

0 CHASE  
SIGNATURE CARD AND APPLICATION  
JPMorgan Chase  
Bank  
BRANCH COPY

PERSONAL

Account Title [REDACTED] Primary Customer  
Information  
(Accounts with multiple owners are Joint, payable to either owner or the survivor.)  
10021 [REDACTED] Home Ph (000)000-0000  
Account # [REDACTED]  
Account Type CHASE EXTRA SAVINGS  
ACCOUNT Maiden Name [REDACTED]  
Account An, INDIVIDUAL Birth Date  
[REDACTED]  
SS#/TIN [REDACTED]  
Date Opened 02/19/2004  
Opened By PHILLIP WALTERS  
Deposit Amt \$0.01

This Account Is

Not Transferable

Please activate Check Coverage for the account listed above. I/we authorize you to Integrate and use as the 'Protecting Account(s)' the account(s) identified above on this application. I/we agree to the terms and conditions as contained in the Deposit Account Agreement and Disclosures.

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 fur the type of -a-c-Co• wit and-seWic-es t.v3 ser;-. . . . .

above. If I/we do not have a Chase 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 Chase Banking Card or by telephone. During the review of my/our application, you may obtain a consumer report on me/us and if the application is approved, you may at any time in the future obtain additional consumer reports to review my/our account. 'Ave have the right to ask for the name and address of the consumer reporting agency which gave the consumer report '

Cary Applicant Signatu %  
cois  
Signature

Joint Applicant

/1444-14....u.tA

AVT1714,

X

9 Certification

By signing below, I certify under penalties of perjury that (1) The number shown on this form Is my correct taxpayer identification number; and (2) I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding; and, (3) I am a U.S. person (including a U.S. resident alien).

(J Check here if you are subject to backup withholding for failure to report Interest or dividends.

[ Check here if you are not a U.S person (or a U.S. resident alien), and complete the appropriate Form W-8.

ary4fApplIcant4SIg.Annature  
Joint Applicant Signature

X •-

eck Imaging or No echecks With Statement: tilde authorize you not to return paid checks with my/our account statements. If I/we selected the Check Imaging option, I/we agree to receive images (front only) of my/our paid checks. I/We agree that the account statement will contain information about each check paid, including check number, dollar amount and date paid, thereby enabling a proper reconciliation of the account.

Up,pp request, photocopies of checks will be provided. You will not retain original checks.

Applicant

Signature  
Signature

Joint Applicant

reverse si X Check here if v here are additonai sione on the RANCH COPY.

THE ABOVE INFCAMA Op AND (NO.)  
(PRIMARY AND IFAPPLICABLE) WERE VERIFIED BY:

SIGNATURE(S)

Print Name: i „-  
No.113( . No.: 7 Y3

\_5 Mats Dept.

BRANCH COPY-Retain card I b year after account  
doses. Then send to Pawling for additional retention of five years.

POWER OF ATTORNEY INFORMATION

DATE

POWER OF ATTORNEY RECEIVED

POWER OF ATTORNEY NAME

POWER OF ATTORNEY

SIGNATURE

X

ADDRESS (Street nd Number)

CITY STATE ZIP CODE

BENEFICIARY INFORMATION

ADDITIONAL ACCOUNT SIGNERS - (For Estate and Trust oun , as needed)- Line  
out unused ign u boxes

PRINT NAME

TITLE

SIGNATURE

VERIFICATION

Primary AppIicant ID-1: DL ID#: M625620855610 St: FL Exp: 01/0112006

ID-2: PP D#: 4278011 St: Exp: 01/30/2013

ChexSystems:Approved Code:9500 SSN-ST:FL YR:2004

TU:Override CDE:B FPH: Override Approval By: 64. •

Joint Applicant: D-1: ID : St: Exp:

ID-2: ID#: St Exp:

Chexsystems: Code: SSN-ST: YR:

TU: CDE: FPH:

NOTARY INFORMATION Worldwide o su Bank)

STATE OF COUNTY

OF

SS.:

On the day of  
personally came

before me

to me known, and known to me to be the individual described in, and who  
executed the foregoing instrument,  
and he acknowledged to me that he executed the same.

THE ABOVE INFORMATION AND NO.) SIGNATURE(S)  
SIGNERS) WERE VERIFIED BY:

Pinl Name:

initials

NoJBr. No.:

03-9415 (Stock Order

#)

113.DOC - 63

(POA AND ADDITIONAL

Dept

FORM