



# Fax

To: Lesley Groff From: Laura Torcasio

Fax: [REDACTED] Pages: \_\_\_\_\_ (INCLUDING COVER)

Phone: \_\_\_\_\_ Date: 8/11/14

Re: Redhawk Partners CC: \_\_\_\_\_

Urgent     For Review     Please Comment     Please Reply     Please Recycle

• Comments:

Lesley,  
 Please fax back [REDACTED]  
 or drop off.  
 Thank you.  
 Laura

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipient named above. This message is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify me immediately by telephone at (203) 652-6322 and return the original message to me by mail.  
 Thank you.

<b>NEW ACCOUNT INFORMATION</b>  DATE 08/07/2014 Check if applicable: <input type="checkbox"/> Temporary <input type="checkbox"/> Replacement	<b>Financial Institution Name And Address</b> Bankwell <div style="background-color:black; width:100px; height:40px; margin-top:5px;"></div>
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<b>ACCOUNT INFORMATION</b>	
AMOUNT OF DEPOSIT \$ 25,000.00	PLAN #
TITLE OF ACCOUNT REDHAWK PARTNERS LLC DANIEL M GROFF LESLEY K GROFF	ACCOUNT NUMBER [REDACTED] ACCOUNT [REDACTED]
OWNERSHIP TYPE LLC - T PRODUCT NAME Bankwell Business Checking Words, numbers or phrases provided by a <input type="checkbox"/> are applicable only when marked, i.e. <input checked="" type="checkbox"/> . Opened By Laura Torcasio	

<b>BUSINESS ENTITY INFORMATION</b> BUSINESS NAME AND ADDRESS REDHAWK PARTNERS LLC <div style="background-color:black; width:100px; height:20px; margin-top:5px;"></div> ASSUMED NAME IF D/B/A CONTACT NAME CONTACT TITLE CONTACT PHONE OTHER	BUSINESS FILING STATE ENTITY DOCUMENT LAST FILING DATE FILING EXPIRATION DATE ESTABLISHED NATURE OF BUSINESS PRIMARY LOCATION RESOLUTION DATE E-MAIL ADDRESS FACSIMILE AUTHORIZATION ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO LIMITED LIABILITY COMPANY TAX CLASSIFICATION: BUSINESS ENGAGES IN INTERNET GAMBLING* <input type="checkbox"/> <small>*If box is checked you must provide evidence of authority to engage in Internet Gambling.</small>
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<b>TAXPAYER IDENTIFICATION NUMBER CERTIFICATION</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and 3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<input checked="" type="checkbox"/> SIGNATURE DANIEL M GROFF	Exempt payee code, if any: Exemption from FATCA reporting code, if any: 08/07/2014 Taxpayer Identification Number: 47-1607618 DATE

<b>ADDITIONAL TERMS</b>	Account Alternate Address:
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**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**ACKNOWLEDGMENT.** By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED:		<input type="checkbox"/> AUTHORIZED SIGNER ONLY		Title: Auth Signer		<input type="checkbox"/> AUTHORIZED SIGNER ONLY		Title: Auth Signer		<input type="checkbox"/> FACSIMILE ALLOWED	
<input checked="" type="checkbox"/>	DANIEL M GROFF	08/07/2014	Date	<input checked="" type="checkbox"/>	LESLEY K GROFF	08/07/2014	Date				
<input type="checkbox"/>				<input type="checkbox"/>							
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>							