



PERSONAL SIGNATURE CARD AND APPLICATION

Chemical Bank
BRANCH COPY

BLUE SECTION IS FOR BANK USE ONLY

CARD COMPLETION DATE 1 08 29 96		ACCOUNT TITLE (A JOINT ACCOUNT IS PAYABLE TO EITHER OWNER, OR THE SURVIVOR) 2 CHRISLAWE MAXWELL	
DATE ACCOUNT OPENED 3 07 12 95		ACCOUNT NUMBER - 9 or 12 digits 4 [REDACTED]	BAC/PROFIT CENTER 5 0921

TAXPAYER IDENTIFICATION NUMBER(S)

PRIMARY APPLICANT'S TAXPAYER ID# 6 [REDACTED]	SECONDARY APPLICANT'S TAXPAYER ID # 7 [REDACTED]	UGMA MINOR'S TAXPAYER ID # 8 [REDACTED]
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CHECK ACCOUNT ARRANGEMENT: 9
 Individual Joint Estate/Trust Other _____

CHECK ONE: 10
 None UGMA ITF POA

CHECK ACCOUNT TYPE: 11
 Checking Checking with Interest MMA Savings

NON-CREDIT UNCOLLECTED FUNDS AVAILABILITY AND OVERDRAFT PROTECTION ("SERVICE") (RESTRICTED TO NDS) 12

CHECK CASHING POWER^o Yes, Savings/MMA/CD ACCT _____ No
 *CASH NOWSM Yes, Savings/MMA/CD ACCT _____ No
 *COVERAGE NOWSM Yes, Savings/MMA ACCT _____ No

Please activate the Service selected above. I (we) authorize you to use the account identified above for uncollected funds availability and/or overdraft protection in connection with the Service. I (we) agree to the terms and conditions for the Service as contained in the Deposit Account Agreement and Disclosures.

FOLD HERE

I/we agree that I/we have reviewed the information contained in this Personal Signature Card and Application and find it accurate on this date. In the payment of funds and in the transaction of all other business relative to this account. I/we agree that you are authorized to rely upon the signature(s) written below and on the reverse side. I/we have received and agree to the terms and conditions of the Deposit Account Agreement and Disclosures currently in effect and as may be amended for the type of account and services I/we have selected above. If I/we do not have a Chemical Banking Card, I/we will be issued one/two and all eligible accounts will be linked to it/them. **These linked accounts, whether singly or jointly owned, can be accessed by the Chemical Banking Card or by telephone.**

During the review of my (our) application, the Bank may obtain a consumer report on me (us) and if the application is approved, the Bank may at any time in the future obtain additional consumer reports to review my (our) account. I (we) have the right to ask for the name and address of the consumer reporting agency which gave the consumer report.

Under penalty of perjury, I (we) certify (1) that the number(s) shown on this form is my (our) correct taxpayer identification number(s) and (2) that I (we) am/are not subject to backup withholding either because: (a) I (we) am/are exempt from backup withholding, or (b) I (we) have not been notified that I (we) am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The Internal Revenue Service has notified me (us) that I (we) am/are no longer subject to backup withholding. (If you have in fact been notified by the IRS that you are subject to backup withholding due to notified payee underreporting, please strike out the appropriate phrases within the certification.)

PRIMARY APPLICANT SIGNATURE 13 	JOINT APPLICANT SIGNATURE 14 X
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Check if there are additional account signers on reverse. LINE OUT UNUSED SIGNATURE BOXES.
 15 THE ABOVE INFORMATION AND (NO.) 2 SIGNATURE(S) (PRIMARY AND JOINT IF APPLICABLE) WERE VERIFIED BY:

(16)
ALEX PEREZ
 ASSISTANT MANAGER

Print Name (17)

Initials (18) Dept. No./Br. No. (19) 921

ENTER ON REVERSE SIDE ALL PERTINENT POWER OF ATTORNEY AND/OR BENEFICIARY INFORMATION.

BRANCH COPY - DO NOT SEND TO SIGNATURE VERIFICATION

019(10-95)