

Konto-/Depotnr.: \_\_\_\_\_

BAADER

**Baader Bank Aktiengesellschaft**  
Weihenstephaner Straße 4  
85716 Unterschleißheim  
Deutschland  
T 00800 00 222 337\*  
F +4989 5150 2442  
service@baaderbank.de  
<https://www.baaderbank.de>

\* Kostenlose Telefonnummer aus dem (inter-) nationalen Festnetz. Für Anrufe aus anderen Netzen können Gebühren anfallen.

Bitte unterschrieben zurücksenden an:

**Baader Bank Aktiengesellschaft**  
Kundenservice  
Weihenstephaner Straße 4  
85716 Unterschleißheim  
Deutschland

## Ausfüllhilfe W-8BEN

Grundsätzlich ist das Formular W8BEN in leserlicher Schrift und nur mit dem gleichen Stift – vorzugsweise in Druckschrift – auszufüllen. Unterschiedliche Stifte und Handschriften machen das Formular W8BEN ungültig.

Es dürfen keine Änderungen, Streichungen und keine Vermerke außerhalb der Zeilen angebracht werden. Sollten Sie sich beim Ausfüllen verschreiben, können Sie ein neues Formular über unseren Kundenservice anfordern.

### Part I Identification of Beneficial Owner

- 1 Name des wirtschaftlich Berechtigten
- 2 Land der Staatsangehörigkeit
- 3 Wohnsitz des wirtschaftlich Berechtigten  
Straße/Nr. (Bitte kein Postfach und keine c/o-Adresse angeben)
- 3 Postleitzahl/Ort
- 3 Land des Wohnsitzes (z.B. Germany)
- 4 Postzustelladresse des wirtschaftlich Berechtigten (falls von Nr. 3 abweichend)
- 5 US-Steuernummer, falls vorhanden (freiwillige Angabe)
- 6a Steuernummer des Kontoinhabers im Staat der Ansässigkeit. Sollten Sie in Deutschland steuerlich ansässig sein, dann wird ihre elfstellige deutsche Steuer-Identifikations-Nummer (TIN) automatisch im Rahmen der Konto- und Depotöffnung abgefragt.
- 6b Das Kontrollkästchen ist anzukreuzen, sofern keine Steuernummer (FTIN) existiert und keine andere Begründung für das Fehlen der FTIN greift.
- 7 Bitte leer lassen
- 8 Geburtsdatum

### Part II Claim of Tax Treaty Benefit

- 9 Land der steuerlichen Ansässigkeit (z.B. Germany)  
Bitte beachten Sie, dass das Land immer in der englischen Schreibweise geschrieben werden muss!
- 10 Angabe nur erforderlich für Personen, die steuerliche Vergünstigungen in Rahmen von gewerblichen Gewinnen eines Unternehmens beanspruchen. Im Rahmen von Abkommensvergünstigungen im Zusammenhang mit Beteiligungen an einer Publicly Traded Partnership (PTP), muss der Name jeder PTP angegeben werden, auf die sich der Anspruch bezieht.

### Part III Certification

- Sign Here Unterschrift des wirtschaftlich Berechtigten (sollte der wirtschaftlich Berechtigte minderjährig sein, so haben alle gesetzlich Vertretungsberechtigten (z.B. beide Elternteile) das Formular zu unterschreiben.
- Date Datum (Monat-Tag-Jahr)
- Print name of signer Name(n) der unterschreibenden Person(en)
- Capacity in Das Kontrollkästchen ist anzukreuzen, wenn das Formular von einer anderen Person als dem in Zeile 1 angegebenen wirtschaftlich Berechtigten unterzeichnet wird.

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

**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 (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 **2** Country of citizenship

**Max Mustermann** **Germany**

**3** Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.**

**Musterstrasse 1** City or town, state or province. Include postal code where appropriate. Country  
**Germany**

**12345 Musterstadt** **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)

**12-31-1970**

**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** ▶

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner) **01-20-2022**  
Date (MM-DD-YYYY)

**Max Mustermann**  
Print name of signer

**For Paperwork Reduction Act Notice, see separate instructions.**

Cat. No. 25047Z

Form **W-8BEN** (Rev. 10-2021)