

CHEMICAL PERSONAL SIGNATURE

CARD
Bank

Chemical

FOR BANK USE ONLY AND

APPLICATION
COPY

BRANCH

ACCOUNT TITLE (A JOINT ACCOUNT IS PAYABLE TO
EITHER OWNER, OR THE SURVIVOR). 2

digits
a t v•-r- itVhq-1
ACCOUNT NUMBER - or 12
4 BAC/PROFIT C

0712'15 7-
TAXPAYER IDENTIFICATION NUMBER
PRIMARY APPLICANT'S TAXPAYER ID# 6
7 UGMA MINOR'S TAXPAYER ID 0

BER(S)
SECONDARY APPLICANT'S TAXPAYER ID 0

i
1
CHECK ACCOUNT ARRANGEMENT:
CHECK ONE: 10
<individual 0 Joint 0 Estate/Trust 0 Other
El None El UGMA D ITF D POA

CHECK ACCOUNT
TYPE:
11

Checking CI Checking with Interest 0 MMA '0 Savings

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

CHECK CASHING POWER° E] Yes, Savings/MMA/CD ACCT 0 No

*CASH NOW." 0 Yes, Savings/MMA/CD ACCT 0 No

'COVERAGE NOWsu D Yes, Savings/MMA ACCT 0 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.

_7,,, _ MI n /4FPF

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. Vwe agree that you are authorized to rely upon the signature(s) written below and on the reverse side. Uwe 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 Vwe do not have a Chemical Banking Card, Vwe 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) ant/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.)

APPUCANT

SIGNATURE

CI Check if there are additional account signers on reverse. LINE OUT UNUSED SIGNATURE BOXES.

15 THE ABOVE INFORMATION AND (NO.) Z. SIGNATURE(S) PRIMARY AND JOINT IF APPUCABLE) WERE VERIFIED BY.

(16)

rs' ' ALEX PEREZ

Dept. No A51_ No. 7_

Print Name (17) ARMSTAMT MANAGER In-
lie

19)

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

7(10-96) 4 4 BRANCH COPY - DO NOT SEND TO
SIGNATURE

VERIFICATION 444

POWER OF ATTORNEY
INFORMATION
OATOROFOMRECEIVED 38

POWER OF ATTORN 7
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CITY ST

POWER OF AT1Tr , ;IGNATI1 E
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X
BENEFICIARY INFO • • N , . ra. account complete the following information
for your ne
BENEFICIARY NAME 41

ADDRESS (Street ' 42

CITY STATE ZIP D

BENEFICIAJRY DAT OF BIRTH 43 T PAYER IDENTIFICATION NUMBER
available)RELAl1ONSHIP TO DEPOSITOR45

I I I I I I I
ADDITIONAL ACCOUNT SIGNERS - (For Estate and Trust accounts, as needed)Line
out unused Signature boxes

PAINTED NAME
TITLE SIGNATURE

46

748

48 48 47 x
47 46 48 X

CHEXSYSTEMS CALLED? 490 Yes 500 No, explain why:

SSN RESPONSE:
YEAR:
STATE:

51 52
ID RESPONSE: I 53

NOTARY INFORMATION (For Worldwide Consumer Bank/Chemical Direct Division Only)

54 STATE OF COUNTY OF ss.:
li

On the day of 19 before me personally came

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

THE ABOVE INFORMATION AND (NO.) SIGNATURE(S) (POWER OF ATTORNEY, ADDITIONAL SIGNERS) WERE VERIFIED BY:

(55)

Print Name

(56)

Initials (57) Dept. No./&1(o. (58)

Retain card in branch for year after account closes. Then send to Pawling for additional retention of six years.

BRANCH COPY – DO NOT SEND TO 4
SIGNATURE VERIFICATION

03 9019'(Back)(10-95) #

• REPRESENTATIVE CASHING AUTHORITY SIGNATURE CARD

TO:

DATE:

_4-- CHEMICAL BANK

71/341-

ACCOUNT TITLE:

ACCOUNT NUMBER:

(T. tS LA w Y14 h X Lu C I) 2) 0 0 3 r 2-

Gentlemen:

Please cash any checks bearing my/our signature (or endorsement) when presented by my/our representative V-EA)/10 F L1 /...c

It is requested that he (she, they) be permitted to cash checks, in my (our) behalf, that bear either

my (our) signature(s) or endorsement(s) when presented.

In consideration of the foregoing, I (we) agree to indemnify and hold you harmless from any costs,

claims, demands, suits, expenses, counsel fees, judgements or liabilities whatsoever arising from any

such transaction, to the extent that they relate to or involve claims of forged signature, forged en-

dorsements, or alteration.

These instructions shall remain in effect until written revo been received.

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ATVESI1 TU

*Joint Accowi Both Account alders Must Sign -- Business Accounts -
Officer or Partner Must Sign With Title

03-1387* (1-93)

' REPRESENTATIVE CASHING AUTHORITY SIGNATURE CARD

TO:

DATE:

CHEMICAL

BANK

7/73 /f

ACCOUNT

TITLE:

ACCOUNT NUMBER: NUMBER:

CT fh' /

11/7XcUell

C121 63 .2 rFG26r

Gentlemen:

Please cash any .cpecks bearing my /o signature (or endorsement) when
presented by my/our
representative ~ N

It is is requested that he (she, - they) be permitted to cash checks, in my
(our) behalf, that bear either
my (our) signature(s) or endorsement(s) when presented.

In consideration of the foregoing, I (we) agree to indemnify and hold you
harmless from any costs,
claims, demands, suits, expenses, counsel fees, judgements or liabilities
whatsoever arising from any
such transaction, to the extent that they relate to or involve claims of
forged signature, forged en-
dorsements, or alteration.

These instructions shall remain in effect until writtenhas been received.

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*Joint Accounts - Both Account Holders Must Sign – Business Accounts •
Officer or Partner Must Sign With Tille

031387 (1-93)

N CHEMICAL PERSONAL SIGNATURE CARD

FODAY'S DATE _____
account is payable to either owner or the survivor).

ACCOUNT TITLE (4 Joint

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kl-)1/ 1 h- V •

DATE ACCOUNT OPENED
NUMBER

ACCOUNT

AC NO.

0171)IM 1.r

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oioj3i19ii

°Individual °ITF °Fiduciary Trust °Tenants In Common

°Joint D UGMA °Estate °Custodian DOther

°Checking °Checking with Interest/NOW °MMA °Savings °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, (certify) that the signature(s) presented on this Signature
Card will revoke all prior signature(s) for this account.

,--- PR!i-
iILATURE

JOINT APPLICANT

SIGNATURE

X -

X

ACCOUNT INFORMATION

DATE OF BIRTH (Primary Ap /cam)
SECURITY NO.
NAME

SOCIAL
MOTHER'S MAIDEN

i I),)-- I -ri IR I
31.) 1 ki 'II ? if- 3

I 31

DATE OF BIRTH (Joint Applicant)
SECURITY NO.
NAME

SOCIAL
OTHER' DEN

1 1 1 1

I I I

I II

I ..

Is this a revised Signature Card for an existing account? DYes io
The information on this Signature Card has been verified by: fficer's
Initials)

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

POWER OF ATTORNEY

POWER OF ATTORNEY

NAME

DATE POWER OF ATTORNEY

FORM SIGNED

ADDRESS (Street and Number)

CITY

STATE

ZIP CODE

POWER OF ATTORNEY SIGNATURE

X

BENEFICIARY INFORMATION

BENEFICIARY NAME (For a trust account, complete the following information
for your beneficiary). DATE

ADDRESS (Street and Number)

CITY

STATE ZIP CODE

RELATIONSHIP TO TRUSTEE

DATE OF

BIRTH

BIRTHPLACE

SOCIAL SECURITY NUMBER (if available)

COUNTRY OF
//
//

CITIZENSHIP

REPRESENTATIVE CASHING AUTHORITY SIGNATURE CARD

TO:

DATE:

CHEMICAL BANK

ACCOUNT

TITLE:

ACCO

N

FL

SL

2- 57 Z CS

Gentlemen:

Please cash any checks bearing my/ our signature (or endorsement) when presented by my/our iii representative SPA Et A LT-6-4-r

It is requested that h (she, they) be permitted to cash checks, in my (our) behalf, that bear either my (our) signature(s) or endorsement(s) when presented.

In consideration of the foregoing, I (we) agree to indemnify and hold you harmless from any costs, claims, demands, suits, expenses, counsel fees, judgements or liabilities whatsoever arising from any such transaction, to the extent that they relate to or in lye claims of forged signature, forged en- dorsements, or alteration.

These instructions shall remain in effect until written onhas bee ceived,

S.

NTA

`VOW Is - Both Accou Must Sign - Business Accounts - Officer or Partner Must Sign With Title
03-1387 (143)

- REPRESENTATIVE CASHING AUTHORITY SIGNATURE CARD

TO; DATE:

CHEMICAL BANK

ACCOUNT TITLE: ACCOUN NUM R:

G %SLV -ocD325yz -65

Gentlemen:

Please cash any checks beiring,Ty/our signature (or endorsement) when presented by my/our representative SHANIA/OV

It is requested that he (she, they) be pe ed to cash checks, in my (our) behalf, that bear either my (our) signature(s) or endorsement(s) when presented.

In consideration of the foregoing, I (we) agree to indemnify and hold you harmless from any costs, claims, demands, suits, expenses, counsel fees, judgements or liabilities whatsoever arising from any such transaction, to the extent that they relate to or involve claims of forged signature, forged en-

dorsements, or alteration.

These instructions shall remain in effect until w

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*Joint Accounts - Both Account Holders Must Sign – Business Accounts •
Officer or Partner Must Sign With Title
03-1387' (1.93)

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