



user guide

Key Accounts Manager (KAM)

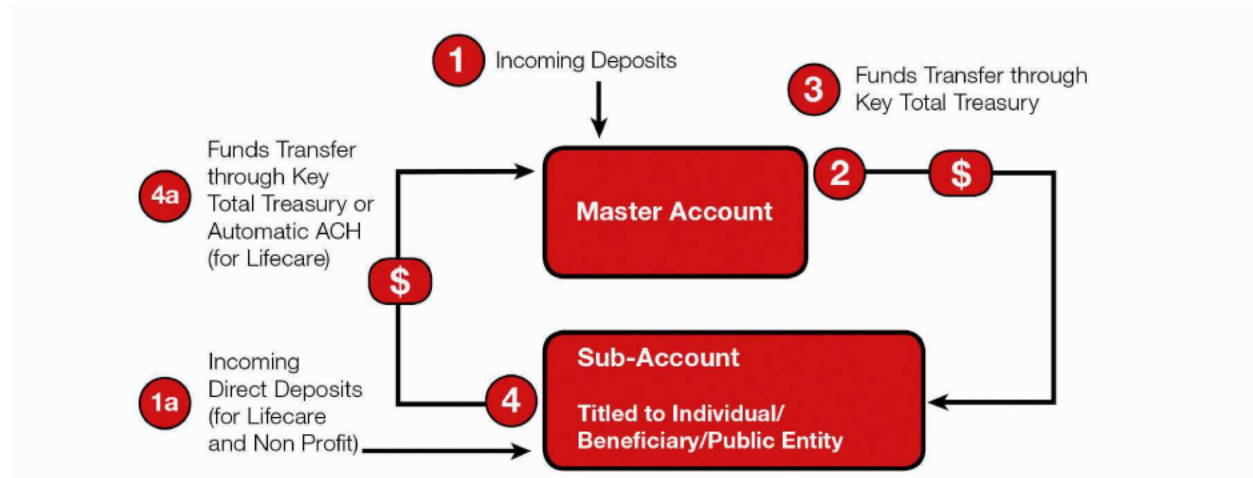
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This document is designed to provide general information only and is not legal advice. If legal advice or other expert assistance is required, the services of a competent professional should be sought. KeyBank (Key) does not make any warranties regarding the results obtained from the use of this information.

Section 1: Introduction

KeyBank understands the importance of providing you with clear, easy-to-follow steps to set-up your Sub Accounts. Our Key Accounts Manager (KAM) solution segregates client escrow funds into separate Sub Accounts, each clearly identified by a unique account number, as well as the client's social security or taxpayer ID number. Each Sub Account is also linked to a single non-interest bearing Master Account for disbursements.



To further simplify the process, you will receive a monthly summary report via Key Total Treasury, our proprietary online banking solution. This report clearly describes all Sub Account transaction activity and delivers the detail you need to reconcile efficiently and accurately. We also mail out the 1099s to Sub Account holders if their accrued interest is \$10 or more per year. KAM is backed by a dedicated support team, so you'll have access to answers you need to make guesswork a thing of the past.

With KAM, you'll enjoy the convenience of spending less time on bookkeeping and paperwork, while your clients enjoy the added value of earning a competitive money market rate of interest on all their Sub Account balances.

Industry and State Availability of Key Accounts Manager

Key Accounts Manager is limited to the following industries:

Rental Security	Available for any property management company that handles security deposits, including: <ul style="list-style-type: none"> • Apartment landlords • Property managers • Storage unit operators
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Lifecare	Facilities that offer life care, including: <ul style="list-style-type: none"> • Nursing homes • Extended care facility • Assisted living facilities
Attorney Escrow	For attorneys not using Interest on Lawyers Trust (IOLTA/IOTA) escrow accounts. Ideal for law firms that manage: <ul style="list-style-type: none"> • Estates and trusts • Court settlements
Real Estate Escrow Agent	Real estate escrow agents managing consumer funds during title transfers of building contracts: <ul style="list-style-type: none"> • Title companies • Real estate developers • Condo developers
Pre-Need and Funeral Trust	Handling of pre-need funeral home trusts.
Family Self Sufficiency	For Public Housing Authorities.
Non Profit	Designed for: <ul style="list-style-type: none"> • Government non profit organizations • Non-government non profit organizations (NGOs)
Public	Designed for governments that centralize funds management for multiple departments.

You should review the Product Information Guide for Key Accounts Manager services in order to decide which service is appropriate for your needs. Based on state laws and regulations, Key Accounts Manager can only be offered in certain states. The following grid highlights availability.

	Rental Security	Lifecare	Attorney Escrow	Real Estate Escrow	Pre-need (Funeral Trust)	Non Profit	Family Self-Sufficiency	Public
East								
New York	X	X	X	X	X	X	X	*
Maine	X	X	X	X		X	X	*
Connecticut			X	X		X	X	*
Midwest								
Ohio		X	X	X		X	X	*
Indiana	X	X	X	X		X	X	*
Michigan	X	X	X	X		X	X	*
Kentucky	X	X	X	X		X	X	*
West								
Washington	X	X	X	X		X	X	*

Oregon	X	X	X	X		X	X	*
Colorado	X	X	X	X		X	X	*
Utah	X	X	X	X		X	X	*
Idaho	X	X	X	X		X	X	*
Alaska		X	X	X		X	X	*
Arizona	X			X				*

* Please contact your Cash Management Sales Officer for availability.

Key Accounts Manager Reporting

KAM reports can be viewed on Key Total Treasury. The Monthly Summary Report is available to all clients with Sub Accounting services. The monthly report can be filtered by Master Account and Group Number. Additional reports may or may not be available to you depending on the level of service selected.

Key Accounts Manager Guidelines:

- Funds can be transferred online between the Master Accounts, Master and non-KAM accounts, and between Master and Sub Accounts. Transfers between Sub accounts are not allowed. Same day transfers must be completed by 7 p.m. local time. (Local time is defined according to where the account is held.) Transfers completed after 7 p.m. will be effective the following business day.
- KAM relationships may be accessed for reporting or account transfers anytime the Key Total Treasury KAM module is available. The KAM Support team is available Monday through Friday, 8:00 a.m. ET until 5:00 p.m. ET.
- Transfers that occur between KAM accounts (Master-Sub or Master-Master) are performed as a book transfer and are often available immediately into the account "transferred to".
- The KAM Support team will provide communications to clients through either secure email or a telephone call. Issues related to the usability of the KAM module on Key Total Treasury will be handled through online alerts within the application.
- The KAM Support team is not available on weekends or federal holidays, but clients may access their KAM accounts and reporting through Key Total Treasury on those days.

Section 2: Key Accounts Manager—Sub Account Set-Up

To Set-up New Sub Accounts:

1. Obtain new templates
2. Complete the required fields in the set-up template, as illustrated in this guide.
3. Email the spreadsheet to the KAM Support Team at Key_Accounts_Manager@keybank.com
4. Submit any additional documentation, such as W-8s (original) or W-9s. to:

KeyBank Key Accounts Manager
OH-01-51-0633
PO box 5998
Cleveland, OH, 44101-5998
Key_Accounts_Manager@keybank.com

5. Accounts will only be opened once all required documentation is received.
6. Email or contact the KAM Support Team Monday-Friday, 8:00 a.m. ET- 5:00 p.m. ET at (800) 361-4031 with any questions.

Please note:

- If any of your requests cannot be processed, you will be contacted by the KAM Support Team.
- Revised Sub account requests should be resubmitted through a new template.
- Once new Sub Accounts have been set-up, they appear on your KAM reports on Key Total Treasury.
- New Sub Accounts opened on the last business day of a month will appear on the next month's KAM report.

Required Fields on Sub Account Template:

- Date mm/dd/yyyy:** Date prepared by the client.
- Prepared By:** The name of the person who completes the template.
- Telephone Number:** Preparer's telephone number.
- Master\Client Name:** Name of organization, which must be the same as the name on the Master Account.

Rental Security	Lifecare	Attorney Escrow	Real Estate Escrow Agent	Pre-need Funeral Trust (NY)	Family Self Sufficiency	Non Profit	Public
Ace Properties	Skilled Nursing Facility	J & J Law Offices	Ace Properties	NY Funeral Home	Public Housing Authority	The Foundation	The City

- Master Account Number:** The client's Master checking account number.
- Group Number:** The Group number assigned to the client by the KAM Support Team, provided when the account was opened.

- G. **Division:** An optional field used by clients for identification purposes.
- H. **Unit Number:** An optional field defined by the client. These may contain miscellaneous information.
- I. **Sub Account Name:** Sub Account holder's name (individual or business).
- J. **Title Line 2:** Additional titling for a Sub Account holder.
- K. **Sub Account Deposit Amount:** An optional field indicating the amount of the first deposit. Clients performing prefunding will use this field.
- L. **Rental Security Pet, Garage, or Other Deposit Flag:** An optional field that identifies the presence of additional fees. Enter P, G, O, or leave blank.

Rental Security	Lifecare	Attorney Escrow	Real Estate Escrow Agent	Pre-need Funeral Trust (NY)	Family Self Sufficiency	Non Profit	Public
P							

- M. **New York Rental Security Year End Interest:** Required for New York clients only. All other clients should leave this field blank. Indicate "C" if Sub Account interest is to be sent via paper check or "A" if it is to be direct deposited to the Sub Account.

Rental Security	Lifecare	Attorney Escrow	Real Estate Escrow Agent	Pre-need Funeral Trust (NY)	Family Self Sufficiency	Non Profit	Public
A							

- N. **Sub Account SSN/EIN/TIN:** The tax identification number of the Sub Account holder (SSN=Social Security Number, EIN=Employer Identification Number, TIN=Tax Identification Number).
- O. **Sub Account U.S. Citizen:** Enter Y if the Sub Account holder is a U.S. citizen, otherwise enter N.
- P. **Tax ID Indicator:** Enter 0 if the Sub Account holder is an individual; otherwise enter 1 to indicate a business.
- Q. **Pre-Need Only Irrevocable Trust Flag:** Required for Pre-need clients only. Enter a "Y" if the Sub Account is an irrevocable trust; otherwise enter an "N".

Rental Security	Lifecare	Attorney Escrow	Real Estate Escrow Agent	Pre-need Funeral Trust (NY)	Family Self Sufficiency	Non Profit	Public
				Y			

- R. **Non Profit and Lifecare Only Sub Account Date of Birth mm/dd/yyyy:** The date of birth of the Sub Account holder.

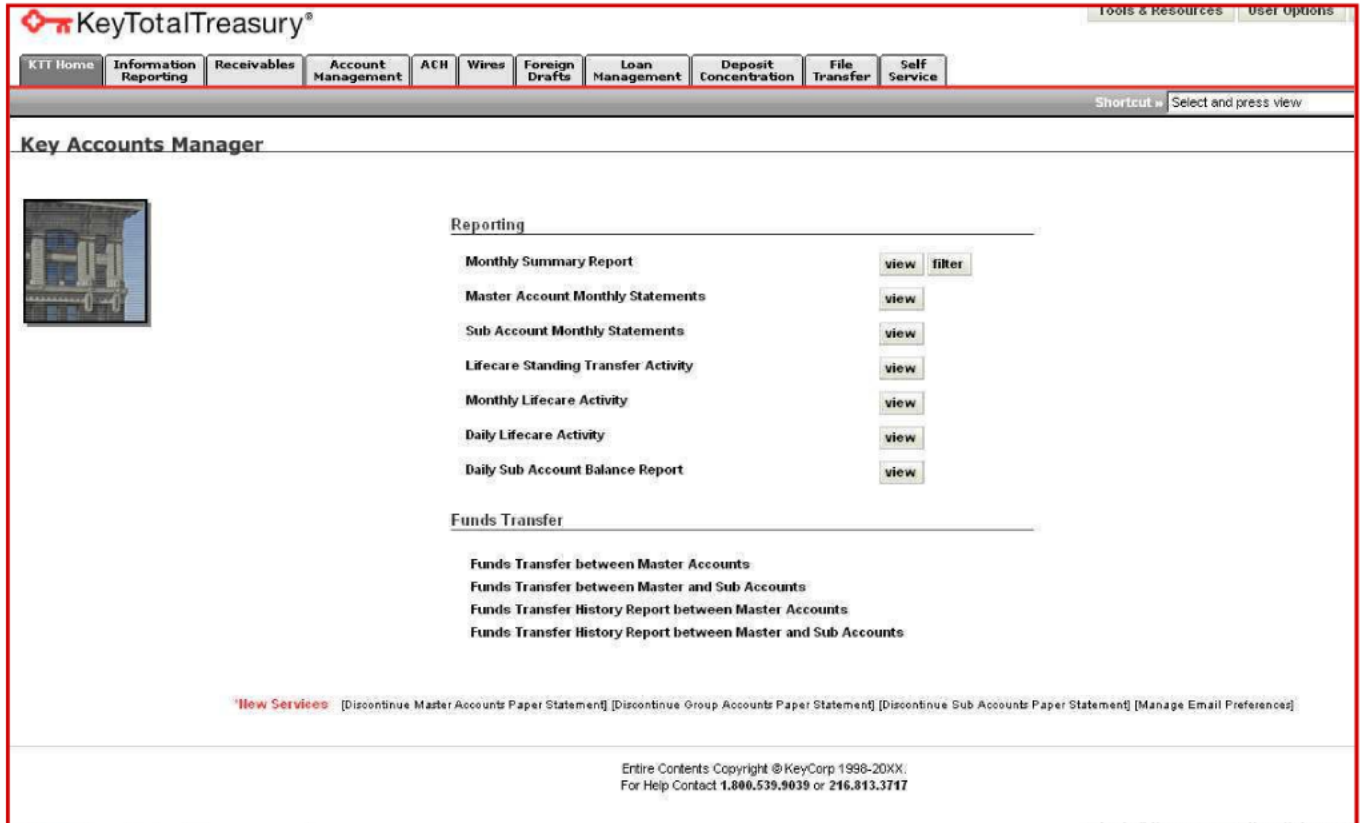
Rental Security	Lifecare	Attorney Escrow	Real Estate Escrow Agent	Pre-need Funeral Trust (NY)	Family Self Sufficiency	Non Profit	Public
	11/30/1932					11/30/1932	

- S. **Sub Account Street Address:** The number and name of the street for the Sub Account holder.
- T. **Additional Space for Foreign Address:** An optional field to include additional foreign address information.

- U. **City:** The city of the street address.
- V. **State, Possession or Canadian Province Code:** The state of the street address.
- W. **Zip code:** The zip code of the street address.
- X. **KeyBank Use Only- Country Code:** Leave blank.

Section 3: Key Accounts Manager Reporting

Reports can be viewed online, using Key Total Treasury's KAM Module.




KeyTotalTreasury® Tools & Resources User Options

KTT Home Information Reporting Receivables Account Management ACH Wires Foreign Drafts Loan Management Deposit Concentration File Transfer Self Service

Shortcut » Select and press view

Key Accounts Manager



Reporting

- Monthly Summary Report [view](#) [filter](#)
- Master Account Monthly Statements [view](#)
- Sub Account Monthly Statements [view](#)
- Lifecare Standing Transfer Activity [view](#)
- Monthly Lifecare Activity [view](#)
- Daily Lifecare Activity [view](#)
- Daily Sub Account Balance Report [view](#)

Funds Transfer

- Funds Transfer between Master Accounts
- Funds Transfer between Master and Sub Accounts
- Funds Transfer History Report between Master Accounts
- Funds Transfer History Report between Master and Sub Accounts

New Services: [\[Discontinue Master Accounts Paper Statement\]](#) [\[Discontinue Group Accounts Paper Statement\]](#) [\[Discontinue Sub Accounts Paper Statement\]](#) [\[Manage Email Preferences\]](#)

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For Help Contact 1.800.539.9039 or 216.813.3717

The following reports are available:

Monthly Summary Report	This report contains information on all Sub Account transaction activity	Fourth business day of the month
Master Account Monthly Statements	DDA statements for Master Accounts.	Monthly
Sub Account Monthly Statements	DDA statements for Sub Accounts.	Monthly
Lifecare Standing Transfer Activity Report	This report displays information on social security payments received by Lifecare Sub Account holders. These payments are transferred into the Master Account for disbursement.	

Monthly Lifecare Activity Report	This report contains information on Lifecare Sub Account activity	Monthly
Daily Lifecare Activity Report	This report contains information on Lifecare Sub Account activity	Daily
Daily Sub Account Balance Report	This report displays the daily balances of the Sub Accounts.	Daily
Funds Transfer History Report between Master Accounts	Displays history of transfers between Master Accounts.	45 calendar days
Funds Transfer History Report between Master and Sub Accounts	Displays history of transfers between Master and Sub Accounts	45 calendar days

A quick overview of all the useful information available to you

KeyBank understands the importance of providing you with clear, easy-to-follow reports for your treasury functions. Key Accounts Manager (KAM) enables you to have a Sub Accounting service that manages escrow deposits by linking multiple interest bearing Sub Accounts to a single Master funding account.

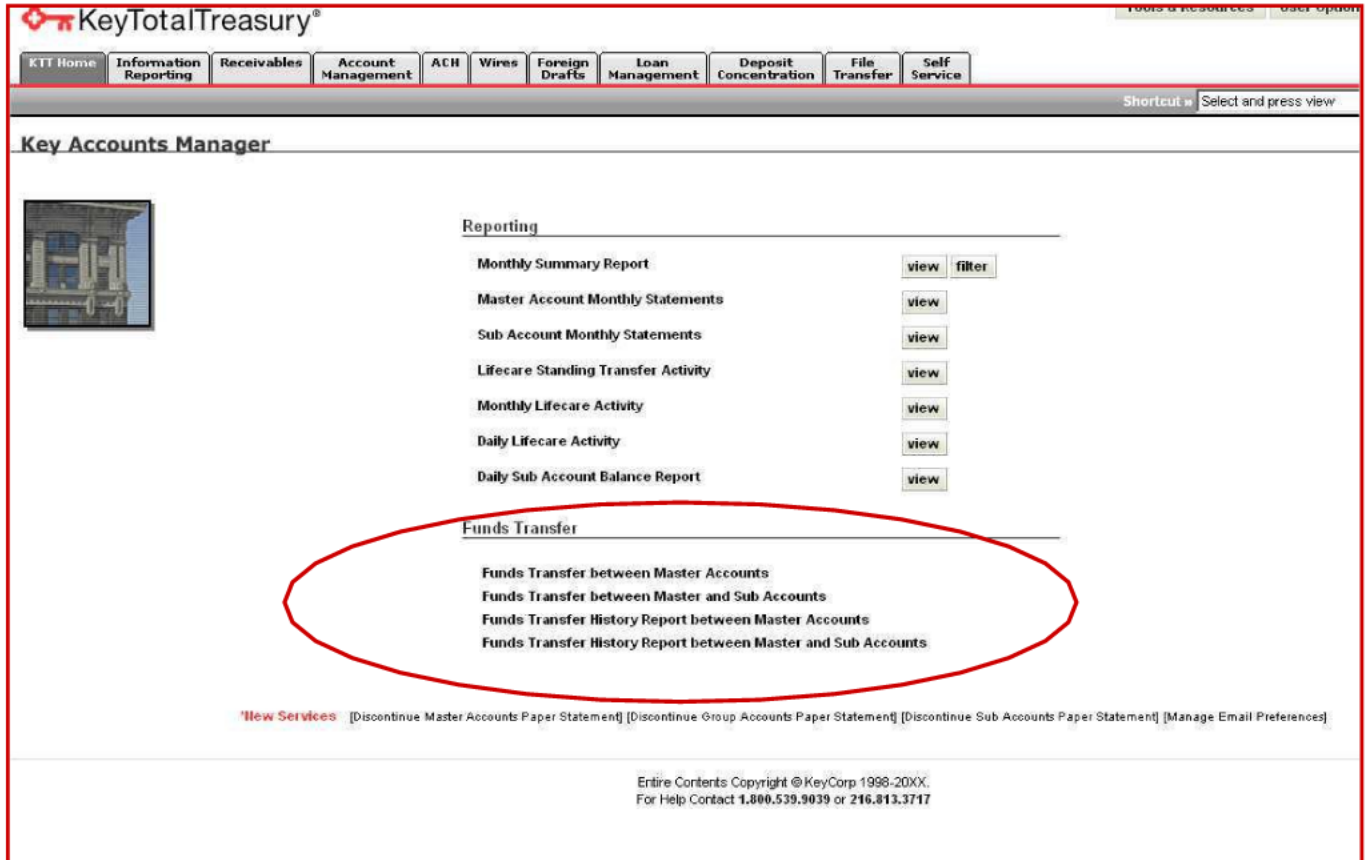
KAM provides comprehensive Sub Account information at your fingertips. Reports are available online through Key Total Treasury. You can also use Key Total Treasury to transfer funds between Master and Sub Accounts, and view a history of those transactions.

The following pages describe the Key Accounts Manager service and the information available on the reports.

Please refer to the Appendix for the KAM Quick Reference and the Lifecare KAM Quick Reference Guides.

Section 4: Key Accounts Manager Funds Transfers

Funds can be transferred online between the Master Accounts and between Master and Sub Accounts. Same day transfers must be completed by 7 p.m. local time (local time is defined according to where the account is held). Transfers completed after 7 p.m. will be effective the following business day.



The screenshot shows the KeyTotalTreasury website interface. At the top, there is a navigation bar with links: KTT Home, Information Reporting, Receivables, Account Management, ACH, Wires, Foreign Drafts, Loan Management, Deposit Concentration, File Transfer, and Self Service. Below this is a 'Key Accounts Manager' section. On the left, there is a small image of a building. The main content area is divided into two sections: 'Reporting' and 'Funds Transfer'. The 'Reporting' section lists several reports with 'view' and 'filter' buttons: Monthly Summary Report, Master Account Monthly Statements, Sub Account Monthly Statements, Lifecare Standing Transfer Activity, Monthly Lifecare Activity, Daily Lifecare Activity, and Daily Sub Account Balance Report. The 'Funds Transfer' section is circled in red and lists four options: Funds Transfer between Master Accounts, Funds Transfer between Master and Sub Accounts, Funds Transfer History Report between Master Accounts, and Funds Transfer History Report between Master and Sub Accounts. At the bottom, there is a 'New Services' section with links to discontinue various paper statements and a link to manage email preferences. A copyright notice is also present at the bottom right.

For Lifecare clients only:


Additional reporting includes ACH transfer activity between Sub Accounts and Master accounts. Transfer activity reporting is available through Key Total Treasury's Key Accounts Manager Module at no additional cost. Lifecare clients not enrolled in Key Total Treasury will receive their "Monthly Lifecare Activity" and "Lifecare Standing Transfer Activity" via fax by the 4th business day of the month. The "Daily Lifecare Activity" report is available exclusively online through Key Total Treasury.

Section 5: Frequently Asked Questions


Key Total Treasury Reporting		
1	Do you offer monthly reporting?	Yes, you will receive a monthly summary report via Key Total Treasury (KTT)
2	What is viewable in KAM reports?	KAM reports show Sub Account name, unit number (optional), account number, and open and close date. There is detail on balance information including opening, beginning, and ending balances. Interest paid and withholding information is also viewable.
About the consumer Sub-Account		
3	What type of consumer account is it? Is it interest bearing?	Interest bearing savings accounts.
4	How is interest paid?	Interest accrued daily and paid monthly.
5	Do you mail out 1099?	Yes, per federal law, Key will mail out 1099s to Sub Account holders if their accrued interest is \$10 or more per year
6	Can a consumer go into a Key branch and withdraw funds out of their Sub Account?	No. KAM Sub Accounts may only be accessed by the KAM Master account owner.
7	What federal tax id forms do you require the company to gather?	A W-9 is to be completed by the Sub Account owner. A W-8 BEN (original only) is required for Sub Accounts holders that are non-U.S. citizens.
8	How much time is needed for us to open up a new subaccount?	KAM Clients will have sub accounts opened with a zero balance once required documents are received by the KAM Support Team. New sub accounts are then funded by clients through the Key Total Treasury KAM Module. Sub Accounts may be funded within two (2) business days for funds received by wire transfer, and those funded by personal check can be funded within six (6) business days.

9	Are any special documents required by KAM clients to open or close Sub Accounts?	Yes. You can send a completed Key Accounts Manager Account Set-Up Form” or a “Key Accounts Manager Closeout Form” to the Key Accounts Manager Support Team.
About the Master Account		
10	Is the Master Account interest bearing?	No.
Key Accounts Manager Support		
11	What type of support is available for clients that have KAM accounts?	A dedicated Key Accounts Manager Support Team is available from 8 a.m. ET to 5 p.m. ET, Monday through Friday at (800) 361-4031.
Initiating Funds Transfers		
12	How do you make account transfers?	You can make additional transfers through the KAM module of Key Total Treasury.


Appendix A: Alternative Key Accounts Manager Set-Up Form

KEY ACCOUNTS MANAGER ESCROW ACCOUNT SET-UP FORM																					
		Date: <input style="width: 100px;" type="text"/>		Requested by: <input style="width: 150px;" type="text"/>																	
				E-mail Address: <input style="width: 150px;" type="text"/>																	
Client Name: <input style="width: 200px;" type="text"/>				Phone #: <input style="width: 100px;" type="text"/>																	
Address: <input style="width: 200px;" type="text"/>				Master DDA Account #: <input style="width: 100px;" type="text"/>																	
				Group #: <input style="width: 100px;" type="text"/>																	
City: <input style="width: 100px;" type="text"/>		State: <input style="width: 50px;" type="text"/>		Zip Code: <input style="width: 100px;" type="text"/>		TOTAL DEPOSIT: <input style="width: 100px;" type="text"/>															
Key Bank Internal Relationship Information																					
Relationship Mgr Name: <input style="width: 200px;" type="text"/>				Officer Code: <input style="width: 100px;" type="text"/>		Cost Center: <input style="width: 100px;" type="text"/>															
ESCROW ACCOUNT																					
		Rental Security (New York Only)		Remain in Sub		Mail Check		For Bank Use Only													
		Sub Account Interest Payment Option																			
		Date of Birth (Lifecare and Non Profit KAM only)																			
Name:		SSN/TIN																			
Address:		Division #																			
City:		Unit #						Sub Acct # <input style="width: 150px;" type="text"/>													
	St: <input style="width: 20px;" type="text"/>	ZIP Code																			
OPENING DEPOSIT AMOUNT		\$																			
ESCROW ACCOUNT																					
		Rental Security (New York Only)		Remain in Sub		Mail Check		For Bank Use Only													
		Sub Account Interest Payment Option																			
		Date of Birth (Lifecare and Non Profit KAM only)																			
Name:		SSN/TIN																			
Address:		Division #																			
City:		Unit #						Sub Acct # <input style="width: 150px;" type="text"/>													
	St: <input style="width: 20px;" type="text"/>	ZIP Code																			
OPENING DEPOSIT AMOUNT		\$																			
ESCROW ACCOUNT																					
		Rental Security (New York Only)		Remain in Sub		Mail Check		For Bank Use Only													
		Sub Account Interest Payment Option																			
		Date of Birth (Lifecare and Non Profit KAM only)																			
Name:		SSN/TIN																			
Address:		Division #																			
City:		Unit #						Sub Acct # <input style="width: 150px;" type="text"/>													
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ESCROW ACCOUNT																					
		Rental Security (New York Only)		Remain in Sub		Mail Check		For Bank Use Only													
		Sub Account Interest Payment Option																			
		Date of Birth (Lifecare and Non Profit KAM only)																			
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Address:		Division #																			
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	St: <input style="width: 20px;" type="text"/>	ZIP Code																			
OPENING DEPOSIT AMOUNT		\$																			
ESCROW ACCOUNT																					
		Rental Security (New York Only)		Remain in Sub		Mail Check		For Bank Use Only													
		Sub Account Interest Payment Option																			
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Name:		SSN/TIN																			
Address:		Division #																			
City:		Unit #						Sub Acct # <input style="width: 150px;" type="text"/>													
	St: <input style="width: 20px;" type="text"/>	ZIP Code																			
OPENING DEPOSIT AMOUNT		\$																			
<p>(1) E-mail Set-Up forms to: Key_Accounts_Manager@Keybank.com Note: all email correspondence will be done through KeyBank's Encryption delivery</p> <p>(2) Mail original W-8 and/or W-9 TIN Certification forms to: KeyBank Key Accounts Manager, MC-OH-01-51-0633, P.O. Box 5996, Cleveland, OH 44101-5996</p> <p>(3) QUESTIONS? Please contact KeyBank Key Accounts Manager at 1-800-361-4031</p> <table style="width: 100%; border: none;"> <tr> <td>Rental Security</td> <td>Press Option 1</td> </tr> <tr> <td>Lifecare</td> <td>Press Option 2</td> </tr> <tr> <td>FireNeed</td> <td>Press Option 3</td> </tr> <tr> <td>Attorney Escrow</td> <td>Press Option 4</td> </tr> <tr> <td>Real Estate (Escrow Agent)</td> <td>Press Option 5</td> </tr> <tr> <td>All other KAM Products</td> <td>Press Option 7</td> </tr> </table>										Rental Security	Press Option 1	Lifecare	Press Option 2	FireNeed	Press Option 3	Attorney Escrow	Press Option 4	Real Estate (Escrow Agent)	Press Option 5	All other KAM Products	Press Option 7
Rental Security	Press Option 1																				
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Completed by: <input style="width: 150px;" type="text"/>		Date: <input style="width: 100px;" type="text"/>		Phone: <input style="width: 100px;" type="text"/>		35805															

Appendix B: Key Accounts Manager Maintenance Form

KEY ACCOUNTS MANAGER ESCROW MAINTENANCE FORM															
															
Date: <input style="width: 100px;" type="text"/>		Requested by: <input style="width: 150px;" type="text"/>													
		E-mail Address: <input style="width: 150px;" type="text"/>													
Client Name: <input style="width: 250px;" type="text"/>		Phone #: <input style="width: 100px;" type="text"/>													
Address: <input style="width: 250px;" type="text"/>		Master DDA Account #: <input style="width: 100px;" type="text"/>													
		Group #: <input style="width: 100px;" type="text"/>													
City: <input style="width: 80px;" type="text"/>	State: <input style="width: 40px;" type="text"/>	Zip Code: <input style="width: 100px;" type="text"/>													
Key Bank Internal Relationship Information															
Relationship Mgr Name: <input style="width: 250px;" type="text"/>		Officer Code: <input style="width: 100px;" type="text"/>													
		Cost Center: <input style="width: 100px;" type="text"/>													
ESCROW ACCOUNT															
Sub Account #: <input style="width: 100px;" type="text"/>		Lifecare Only: Personal Allowance and Pension Change													
Is this a New Address? <input type="checkbox"/> Y <input type="checkbox"/> N		Personal Allowance: <input style="width: 100px;" type="text"/>													
Name: <input style="width: 150px;" type="text"/>		Pension: <input style="width: 100px;" type="text"/>													
Address: <input style="width: 150px;" type="text"/>		New Division #: <input style="width: 100px;" type="text"/>													
		New Unit #: <input style="width: 100px;" type="text"/>													
City: <input style="width: 80px;" type="text"/>		New Group #: <input style="width: 100px;" type="text"/>													
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	St: <input style="width: 40px;" type="text"/>	ZIP Code: <input style="width: 100px;" type="text"/>													
(1) E-mail Set-Up forms to: Key_Accounts_Manager@Keybank.com Note: all email correspondence will be done through KeyBank's Encryption delivery															
(2) QUESTIONS? Please contact KeyBank Key Accounts Manager at 1-800-361-4031 <table style="width: 100%; font-size: small;"> <tr> <td>Rental Security</td> <td>Press Option 1</td> </tr> <tr> <td>Lifecare</td> <td>Press Option 2</td> </tr> <tr> <td>PreNeed</td> <td>Press Option 3</td> </tr> <tr> <td>Attorney Escrow</td> <td>Press Option 4</td> </tr> <tr> <td>Real Estate (Escrow Agent)</td> <td>Press Option 5</td> </tr> </table>						Rental Security	Press Option 1	Lifecare	Press Option 2	PreNeed	Press Option 3	Attorney Escrow	Press Option 4	Real Estate (Escrow Agent)	Press Option 5
Rental Security	Press Option 1														
Lifecare	Press Option 2														
PreNeed	Press Option 3														
Attorney Escrow	Press Option 4														
Real Estate (Escrow Agent)	Press Option 5														
Completed by: <input style="width: 150px;" type="text"/>		Date: <input style="width: 100px;" type="text"/>		Phone: <input style="width: 100px;" type="text"/>											

Appendix C: Key Accounts Manager Closeout Form

KEY ACCOUNT MANAGER ESCROW CLOSEOUT FORM																			
		Date: <input style="width: 100px;" type="text"/>		Requested by: <input style="width: 150px;" type="text"/>															
				E-mail Address: <input style="width: 150px;" type="text"/>															
Client Name: <input style="width: 250px;" type="text"/>				Phone #: <input style="width: 100px;" type="text"/>															
Address: <input style="width: 250px;" type="text"/>				Master DDA Account #: <input style="width: 100px;" type="text"/>															
				Customer #: <input style="width: 100px;" type="text"/>															
City: <input style="width: 100px;" type="text"/>		State: <input style="width: 50px;" type="text"/>	Zip Code: <input style="width: 100px;" type="text"/>			TOTAL CLOSEOUT	\$												
Key Bank Internal Relationship Information																			
Relationship Mgr Name: <input style="width: 250px;" type="text"/>				Officer Code: <input style="width: 100px;" type="text"/>															
				Cost Center: <input style="width: 100px;" type="text"/>															
ESCROW ACCOUNT																			
Name: <input style="width: 150px;" type="text"/>		SSN/TIN: <input style="width: 100px;" type="text"/>				Sub Acct # <input style="width: 150px;" type="text"/>													
Address: <input style="width: 150px;" type="text"/>		Division #: <input style="width: 100px;" type="text"/>																	
City: <input style="width: 100px;" type="text"/>		Unit #: <input style="width: 100px;" type="text"/>																	
St: <input style="width: 50px;" type="text"/>		ZIP Code: <input style="width: 100px;" type="text"/>																	
CLOSEOUT AMOUNT \$																			
ESCROW ACCOUNT																			
Name: <input style="width: 150px;" type="text"/>		SSN/TIN: <input style="width: 100px;" type="text"/>				Sub Acct # <input style="width: 150px;" type="text"/>													
Address: <input style="width: 150px;" type="text"/>		Division #: <input style="width: 100px;" type="text"/>																	
City: <input style="width: 100px;" type="text"/>		Unit #: <input style="width: 100px;" type="text"/>																	
St: <input style="width: 50px;" type="text"/>		ZIP Code: <input style="width: 100px;" type="text"/>																	
CLOSEOUT AMOUNT \$																			
ESCROW ACCOUNT																			
Name: <input style="width: 150px;" type="text"/>		SSN/TIN: <input style="width: 100px;" type="text"/>				Sub Acct # <input style="width: 150px;" type="text"/>													
Address: <input style="width: 150px;" type="text"/>		Division #: <input style="width: 100px;" type="text"/>																	
City: <input style="width: 100px;" type="text"/>		Unit #: <input style="width: 100px;" type="text"/>																	
St: <input style="width: 50px;" type="text"/>		ZIP Code: <input style="width: 100px;" type="text"/>																	
CLOSEOUT AMOUNT \$																			
ESCROW ACCOUNT																			
Name: <input style="width: 150px;" type="text"/>		SSN/TIN: <input style="width: 100px;" type="text"/>				Sub Acct # <input style="width: 150px;" type="text"/>													
Address: <input style="width: 150px;" type="text"/>		Division #: <input style="width: 100px;" type="text"/>																	
City: <input style="width: 100px;" type="text"/>		Unit #: <input style="width: 100px;" type="text"/>																	
St: <input style="width: 50px;" type="text"/>		ZIP Code: <input style="width: 100px;" type="text"/>																	
CLOSEOUT AMOUNT \$																			
ESCROW ACCOUNT																			
Name: <input style="width: 150px;" type="text"/>		SSN/TIN: <input style="width: 100px;" type="text"/>				Sub Acct # <input style="width: 150px;" type="text"/>													
Address: <input style="width: 150px;" type="text"/>		Division #: <input style="width: 100px;" type="text"/>																	
City: <input style="width: 100px;" type="text"/>		Unit #: <input style="width: 100px;" type="text"/>																	
St: <input style="width: 50px;" type="text"/>		ZIP Code: <input style="width: 100px;" type="text"/>																	
CLOSEOUT AMOUNT \$																			
<p>(1) E-mail Set-Up forms to: Key_Accounts_Manager@Keybank.com Note: all email correspondence will be done through KeyBank's Encryption delivery</p> <p>(2) Mail original W-8 and/or W-9 TIN Certification forms to: KeyBank Key Accounts Manager, MC-OH-01-51-0633, P.O. Box 5998, Cleveland, OH 44101-5998</p> <p>(3) QUESTIONS? Please contact KeyBank Key Accounts Manager at 1-800-361-4031</p> <table style="width: 100%; border: none;"> <tr> <td>Rental Security</td> <td>Press Option 1</td> </tr> <tr> <td>LifeCare</td> <td>Press Option 2</td> </tr> <tr> <td>PreNeed</td> <td>Press Option 3</td> </tr> <tr> <td>Attorney Escrow</td> <td>Press Option 4</td> </tr> <tr> <td>Real Estate (Escrow Agent)</td> <td>Press Option 6</td> </tr> </table>										Rental Security	Press Option 1	LifeCare	Press Option 2	PreNeed	Press Option 3	Attorney Escrow	Press Option 4	Real Estate (Escrow Agent)	Press Option 6
Rental Security	Press Option 1																		
LifeCare	Press Option 2																		
PreNeed	Press Option 3																		
Attorney Escrow	Press Option 4																		
Real Estate (Escrow Agent)	Press Option 6																		
Completed by: <input style="width: 150px;" type="text"/>		Date: <input style="width: 100px;" type="text"/>		Phone: <input style="width: 100px;" type="text"/>															

Appendix D: W-9 and W-8BEN

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		
Part I Taxpayer Identification Number (TIN)		
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.		
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		
Part II Certification		
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, and 3. I am a U.S. citizen or other U.S. person (defined below).		
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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.		
Sign Here	Signature of U.S. person ▶ Date ▶	
General Instructions Section references are to the Internal Revenue Code unless otherwise noted.		
Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.		
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income. The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases: • The U.S. owner of a disregarded entity and not the entity,		
Cat. No. 10231X		Form W-9 (Rev. 10-2007)

Form W-8BEN (Rev. February 2008) Department of the Treasury Internal Revenue Service	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding ▶ Section references are to the Internal Revenue Code. ▶ See separate instructions. ▶ Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621															
<p>Do not use this form for:</p> <ul style="list-style-type: none"> • A U.S. citizen or other U.S. person, including a resident alien individual W-9 • A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI • A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY • A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP <p>Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.</p> <ul style="list-style-type: none"> • A person acting as an intermediary W-8IMY <p>Note: See instructions for additional exceptions.</p>																	
Part I Identification of Beneficial Owner (See instructions.)																	
1 Name of individual or organization that is the beneficial owner		2 Country of incorporation or organization															
3 Type of beneficial owner: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Simple trust</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> International organization</td> </tr> <tr> <td><input type="checkbox"/> Central bank of issue</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Private foundation</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust													
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization													
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation															
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.																	
City or town, state or province. Include postal code where appropriate.		Country (do not abbreviate)															
5 Mailing address (if different from above)																	
City or town, state or province. Include postal code where appropriate.		Country (do not abbreviate)															
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN		7 Foreign tax identifying number, if any (optional)															
8 Reference number(s) (see instructions)																	
Part II Claim of Tax Treaty Benefits (if applicable)																	
9 I certify that (check all that apply):																	
a <input type="checkbox"/> The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.																	
b <input type="checkbox"/> If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).																	
c <input type="checkbox"/> The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).																	
d <input type="checkbox"/> The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).																	
e <input type="checkbox"/> The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.																	
10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income): Explain the reasons the beneficial owner meets the terms of the treaty article:																	
Part III Notional Principal Contracts																	
11 <input type="checkbox"/> I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.																	
Part IV Certification Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that: 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates, 2 The beneficial owner is not a U.S. person, 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.																	
Sign Here ▶ Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting																	
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 25047Z Form W-8BEN (Rev. 2-2008)																	

Appendix E: Social Security Direct Deposit Form (Lifecare and Non Profit Specific)

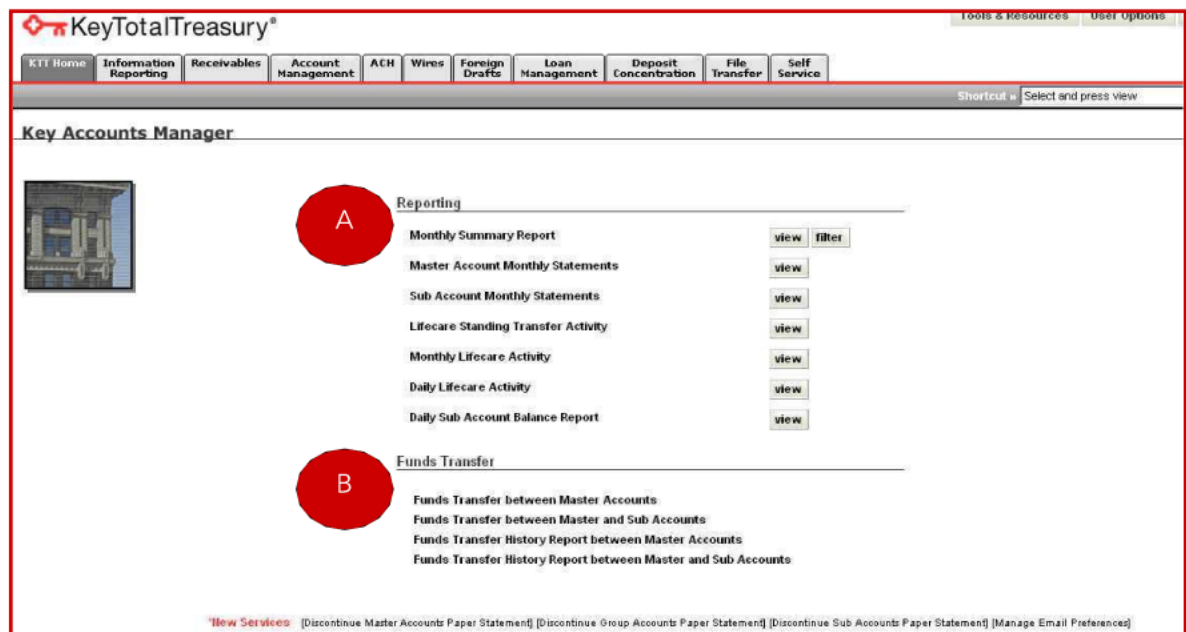
<p>Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076</p>	<p>OMB No. 1510-0067</p>				
<h3 style="margin: 0;">DIRECT DEPOSIT SIGN-UP FORM</h3>					
<p>DIRECTIONS</p>					
<ul style="list-style-type: none"> ● To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below. ● A separate form must be completed for each type of payment to be sent by Direct Deposit. ● The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency. ● Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments. 					
<p>SECTION 1 (TO BE COMPLETED BY PAYEE)</p>					
<p>A NAME OF PAYEE (last, first, middle initial)</p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER AREA CODE</p> <p>B NAME OF PERSON(S) ENTITLED TO PAYMENT</p> <p>C CLAIM OR PAYROLL ID NUMBER</p> <p>Prefix Suffix</p> <p>PAYEE/JOINT PAYEE CERTIFICATION</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p>D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p>E DEPOSITOR ACCOUNT NUMBER</p> <p>F TYPE OF PAYMENT (Check only one)</p> <p><input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</p> <p><input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active</p> <p><input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.</p> <p><input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor</p> <p><input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)</p> <p>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">TYPE</th> <th style="width: 40%;">AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	TYPE	AMOUNT		
TYPE	AMOUNT				
<p>SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)</p>					
<p>GOVERNMENT AGENCY NAME</p>	<p>GOVERNMENT AGENCY ADDRESS</p>				
<p>SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)</p>					
<p>NAME AND ADDRESS OF FINANCIAL INSTITUTION</p>	<p>ROUTING NUMBER</p> <p>CHECK DIGIT</p> <p>DEPOSITOR ACCOUNT TITLE</p> <p>FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p> <p>PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE</p>				
<p>Financial institutions should refer to the GREEN BOOK for further instructions.</p> <p>THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.</p>					
<p>NSN 7540-01-058-0224</p> <p>PAYEE COPY</p> <p style="text-align: right;">1199-207</p>					

Appendix F: KAM Quick Reference Guide

Accessing your KAM Report

A KAM reports can be viewed on Key Total Treasury. The Monthly Summary Report is available to all clients with Sub Accounting services. The monthly report can be filtered by Master Account and Group Number. Additional reports may or may not be available to you depending on the level of service selected (Lifecare reports are only available for Healthcare clients.)

- Monthly Summary Report: This report contains information on all Sub Account transaction activity and is available on the fourth business day of the month.
- Master Account Monthly Statements: DDA statements for Master Accounts.
- Sub Account Monthly Statements: DDA statements for Sub Accounts.
- Lifecare Standing Transfer Activity Report: This report displays information on social security payments received by Sub Account holders. These payments are transferred into the Master Account for disbursement.
- Monthly Lifecare Activity Report: This report contains information on Sub Account activity and is generated on a monthly basis.
- Daily Lifecare Activity Report: This report contains information on Sub Account activity and is generated on a daily basis.
- Daily Sub Account Balance Report: This report displays the daily balances of the Sub Accounts.



B Funds can be transferred online between the Master Accounts and between Master and Sub Accounts. Same day transfers must be completed by 7:00 p.m. local time (Local time is defined according to where the account is held). Transfers completed after 7:00 p.m. local time will be effective the following business day.

- Funds Transfer History Report between Master Accounts: Displays a 45 calendar day history of transfers between Master Accounts.
- Funds Transfer History Report between Master and Sub Accounts: Displays a 45 calendar day history of transfers between Master and Sub Accounts

Understanding your KAM Report

The KAM report displays Sub Account information first, followed by Master Account Information. The report is organized in the following format:

- Section I: Division Closed (Inactive) Sub Account Detail
- Section II: Division YTD (year-to-date) Closed (Inactive) Sub Account Totals
- Section III: Division Open (Active) Sub Account Detail
- Section IV: Division YTD (year-to-date) Open (Active) Sub Account Totals
- Section V: Master Closed (Inactive) and Open (Active) YTD (year-to-date) Totals

The heading on each page of your report will contain the same fields. The “Division Number”, (report description number 8) will tell you which section of the report you are viewing.

Sub Accounts in Sections I-IV will be sorted according to the unit number field. The characters in this field are determined by the client and can be any combination of alpha and numeric characters (See report description number 9 for details).

Please note: your report may or may not contain all five sections, depending on the status of your accounts.

Report Sections I and III

Sections I and III provide Sub Account balance information and transaction detail for the current month and year-to-date totals.

Section I represents the CLOSED (inactive) Sub Account activity. The accounts will be listed as ‘DIVISION NUMBER CLOSED’. Section III represents the OPEN (active) Sub Account activity as identified by ‘DIVISION NUMBER 123456’. If a client does not identify their OPEN Sub Accounts with a division number, the division will be represented by six zeroes (000000), such as ‘DIVISION NUMBER 000000’.

- The first line of the report detail reflects MTD (month-to-date) activity.
- The second line of the report reflects YTD (year-to-date) activity.
- The January report totals for month-to-date (MTD) and year-to-date (YTD) will be equal. Going forward, the YTD totals will continue to aggregate from January through end of year.

The report totals will flow from beginning balance, to interest paid, to any fee assessment and account activity. This will provide an accurate ending balance for each Sub Account, division total, and relationship total. Any accounts that may not reconcile will be denoted by two asterisks (**) following the Open/Close date (report description number 15).

REPORT SECTIONS II and IV

These sections provide YTD (year-to-date) DIVISION summary totals.

Section II provides YTD (year-to-date) summary totals for DIVISION CLOSED (inactive).

Section IV provides YTD (year-to-date) summary totals for DIVISION OPEN (active).

REPORT SECTION V

This section provides the client the YTD summary roll-up of all CLOSED (inactive) and OPEN (active) Master Account activity.

Sample Report Header

1	2	3	4	5
KS0311	BANK-ID 03290 NEW YORK	KEYBANK NATIONAL ASSOCIATION SUB ACCOUNT REPORT - MARCH 20XX	RUN DATE 04/01/XX	EFF DATE 03/31/XX
UNIT NUMBER SEQUENCE LISTING				
MASTER DDA NUMBER	6 10000001	3		
CLIENT NUMBER	7 123456789	ABC HOUSING DEVELOPMENT FUND COMPANY INC 123 MAIN STREET WILLIAMSVILLE, NY 14221-3230		
DIVISION NUMBER	8 CLOSED *			

1	REPORT NUMBER	The report number for the overall Master Account. For internal bank use only.
2	BANK ID	Bank identification number. For internal bank use only.
3	REPORT TITLE	Identifies the month for which the Sub Account activity is being reported, the name of the Sub Account report, type of report sort, and the client's name and address.
4	RUN DATE	The date and time KeyBank produced the report.
5	EFF DATE	Effective date. The date the report was created (reports are created on the last business day of the month).
6	MASTER DDA NUMBER	The client's Master checking account number.
7	CLIENT NUMBER	A unique 6-digit number assigned by KeyBank to identify your Sub Account relationship.
8	DIVISION NUMBER *Division Number Examples: • Division Number: "CLOSED" • Division Number: A00123 • Division Number: 000000	The Division Number is used by clients for identification purposes. The report will subtotal by each Division. The Division Number can be up to six (6) alphanumeric characters. If this field is not identified with specific alpha or numeric characters, it will be populated with zeroes (000000).

Sample for Sections I and III

UNIT NUMBER/ NAME	SUB ACCOUNT NUMBER	CUST SPC NUMBER/STATUS OPE/CLO DT	BEGINNING BALANCE/ OPEN BALANCE	INTEREST PAID/ YTD	MGMT FEE/ YTD	WITHHOLDING/ YTD	OTHER DEBITS/ YTD	OTHER CREDITS/ YTD	ENDING BALANCE
0000805 JONES, JOHN	555555111111	63 2042 ACT 04/06/XX	96.10 96.00	0.12 0.36	0.07- 0.21-	0.00 0.00	0.00 0.59-	0.00 0.00	96.15
0000806 SMITH, THOMAS	222222222222	63 6264 ACT 05/09/XX	376.21 372.00	0.47 1.40	0.31- 0.91-	0.00 0.00	0.00 1.97-	0.00 1.97	376.37

Sample for Sections II, IV and V

MASTER ACCOUNT		10000001 TOTALS:							
MONTH	ACTIVE ACCTS	INACTIVE ACCTS	BEGINNING BALANCE	INTEREST PAID	MANAGEMENT FEE	WITHHOLDING	OTHER DEBITS	OTHER CREDITS	ENDING BALANCE
JAN	6	0	1,793.50	0.83	0.53-	0.00	0.00	0.00	1,793.80
FEB	6	0	1,793.80	0.84	0.53-	0.00	3.63-	1.97	1,792.45
MAR	3	3	1,792.45	1.72	2.35-	0.00	1,116.03-	0.00	675.79
APR	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DEC	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MASTER ACCOUNT YTD TOTALS				3.39	3.41-	0.00	1,116.03-	1.97	

9	UNIT NUMBER	Optional field defined by the client. If this field is not defined by the client, it will be populated with zeroes. The Unit Number can be up to seven (7) alphanumeric characters, or a combination of both. If a unit number is entered (typically Rental Security), the report will be sorted in numeric order. If an alpha character is populated in this field, the report will sort alphabetically. If nothing is entered in this field, it will be populated by (000000) and randomly sorted. It is recommended that the client enter an alpha or numeric character or combination of both in this field in order for the report to sort in some type of order.
10	NAME	The name of the Sub Account holder.
11	SUB ACCOUNT NUMBER	Account number assigned by KeyBank used to identify the Sub Account.
12	SPC	Sub Product Code. For internal bank use only.

13	CUST NUMBER	The last four (4) digits of the Sub Account holder's social security number. If the Sub Account holder does not have a social security number (e.g., W-8 status client), this field will be populated with zeroes.
14	STATUS	Account status, either Active (ACT) or Inactive (INA). A status of Active identifies an open Sub Account and Inactive identifies a closed Sub Account. Closed Sub Accounts will remain on the report for a minimum of one year from date of closure.
15	OPE/CLO DT	Open/Closed Date. The date the Sub Account was opened and/or closed. If the account is Active, the open date will appear in this field. If the account is Inactive, the closed date will appear in this field.
16	BEGINNING BALANCE	The beginning balance is equal to the prior month's ending balance. The beginning balance will be zero (0) for any Sub Accounts opened during the current month.
17	OPEN BALANCE	The first item (check) deposited to the Sub Account is populated in the Open Balance field. If multiple items (checks) are deposited to the new Sub Account, the opening balance will reflect only the first item deposited.
18	INTEREST PAID	The total monthly amount of interest posted to the Sub Account. Adjustments (debits and/or credits) to the Interest Paid are reflected in the total amount posted. The amount of interest for the current month will appear on the first line, the year-to-date amount will appear on the line below.

19	MANAGEMENT FEE	This fee pertains to Rental Security and Pre Need clients in New York. This fee may be charged to the subaccount by landlords or funeral associations. Landlords have the option (as governed by New York state law) to receive 1% of the tenant security deposit. Funeral home associations have the option (as governed by New York state law) to receive 0.75% of the pre need deposit. Typically the management fee is a debit to the Sub Account. If there is a management fee reversal, it will appear as a credit in this field. The amount for the current month will appear on the first line, the year-to-date amount will appear on the line below.
20	WITHHOLDING FEE	Withholding on interest is charged by the bank when there is a missing W-8 or W-9 for the Sub Account. Withholding can be held at the Federal and/or State level (as designated by the IRS and/or state law). When a Sub Account customer supplies the bank with a W-8 or W-9, the withholding on interest will be reversed. The amount for the current month will appear on the first line, the year-to-date amount will appear on the line below.
21	OTHER DEBITS	Includes all debit transactions posted to the Sub Account <i>except</i> the Management and Withholding fees. The amount for the current month will appear on the first line, the year-to-date amount will appear on the line below.
22	OTHER CREDITS	Includes all credit transactions posted to the Sub Account <i>except</i> Interest Paid. The amount for the current month will appear on the first line, the year-to-date amount will appear on the line below.
23	ENDING BALANCE	The sum of the Beginning Balance plus or minus Interest Paid , plus or minus the Management Fee , plus or minus the Withholding Fee , minus Other Debits , plus Other Credits .
24	MNTH (MONTH)	Provides Sub Account totals by month for the current year.

25	ACTIVE (OPEN) ACCOUNTS	Total number of Active (open) Sub Accounts for the month.
26	INACTIVE (CLOSED) ACCOUNTS	Total number of Inactive (closed) Sub Accounts for the month.
27	DIVISION OR MASTER TOTALS	YTD totals for Interest Paid, Management Fee, Withholding, Other Debits and Other Credits. Depending on the section of the report, either Division or Master totals will be reported in this field and identified as such.

Appendix G: Lifecare KAM Quick Reference Guide

Lifecare Daily and Monthly Activity and Standing Transfer Reports are available online through Key Total Treasury.

- The **Daily** and **Monthly Lifecare Activity** reports display all transactions related to your Sub Accounts, including the amount of incoming Sub Account deposits, the amount that was automatically transferred to the Master Account, any funds that remained in the recipients' accounts for personal spending purposes, and the maximum amount that can remain in the Sub Accounts. All of the activity for each of your sites appears together, with totals for all locations displayed at the end of the report.
- The **Lifecare Standing Transfer Activity** report is generated twice a month when social security payments or pension payments are received in the Sub Accounts (generally on the 4th and 15th days of the month). Deposits are grouped together and totaled by location.

Sample Report Header

1 LACH0015-1	2 LIFECARE STANDING TRANSFER ACTIVITY	3 PAGE: 1 RUN DATE: 12/05/20XX
=====		
4 BANK NAME: KEYBANK 3290		
5 GROUP NUMBER: 000010555		
6 NAME: LIFE CENTER	7 ACCOUNT: 00000000010055555	

1	REPORT NUMBER	The report number for the overall Master Account. For internal bank use only.
2	REPORT TITLE	The name of the Lifecare report. Identifies the Lifecare report as either the daily transfer report (Lifecare Standing Transfer Activity), the daily summary report (Daily Lifecare Activity) or the monthly summary report (Monthly Lifecare Activity).
3	RUN DATE	The date and time KeyBank produced the report.
4	BANK NAME	Bank identification number. For internal bank use only.
5	GROUP NUMBER	A unique number assigned by KeyBank to identify your Sub Account relationship.

6	NAME	Client or Facility Name.
7	ACCOUNT	The client's Master checking account number.

Sample Lifecare Activity Report

RECIPIENT NAME	INDIVIDUAL ID #	ACCOUNT NUMBER	DATE	PAYMENT AMT	TRANSFER AMT	RECIP AMT	TARG ALW
8 JONES JIM	9 100122201A	10 SSA 25000055555	11 11/29/XX	12 25.80	13 25.80	14 .00	15 999.99
SMITH BOB	099977888A	SSA 32511112222	11/29/XX	200.00	150.00	50.00	50.00
JOHNSON JANE	010033003A	SSA 32522223333	11/29/XX	200.00	150.00	50.00	50.00
GROUP TOTAL AMOUNTS:				16 1,525.80	1,175.80	350.00	1,349.99
NUMBER OF TRANSFERS:					17 8		
RECIPIENT NAME	INDIVIDUAL ID #	ACCOUNT NUMBER	DATE	PAYMENT AMT	TRANSFER AMT	RECIP AMT	TARG ALW
NURSING HOME TOTAL AMOUNTS:				18 1,775.80	1,375.80	400.00	1,399.99
NUMBER OF TRANSFERS:					17 9		

Sample Lifecare Standing Transfer Activity Report

PARTICIPANT NAME	EFFECTIVE DATE	FROM ACCOUNT	TO ACCOUNT	TRANSFER AMOUNT
19 JONES JIM	20 11/29/20XX	21 325000055555	22 000010055555	13 25.80
SMITH BOB	11/29/20XX	32511112222	000010055555	150.00
JOHNSON JANE	11/29/20XX	32522223333	000010055555	150.00
GROUP TOTAL	23 8	1,525.80		
PARTICIPANT NAME	EFFECTIVE DATE	FROM ACCOUNT	TO ACCOUNT	TRANSFER AMOUNT
NURSING HOME TOTAL	24 9	1,375.80		

8	RECIPIENT NAME	The name of the Sub Account holder who is receiving the funds.
9	INDIVIDUAL ID #	The SSA/SSI claim number. SSA or SSI will be identified.
10	ACCOUNT NUMBER	The Account number of the Sub Account.
11	DATE	The effective date of the transfer.

12	PAYMENT AMT	The total amount of the incoming payment. Please note: non-standard payments (such as retro payments) will only trigger a transfer to the Master Account if they are identified with the appropriate claim number.
13	TRANSFER AMT	The amount that was transferred into the facility's Master Account.
14	RECIP AMT	The amount of funds that remain in the Sub Account to be used as a "personal allowance" by the Sub Account holder. This set amount is determined by the facility and the Social Security office.
15	TARG ALW	The maximum balance that can remain in the Sub Account. This amount will be equal to the Recip Amt unless the Sub Account holder does not receive a personal allowance (Recip Amt is 0).
16	GROUP TOTAL AMOUNTS	The total Payment, Transfer, Recipient, and Target Allowance amounts for the group.
17	NUMBER OF TRANSFERS	The total number of transfers per group or per nursing home.
18	NURSING HOME TOTAL AMOUNTS	The total Payment, Transfer, Recipient, and Target Allowance amounts for the nursing home (inclusive of all groups).
19	PARTICIPANT NAME	The name of the Sub Account holder who is receiving the funds.
20	EFFECTIVE DATE	The effective date of the receipt of the funds and the corresponding transfer of the funds to the Master Account.
21	FROM ACCOUNT	The Sub Account number.
22	TO ACCOUNT	The Master Account number or alternate DDA (checking) account number (operating account).

23	GROUP TOTAL	The total number and amount of transfers for the group.
24	NURSING HOME TOTAL	<p>The total number and amount of transfers for the nursing home (inclusive of all groups).</p> <p>The total number and amount of transfers for the nursing home (inclusive of all groups).</p>