
L-autsche Asset
& Wealth Management
V f c.r' oy^ ut5::_
DBTCA Deposit Account Opening Application
TM
Private Wealth Premium^'^
Banking Services
Q Consumer Debit Card #
Private Wealth Premium^*^
Elite Personal Accounts
Q Checking Acct. #
Private Wealth Premium
Elit^usiness Accounts
Checking Acct. #
Q Joint Applicant Debit Card #
Q Elite Checking with Interest
Acct. #
APY
O' Elite Money Market Deposit
Acct. #
APY
Q] Certificate of Deposit
Acct. #
APY_____
Term
Q Elite Checking with interest
Acct. #
APY
Q Elite Money Market Deposit
Acct. #
APY_____
Q Certificate of Deposit
Acct. #
APY
Term_____
I I Business Debit Card #
Q'^el^e C lepk^ok S^le #

Name Only^^r [0^-^.
0 Name and Address 'T'^xOU Ccx
ColOrZ'
□ Duplicate Statement
Addr
□ DB AG NY Preferred
Certificate of Deposit
Acct. #

APY_____
Term
Promo term
{DBTCA deposit account required.
along with a DB AG Preferred Terms
and Conditions)
Q Cash Master Sweep Account
Checking Acct. #_____
• Elite Money Market Deposit
Acct. #
□ DB AG NY Preferred
Certificate of Deposit
Acct. #
APY
Term
Promo term
(DBTCA deposit account required,
along with a DB AG Preferred Terms
and Conditions)
Private Weahh Premium
Internet Banking Services
Private Wealth Online Plus
Link to Existing Online Relationship

_____
(User/Co. ID Number)
City
State
Zip Code
Q Mailing address (if different)
Name
Addr_
City,
State
Zip Code
TM
LIZA'S 3.432-
VV / Z 4 ?3Y
APY
Target Amount
Trigger Amount
Client Relationship
Q Individual Account
Q Joint Tenants with Right
of Survivorship
n Corporation
[7] Limited Liability Company
0 Custody under NY UTMA
0 Foundation
0 Partnership
0 Non-Profit Organization
0 Joint Tenants in Common

0 Limited Liability Partnership
0 Attorney Trust Escrow
0 In Trust For/Payable on
Death/As Trustee for
0 Landlord Master Escrow
0 Trust
0 Estate
13-AWM-0101
[redacted]
Account Title and Joint Application Information
' ’ Llc
jnt Title and Join
of A&ount Title
Name of Account Title
(last name, Jirst naiite, middle initial) or Business
Joint Applicant
(last name, first name, middle initial)
me, Jirst naiite, middle initial) or Business
of- c-7<^n<3 \o<^o -
I Security Number or Taxpayer IDkNumber
KdO ^cK'
Social Security Number or Taxpayer IDkNumber
Social Security Number or Taxpayer ID Number
Address
Address

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NotaoDllcable
City, State and Zip Code
City, State and Zip Code
/7-1
Home Telephone^mber - / "n
/fz}Z)cj-j)- j^css
- RaT
Home Telephone Number
Business Telephone Number '
Business Telephone Number
Date of Birth
Date of Birth
Name of Employer
Name of Employer
Address
Address
Not applicable
City. State and Zip Code
City. State and Zip Code
Notice of Customer Identification Policy
Important Information
To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial

institutions to obtain, verify, and record information that identities each person who establishes an account, investment or other business relationship whh a financial institution. This means that we will ask for your name, address, and other information that wili allow us to irientify you. We may also ask to see identifying documents such as a certificatb of formation or good standing (legal entities) or a passport or other photo identification (individuals).

3rd EU Notice

Governmental rules have also broadened the scope of the Bank's obligations to aid in the fight against money laundering and terrorist financing; these rules call for an active involvement of both asset management firms and their clients. For new and existing clients we currently have a legal obligation to ask our customers questions regarding their identities, addresses, source of funds and. if necessary, legal representatives, authorized signatories, beneficial owners er control structures and to collect requisite documentation to substantiate the information. Also, enhanced anti-money laundering requirements require that should any of the above personal or institutional information change, our clients would be obliged to immediately notify us of the change(s) and provide us with relevant documentation to verify these changes.

Telephone, Facsimile or Email Instructions

By signing below, you agree that from time to time you may give instructions by telephone, facsimile or email regarding the above captioned account(s) (defined herein as "Verbal Instructions"). It is understood that the risk of Verbal Instructions being given by person er persons purported to be yoo is your own. Absent the gross negligence or willful misconduct of Deusche Bank Trust Company Americas (DBTCA), you agree to indemnify and hold horroless OBTCA for any claims, losses, expenses, costs or attorneys' fees resulting from DBTCA's acting upon such misunderstood and unauthorized Verbal Instructions. Yoo uridetstand that DBTCA may, but shall not be recjuired to, seek verification of your verbal, facsimile or email instructions by call back. In case of doubt, OBTCA may in its sole discretion refuse to execute your Verbal Instructions or any part thereof, without incurring any liabiliry. DBTCA is under no obligation to execute your Verbal Instructions to transfer funds or securities to any accourn{s) without written instructions bearing your original signature.

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Joint Account Disclosure

You have opened a Joint account with OBTCA and acknowledge receipt of the following information: This deposit and any additions to the account shall become the property of each owner as joint tenants, and DBTCA may release the entire account to any owner during the lifetime of all owners. DBTCA may honor

checks, orders or withorawal requests bom
any owner during the lifetime of all owners. The Bank may be required by service of legal process to remit funds held in
the joint account to satisfy a judgment entered against, or other valid debt incurred by, any owner of the account. DBTCA
may honor checks, orders or withdrawal requests from the survivor(s) alter the deatrt of any owner(s) and may treat the
account as the sole property of the survivor|s) after the death of any owner(s). Unless DBTCA receives written notice
signed by any owner not to pay or deliver any joint deposit or addition or accrual. DBTCA shall not be liable to any owner
for continuiog to honor checks, orders or withdrawal requests from any owner. After the receipt of the notice referred to
in the previous sentence, DBTCA may require the written authorization of any or all joint owners for any further peymenls
or deliveries.
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[redacted]
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ATM/Debit Service
You agree that the retention or use of the ATM/Debit card constitutes acceptance of the terms and conditions of the
Cardholder Agreement contained in the Terms and Conditions of Deposit Accounts.
Internet Banking Service
If you have selected to receive Internet Banking Services, you understand that you will be required to enter into a
separate Internet Banking Services Agreement with DBTCA before you can access the Internet Banking Service.
Acknowledgement of Receipt of Privacy Notice
By signing below, you acknowledge receipt of DBTCA’s Privacy Notice included in the Application Package.
Non-US Individuals: Confirmation of Tax and Compliance Responsibilities.
You confirm that it is your respondbility io fulfill any tax obligations and any other regulatory reporting duties applicable
to you in any relevant jurisdictions that may arise in connection with assets, income or transactions in your account(s)
and your business relationship with DBTCA.
Non-US Organizations: Confirmation of Tax and Compliance Responsibilities.
You confirm that it is your responsibility to fulfill any tax obligations and any other regulatory reporting duties applicable
to it in any relevant jurisdictions that may arise in connection with assets, income or transactions in your account(s) and
your business relationship with DBTCA. Furthermore, you confirm that the necessary information (to the best of your
knowledge and capabilities) is made available no less than annually to the relevant beneficial owner(s), settlor(s).
beneficiary(ies). partner(s), etc. to enable him/her/ them to fulfill any

respective tax obligations that may arise for him/her/
them in connection with your business relationship with DBTCA.
Please complete and attach separate W-8 or W-9 documentation as applicable.
Terms and Conditions and Representations
By signing below, you acknowledge receipt of the Terms and Conditions for
Deposit Accounts attached to this
Application and agree to be bound by them. In addition, you agree to notify
us immediately of any material change to
the information provided by you on this Application.
You represent and warrant that all of the information provided by you on
this Application is accufate.
The Terms and Con'dltiorfs for Deposit Accounts aresubjeett^'cha^e.
Accep^nce j
You^derstecid that this appli'
by DBTCA.
(account Holder's &gn^ure
Date
Date
Joint Account Holder's Signature

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[redacted]
IN WITNESS WHEREOF, the undersigned, by and through its authorized officer,
has caused this instrument to be
executed on the date listed below.
{FOR BUSINESS USERS)
Lie
Business
Name/l^tle'' ' ’
Signature
Date
DEUTSCHE BANK TRUST COMPANY AMERICAS
By'

Zlc
[r\ou
I"
t
Print Name/TitleV-
loM 1
Date
[FOR ALL OTHER USERS)
Account Name
Name/Title

Signature
Date

I
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[redacted]
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