

**Certificate of Foreign Status (W-8BEN) by Individual to MetLife Foreign Entity**

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| --- | --- | --- |
| **1.** | **Name of individual who is the beneficial owner:** | |
|  |  | |
| **2.** | **Country of Citizenship and Country of Birth** | |
|  |  | |
| **3.** | **List All Countries of Tax Residence** | |
|  |  | |
| **4.** | **Permanent Residence Address** | |
|  |  | |
|  |  | **Country:** |
| **5.** | **Mailing Address (if different from Permanent Residence Address)** | |
|  |  | |
|  |  | **Country:** |
| **5.** | **Date of Birth (MM-DD-YYYY):** | |
|  |  | |
| **6.** | **U.S. Taxpayer Identification Number (state “None” if you do not have one)** | |
|  |  | |
| **7.** | **Foreign Tax Identification Number (for each country of residence)** | |
|  |  | |

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, and
* The person named above in Line 1 is not a U.S. person and the income to which this form relates is not effectively connected with a U.S. trade or business.

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

**Sign Here** ► \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of beneficial owner Date (MM-DD-YYYY)

(or individual authorized to sign for beneficial owner)

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Print name of signer Capacity in which acting

(if form is not signed by beneficial owner)