COVERSHEET FOR DEPOSIT ACCOUNT DOCUMENTATION

Account Title:	Plan D, Inc.					
Account Officer:	Melissa Dalton	Phone Ext.:	45730	Date:	4-18-07	Initial: *[handwritten]*
Decision Maker CAS ID:	████████	CAS ID:		BAC:		RBAC:
CSS Team:	Vilacis/Hornak		Banker:	*Mary Caffey [handwritten]*		

Authorization for Pricing: *Concession requires Market Head and Product approval utilizing PB Web Pricing Concession Form or identical email*

Approver Name: _____ Date: _____

Relationship Charge (Centurion) *[handwritten: D/O to]*

Overdraft Charge Code *[handwritten: AIG]*

- [ ] Waive Maintenance
- [ ] All charges waived business/personal
- [ ] Charge

d &

- [ ] Waive All
- [ ] Charge for overdrafts & returned items (Not Uncollected)
- [ ] First Order, No Charge

Checkbook Billing Information

Centurion – Linking *[handwritten: 4/18/07]*

Authorization for Incomplete   G Team Manager approval

Approver Name: _____ Signature: _____ Date: _____

Indicate version of General Terms & Conditions that was sent for this account   2004 [ ]   2006 [✗]

	Required Documents	Enclosed		Missing	
		Complete	Incomplete	Document	Original
[✗] All Entities	Deposit Account Application (Personal, Busin., Trust, Estate)	[✗]	[ ]	[ ]	
	Driver's License/ Gov't Issued Photo ID	[✗]	[ ]	[ ]	
	Signature Card	[✗]	[ ]	[ ]	
	Confirmation Letter (to be sent to client after a/c opening)	[ ]	[ ]	[ ]	
[ ] Partnership	Partnership Certificate	[ ]	[ ]	[ ]	
	Corporate General Partner Certificate, if applicable	[ ]	[ ]	[ ]	
	Partnership Agreement	[ ]	[ ]	[ ]	
[ ] LLC	LLC Resolutions	[ ]	[ ]	[ ]	
	LLC Agreement	[ ]	[ ]	[ ]	
[ ] Corporation	Certified Corporate Board Resolutions	[ ]	[ ]	[ ]	
	Certificate of Good Standing OR Certificate of Incorporation	[ ]	[ ]	[ ]	
[ ] Trust	*Trust Instrument*	[ ]	[ ]	[ ]	
	Amendments to Trust Instrument, if applicable	[ ]	[ ]	[ ]	
[ ] Estate	**Death Certificate** (Certified Copy Required)	[ ]	[ ]	[ ]	[ ]
	Letters Administration/ Testamentary (Original Required)	[ ]	[ ]	[ ]	[ ]
[ ] Foundation	Certified Corporate Board Resolutions, if required	[ ]	[ ]	[ ]	
	Foundation Charter OR Trust Instrument	[ ]	[ ]	[ ]	
[ ] Not for Profit Corp.	Certified Corporate Board Resolutions	[ ]	[ ]	[ ]	
	Certificate of Incorporation	[ ]	[ ]	[ ]	
	Articles of Incorporation OR IRS Exemption Letter	[ ]	[ ]	[ ]	
[ ] Sole Prop.	*Doing Business As Certificate OR State Equivalent*	[ ]	[ ]	[ ]	
[ ] Guardian	**Court Appointments for Guardian a/cs** (Original Required)	[ ]	[ ]	[ ]	[ ]
Supplemental Documents (if applicable)	**W-8** (Original Required within 30 days of opening)	[ ]	[ ]	[ ]	[ ]
	Funds Transfer Agreement (Original Required)	[ ]	[ ]	[ ]	[ ]
	Power of Attorney (NOTARIZED Original Required)	[ ]	[ ]	[ ]	[ ]
	Additional Trustees/Statements	[ ]	[ ]	[ ]	
	Personal Private Banking Card Application	[ ]	[ ]	[ ]	
	Credit Card Application	[ ]	[ ]	[ ]	
	Overdraft Reserve Application	[ ]	[ ]	[ ]	
	Confirmation Letter (to be sent to client after a/c opening)	[ ]	[ ]	**SCAN**	

Documents in italics are forms you must obtain directly from the client, unless a current version is already on file (for instance, SHN #). Documents in Bold cannot be processed on a fax.

Authorization is required when box in gray area is checked

ACCT # _____

Doc. ID # _____

Effective Date _____   403