



Signature Card

Account Number:

Employee Initial: _____

Teller #: _____

Date:

Reviewed by: _____

Teller #: _____

Rate:

Type:

Maturity:

Term:

Acct Title*:

Source of Deposit:

Frequency:

Payment Method:

Owner Code:

Add'l Data*:

Customer "A"

Customer "B"

Customer "C"

Last Name*

First Name,MI*

Address*

City, ST Zip*

Tax I.D. #:

Date of Birth:

Home Phone #:

Mother's

Maiden Name:

Beneficiary Name:

Birthdate:

Relationship:

Beneficiary Address:

SSN:

TAXPAYER CERTIFICATION (Substitute W-9) Under penalties of perjury, I certify 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 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, AND
3. I am a U.S. person (including a U.S. resident alien), AND
4. I am exempt from FATCA reporting.

CERTIFICATION INSTRUCTIONS – You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest and dividends on your tax return. (In case of an account opened by a fiduciary/legal representative, this certification will relate to the status and taxpayer ID number of the individual/entity having a beneficial interest in this account.)

I/We have received a copy of Apple Bank for Savings' rules, regulations and disclosures concerning this account and agree to be bound thereby, including any amendments thereto.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature "A"

Signature "B"

Signature "C"

Jointly owned accounts are payable to either or the survivor(s).

For Bank Use Only

Beneficiary Form Attached:

CHEXSYSTEMS/OFAC

A. CHEXSYSTEMS: STATE YEAR N/R

B. CHEXSYSTEMS: STATE YEAR N/R

C. CHEXSYSTEMS: STATE YEAR N/R

A. OFAC CHECKED:

B. OFAC CHECKED:

C. OFAC CHECKED: