Form W-8ECI

(Rev. July 2017)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

Section references are to the Internal Revenue Code.

Go to www.irs.gov/FormW8ECI for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business. See instructions.

Do not use this form for Instead, use Form: · A beneficial owner solely claiming foreign status or treaty benefits W-8BEN or W-8BEN-E · A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(o), 892, 895, or 1443(b) Note: These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP. · A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) . W-8BEN-E or W-8IMY A person acting as an intermediary W-8IMY Note: See instructions for additional exceptions. Part I Identification of Beneficial Owner (see instructions) Name of individual or organization that is the beneficial owner 2 Country of incorporation or organization Society for Worldwide Interbank Financial Telecommunication (SWIFT scrl) 3 Name of disregarded entity receiving the payments (if applicable) 4 Type of entity (check the appropriate box): Individual ✓ Corporation Partnership Simple trust ☐ Complex trust Estate ☐ Government ☐ Grantor trust Central bank of issue ☐ Tax-exempt organization Private foundation ☐ International organization Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. Avenue Adele 1 City or town, state or province. Include postal code where appropriate. Belgium Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. City or town, state, and ZIP code Culpeper, VA 22701 U.S. taxpayer identification number (required - see instructions) 8 Foreign tax identifying number 54-1106980 0413330856 9 Reference number(s) (see instructions) 10 Date of birth (MM-DD-YYYY) Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or 11 business in the United States (attach statement if necessary). Payments are for electronic messaging intermediary services including standards validation, encryption and non-repudiation, and related products and services - including security products US customer payments are collectively apportioned under the method prescribed in an Advance Pricing Agreement with the IRS whereby US-sourced income is apportioned to the US, and non-US-sourced income is approtioned outside the US. Therefore, no portion of individual payments from S.W.I.F.T.'s US customers is subject to withholding Part II 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 beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates, . The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States, • The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, and · The beneficial owner is not a U.S. person. Sign Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the Here beneficial owner or any withholding agent that can disburse or make payments of the amounts 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. 07-20-2017 Vincent Gibson Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Print name Date (MM-DD-YYYY) I certify that I have the capacity to sign for the person identified on line 1 of this form.

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