

		<b>PERSONAL SIGNATURE CARD</b>	
TODAY'S DATE	ACCOUNT TITLE (A joint account is payable to either owner, or the survivor).		
01/17/13	GHISLAINE Maxwell		
DATE ACCOUNT OPENED	ACCOUNT NUMBER	BAC NO.	
01/17/13	[REDACTED]	0921	
<input type="checkbox"/> Individual	<input type="checkbox"/> ITF	<input type="checkbox"/> Fiduciary Trust	<input type="checkbox"/> Tenants In Common
<input type="checkbox"/> Joint	<input type="checkbox"/> UGMA	<input type="checkbox"/> Estate	<input type="checkbox"/> Custodian <input type="checkbox"/> Other
<input type="checkbox"/> Checking <input type="checkbox"/> Checking with Interest/NOW <input type="checkbox"/> MMA <input type="checkbox"/> Savings <input type="checkbox"/> Other			
I (we) agree that I (we) have reviewed the information contained in this Signature Card and the Personal Account Application and find it accurate on this date. I (we) have received and agree to the terms and conditions of the Deposit Account Agreement and Disclosures and the Chemical Banking Card Agreement in effect from time to time for the type of account I(we) have selected. In addition, I (we) certify that the signature(s) presented on this Signature Card will revoke all prior signature(s) for this account.			
PRIMARY APPLICANT SIGNATURE		JOINT APPLICANT SIGNATURE	
X		X	
<b>ACCOUNT INFORMATION</b>			
DATE OF BIRTH (Primary Applicant)	SOCIAL SECURITY NO.	MOTHER'S MAIDEN NAME	
[REDACTED]	[REDACTED]	[REDACTED]	
DATE OF BIRTH (Joint Applicant)	SOCIAL SECURITY NO.	MOTHER'S MAIDEN NAME	
Is this a revised Signature Card for an existing account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
The information on this Signature Card has been verified by:  (Officer's Initials)			
<b>ENTER ON REVERSE SIDE ALL PERTINENT POWER OF ATTORNEY AND/OR BENEFICIARY INFORMATION.</b>			