1471-5(b)(2) of the U.S. Treasury Regulations or under Annex II, Section IV of the Canada-U.S. Intergovernmental Agreement (IGA) and is (check only one):					
	a Deferred Profit Sharing Plan (DPSP)	an Estate				
	a Registered Pension Plan (RPP) (including an Individual Pension Plan (IPP))	an Escrow (if eligible)				
_	a Active Non Eineneial Foreign Entity (Active NE	FE) (and Instructions — Appendix C for the full definition)				
8		FE) (see Instructions – Appendix G for the full definition)				
	canadian entities that carry on an active trade or busine any NFFE that meets any of the following criteria:	Canadian entities that carry on an active trade or business are generally Active NFFEs. A Canadian "Active NFFE" includes any NFFE that meets any of the following criteria:				
	 Less than 50% of the entity's gross income for the preceding calendar year or other reporting period is passive, meaning derived from the mere holding of property, such as interest, dividends, rents and royalties, and less than 50% of its assets are held during the preceding calendar year or other reporting period, with the sole purpose of generating passive income; A registered charity, or a club, association or arrangement in Canada operated exclusively for religious, charitable, scientific, artistic, 					
	cultural, athletic or educational purposes; • A corporation with shares that regularly trade on an established securities market;					
	• A government or international organization (or agency thereof).					
	I certify that the entity identified on line 1 is a Canadian entite Intergovernmental Agreement (IGA).	ty that meets the definition of an Active NFFE pursuant to the Canada-U.S.				
9	Passive Non-Financial Foreign Entity (Passive N	IFFE) (see Instructions – Appendix H)				
	A Canadian entity will be a Passive NFFE if it is not a Fi Financial Account.	inancial Institution, an Active NFFE, or an Account that is not a				
	Controlling Persons are the individuals who exercise con	ntrol over an Entity: (see Instructions)				
	-	ustees, the protector (if any) and any known beneficiaries. If there are no with ultimate effective control of the trust will be treated as the controlling				
		st, a Controlling Person is an individual who owns or controls (directly or duals that are Controlling Persons, a Director or Senior Official of the entity will				
	For the purposes of identifying Controlling Person(s), "L	J.S. Person" means an individual who is:				
	 a U.S. citizen, including those with dual citizenship; or a U.S. resident, including a lawful permanent resident (green) 	een card holder) and an individual who meets the substantial presence test				
	I certify that:					
	the entity identified on line 1 is a Canadian entity that the Name and Address of all Controlling Persons of the					

If the box above is checked, complete Part IV, the Controlling Persons Statement.

Part IV Controlling Persons Statement

Complete this section only if the entity identified on line 1 is a Passive NFFE.

Name	Permanent Residence Address (including postal code)	Jurisdiction of Tax Residence	U.S. Person (Yes or No)	U.S. SSN or ITIN (Mandatory if U.S. Person)

Part V 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 the penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified 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 income tax treaty, or (c) the partner's share of a partnership's effectively connected income; 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 the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person, establish your Chapter 4 status (if required), and, if applicable, obtain a reduced rate of withholding.

Sign Here Print Name	Signature of individual authorized to sign for beneficial owner	Date (MM-DD-YYYY)				
	I certify that I have the capacity to sign for the entity identified on line 1	of this form.				
This section may be used for entities that require multiple signatures.						
	•					
	Signature of individual authorized to sign for beneficial owner	Date (MM-DD-YYYY)				
	Print name					
	I certify that I have the capacity to sign for the entity identified on line 1 of this form.					
	Signature of individual authorized to sign for beneficial owner	Date (MM-DD-YYYY)				
	Print name					
	I certify that I have the capacity to sign for the entity identified on line 1	of this form.				

AFFIDAVIT OF UNCHANGED STATUS

I declare that all the information and certifications contained herein have been true and correct and remained the same and unchanged since January 1 of the current year or the account opening date, whichever is later. (If any information on the form has changed since January 1 of the current year or the account opening date, whichever is later, please complete a separate affidavit.)

Under penalties of perjury, I declare that the above certification is, to the best of my knowledge and belief, true, correct and complete

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