Instrucciones Sobre Cómo Completar el Formulario Sustituto W-8BEN

Substitute Form W-8BEN

	Certificate of Foreign Status of Beneficial Owner to	r United States Tax Withholding and Reporting (Individuals)	
	The instructions for this Substitute Form W-8BEN are available at Amerant E information on the W-8 forms, please refer to the Internal Revenue Service (I	ank website (www.amerantbank.com). For complete instructions or more RSI website at www.irs.gov.	
Nombres y apellidos ————————————————————————————————————	DO NOT USE THIS FORM IF YOU ARE: (i) AN ENTITY; (ii) A U.S. CITIZEN OR OTHER U.S. PERSON; (iii) A BENEFICIAL OWNER CLAIMING THAT INCOME IS EFFECTIVELY CONNECTION WITH THE CONDUCT OF A U.S. TRADE OR BUSINESS; (iv) A BENEFICIAL OWNER WHO IS RECEIVING COMPENSATION FOR PERSONAL SERVICES PERFORMED IN THE U.S.; or (v) A PERSON ACTING AS AN INTERMEDIARY		
Dirección de recidencia		n with reciprocity), certain tax account information may be provided to your jurisdiction of residence.	
Dirección de residencia	Identification of Beneficial Owner		
Dirección de envío de	Name of individual who is the beneficial owner	2. Country of citizenship	País de ciudadanía
correspondencia (en caso	3. Permanent residence address (street, apt. or suite no., or rural route). Do not use a	P.O. box or in care of address.	
de ser diferente a la información contenida	City or town state or province. Include postal code where appropriate.	Country (do not abbreviate)	
en el campo número 3)	4. Mailing address (if different from above)		
Número de Identificación	City or town state or province. Include postal code where appropriate.	Country (do not abbreviate)	Número de Identificación como contribuyente fiscal en el país de
Número de Identificación como contribuyente fiscal	5. U.S. taxpayer identification number (SSN or ITIN) if required (see instructions for Form W-8BEN)		residencia fuera de los EE.UU. or
en los EE.UU. – SSN o ITIN	6a. Foreign tax identifying number if any (see instructions for Form W-8BEN)	6b. Check if FTIN not legally required	select option 6b
- si aplica Número(s) de cuenta	7. Reference number(s)	8. Date of birth (MM-DD-YYYY)	Fecha de nacimiento
País de residencia para reclamar beneficios del acuerdo fiscal entre ese país y los EE.UU.	9. I certify that: The beneficial owner is a resident of within the me 10. Special rates and conditions (if applicable–see instructions): The beneficial owner to claim a % rate of withholding on (specify type of income): Explain the additional conditions in the Article and paragraph the beneficial owner me		
) Firma, fecha y nombre	complete. I further certify under penalties of perjury that: I have reviewed the Instructions for Form W-8BEN. (i) I am the individual that is the beneficial owner (or am authorized to this form to document myself for chapter 4 purposes; (ii) the beneficial form relates is not effectively connected with the conduct of a trade of an applicable income tax treaty, or is the partner's share of a partners on line 9 of this form (if any) within the meaning of the income tax treexchanges, the beneficial owner is an exempt foreign person as defined in the state of the state of the state of the income tax treets of the state of the state of the income tax trees on the state of the state of the income tax trees on the state of the income tax trees on the state of the income tax trees of the state of the income tax trees of the income tax tree	that has control, receipt, or custody of the income of which I am the beneficial owner to of which I am the beneficial owner. I agree that I will submit a new form within 30 days visions of this document other than the certifications required to establish your status	
	— ▶ Sign Here: Date		
	Signature of the beneficial owner or authorized person	Capacity in which acting (if form is not signed by beneficial owner)	
Campo obligatorio	Print name of signer		
	AFFIDAVIT OF UNCHANGED STATUS: Under penalties of perjury, I declare that I have examined and signed the above Substitute Form W-8BEN and that the information and certifications contained therein are true and remained the same and unchanged during the last three calendar years and to date this year. (Please attach a separate, signed statement if any information has changed.)		
Campo oncional	years and to date this year. (Please attach a separate, signed state		
Campo opcional	years and to date this year. (Please attach a separate, signed state		Firma y Fecha de la Sección