

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS (Name One or More Parties)

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select One)

_____ Single-Party Account _____ Trust-Separate Agreement
_____ Multiple-Party Account
_____ Other _____

RIGHTS AT DEATH (Select One)

_____ Single-Party Account
_____ Multiple-Party Account With Right of Survivorship
_____ Multiple-Party Account Without Right of Survivorship
_____ Single-Party Account With Pay-On-Death
_____ Multiple-Party Account With Right of Survivorship and Pay-On-Death

PAY-ON-DEATH BENEFICIARIES: (Name One or More Beneficiaries):

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION: For Profit Not For Profit

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

DATE OPENED _____ BY _____
INITIAL DEPOSIT \$ _____
 CASH CHECK _____
HOME TELEPHONE # _____
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: _____
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

X _____
(Date)

NEW EXISTING
TYPE OF ACCOUNT CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____

This is your (check one):
 Permanent Temporary account agreement.

Number of signatures required for withdrawal _____
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features _____

(1): [X]

I.D. # _____ D.O.B. _____

(2): [X]

I.D. # _____ D.O.B. _____

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Agency Designation (Optional)

(To Add Agency Designation To Account, Name One or More Agents):

(Select One):

Agency Designation Survives Disability or Incapacity of Parties
 Agency Designation Terminates on Disability or Incapacity of Parties