

**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.

OMB No. 1545-1621

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:**

- 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(c), 892, 895, or 1443(b) **W-8EXP**

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.**Instead, use Form:****Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual or organization that is the beneficial owner ITAU UNIBANCO S.A.	2 Country of incorporation or organization BRAZIL
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3 Name of disregarded entity receiving the payments (if applicable)**4** Type of entity (check the appropriate box):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Simple trust | <input type="checkbox"/> Complex trust | <input type="checkbox"/> Tax-exempt organization |
| <input type="checkbox"/> Foreign Government - Controlled Entity | <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Central bank of issue | |
| <input type="checkbox"/> Foreign Government - Integral Part | <input type="checkbox"/> International organization | <input checked="" type="checkbox"/> Corporation | |
| <input type="checkbox"/> Private foundation | <input type="checkbox"/> Individual | <input type="checkbox"/> Estate | |

5 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.****PRACA ALFREDO EGYDIO DE SOUZA ARANHA, No. 100, TORRE OLAVO SETUBAL, PARQUE JABAQUARA**

City or town, state or province. Include postal code where appropriate.

SAO PAULO (SP), CEP-04344-902

Country

BRAZIL**6** 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.****200 S. Biscayne Boulevard, Suite 2200**

City or town, state, and ZIP code

Miami, Florida 33131-5341**7** U.S. taxpayer identification number (required—see instructions) ☐ SSN or ITIN ☒ EIN**8a** Foreign tax identifying number (FTIN)**13-3003690****8b** Check if FTIN not legally required ☐**9** Reference number(s) (see instructions)**10** Date of birth (MM-DD-YYYY)**11** 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 business in the United States (attach statement if necessary). **INTEREST, FEES, COMMISSIONS****12** Check here to certify that: you are a dealer in securities (as defined in section 475(c)(1)); you are a transferor of an interest in a publicly traded partnership (PTP) claiming an exception from withholding under Regulations section 1.1446(f)-4(b)(6); and any gain from the transfer of the PTP interest associated with this form is effectively connected with the conduct of a trade or business within the United States without regard to section 864(c)(8). ☐**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.

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 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.

☒ 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 the beneficial owner)

Richard N. Pagnotta, Sr.

Print name

10-18-2022

Date (MM-DD-YYYY)