

\_\_\_\_\_  
 Last Name (Surname) First Name Middle Initial

\_\_\_\_\_  
 Permanent Street Address City

\_\_\_\_\_  
 Province/State Country Postal Code/ Zip Code

\_\_\_\_\_  
 Mailing Address (if different from above)

\_\_\_\_\_  
 Province/State Country Postal Code/ Zip Code

\_\_\_\_\_  
 Home Phone Number Business Phone Number Mobile Phone Number

\_\_\_\_\_  
 Social Security No. or TIN Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
 Passport Number Country of Citizenship

\_\_\_\_\_  
 Country of Residence Language Preference

\_\_\_\_\_  
 Annual Income Source of Wealth/ Funds (Please describe)

\_\_\_\_\_  
 Profession—Be specific (If attending school in the U.S.A., please check here ) Employer (or School Name)

\_\_\_\_\_  
 Employer/ School Street Address City State Postal Code/ Zip Code

\_\_\_\_\_  
 Political Office(s) Held (By you and/ or members of your family—list and describe all—past and present. Use additional paper, if necessary)

\_\_\_\_\_  
 E-mail Address Fax Number

\_\_\_\_\_  
 Spouse's Name Mother's Maiden Name (Surname)

**Purpose of Chase Account:**  Savings/ Investment  Business in U.S.A.  Pay Bills  Other\_\_\_\_\_

\_\_\_\_\_  
 Source of Funds for Opening Deposit (if different from source of wealth) Anticipated Funds Transfer/ Month

\_\_\_\_\_  
 Name of Financial Institutions where other accounts are held Country Length(s) of Relationship

**Joint Account Holder Information**

\_\_\_\_\_  
 Last Name (Surname) First Name Middle Initial

\_\_\_\_\_  
 Permanent Street Address City

\_\_\_\_\_  
 Province/State Country Postal Code/ Zip Code

*NOTE: All new relationships must be opened in person by the account holder. Chase cannot accept International Finance Services Banking Applications by mail. Accounts can be opened at any Chase branch location.*



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**Joint Account Holder Information** (continued)

Home Phone Number		Business Phone Number		Mobile Phone Number	
Social Security No. or TIN		Date of Birth (MM/DD/YYYY)			
Passport Number		Country of Citizenship			
Country of Residence		Language Preference			
Annual Income		Source of Wealth/Funds (Please describe)			
Profession—Be specific (If attending school in the U.S.A., please check here <input type="checkbox"/> )				Employer (Or School Name)	
Employer/School Street Address		City	State	Postal Code/Zip Code	
Political Office(s) Held (By you and/or members of your family—list and describe all—past and present. Use additional paper, if necessary)					
E-mail Address		Fax Number			
Spouse's Name		Mother's Maiden Name (Surname)			

**Beneficiary Information** (Please attach a separate page if more than one beneficiary is desired)

Last Name		First Name		Middle Initial	
Permanent Street Address		City			
Province/State		Country		Postal Code/Zip Code	
Social Security No. or TIN		Date of Birth (MM/DD/YYYY)			

**Accounts To Open**

Checking	Opening Deposit*	CD Terms	Opening Deposit*	CD Terms	Opening Deposit*
<input type="checkbox"/> Select Banking Checking	\$ _____	3 Month	\$ _____	18 Month	\$ _____
<input type="checkbox"/> Select Banking Checking with Interest	\$ _____	6 Month	\$ _____	24 Month	\$ _____
<input type="checkbox"/> Better Banking Checking	\$ _____	7 Month	\$ _____	30 Month	\$ _____
<input type="checkbox"/> Better Banking Checking with Interest	\$ _____	9 Month	\$ _____	36 Month	\$ _____
<b>Savings</b>		12 Month	\$ _____	48 Month	\$ _____
<input type="checkbox"/> High Yield Savings	\$ _____	13 Month	\$ _____	60 Month	\$ _____
<input type="checkbox"/> Money Market	\$ _____	15 Month	\$ _____	Smart Rate CD	\$ _____
<input type="checkbox"/> Lifeline Savings	\$ _____			<b>Total Deposit</b>	\$ _____
<b>Total Deposit</b>	\$ _____				

\*Minimum opening deposit requirements for Checking and Savings accounts are \$100. Please call for opening deposit requirements for all CD terms.  
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**Initial Deposit Option:**

- I will wire funds within the next 30 days to the Chase account number provided.
- I will provide a check drawn in USD\$ for the initial deposit (checks should be made payable to yourself and drawn from a U.S. bank).

**Check Coverage:**

Check Coverage service is a feature that can be added to your Checking or Checking with Interest account to avoid the return of checks unpaid. Also, available funds will automatically be transferred from your designated account(s) to cover overdrafts on your checking account. It's easy. Just sign below to put this into effect for your accounts. See the check coverage section of Deposit Account Agreements and Disclosures for details and transaction limits. Please select the option that you prefer:

- Please use my savings, Money Market, or CD balances to cover uncollected balances in my checking account, and/or
- Use my savings and/or Money Market account to cover overdrafts.

Please indicate the accounts to be used as the protecting account (CD can be used for uncollected usage only). A maximum of four accounts may be used as protection accounts in the order you designate below, for Check Coverage only. If no account is selected, we will list HYS, MMA, CD.

1. Account	2. Account	3. Account	4. Account
<b>X</b>		<b>X</b>	
Signature	Date	Signature	Date

**Tax Identification Number ("TIN")**

By signing below, each Depositor certifies under penalties of perjury 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 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 (b) 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). If statement 2(a) is not true, please strike the appropriate phrase within the certification. If statement 3 is not true, check the following box:  I am not a U.S. person (or a U.S. resident alien). [You must complete the appropriate Form W-8.] The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

<b>X</b>		<b>X</b>	
Primary Account Holder Signature	Date	Joint Account Holder Signature	Date

**Customer and Joint Account Holder Signatures—Authorization and Agreement**

- I have received and agree to the Deposit Account Agreements and Disclosures and Fee Schedule.
- I understand that certain accounts of JPMorgan Chase Bank and its affiliates may be linked to help reduce or eliminate fees.
- If I request that I be issued a Chase Banking Card, I understand that eligible accounts may be linked to it. These linked deposit accounts, whether singly or jointly owned, can be accessed using the Chase Banking Card at an automated teller machine (ATM), by telephone, or through Chase Online<sup>SM</sup>.
- I understand that the account agreement for each product selected and approved, billing statements, credit cards, checks, and notices will be sent only to the first applicant's address. If any deposit and/or credit account opened, applied for, or linked is jointly owned, the signatures of both the applicant and the joint applicant are required.
- Consumer credit report(s) may be requested from one or more consumer reporting agencies (credit bureaus) in connection with my application. If I request, I will be informed whether any consumer credit report was requested and, if so, of the name and address of the consumer reporting agency which furnished the report. If you update, renew, or extend credit, you may obtain subsequent credit reports without telling me.
- Check Imaging or No Checks with Statement. I authorize the Bank not to return paid checks with my account statements. I understand that the account statement will contain information about each check paid, including check number, dollar amount, and date paid, thereby enabling reconciliation of the account. Upon request, photocopies of checks will be provided. The Bank will not return original checks.
- The information supplied in this application is complete and correct. You or any other Chase business will rely on this information.

<b>X</b>		<b>X</b>	
Primary Account Holder Signature	Date	Joint Account Holder Signature	Date

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## Client Instructions:

By signing this Agreement, I (we) authorize JPMorgan Chase Bank and its parent, subsidiaries, and affiliates (collectively referred to herein as "Chase") to accept and act upon instructions from me or my duly appointed legal representative to do the following: to open accounts with Chase; to transfer all or any portion of the balance of my accounts (including credit accounts); to close accounts, process change of account information, or otherwise service any of my Chase accounts; to obtain any service offered by Chase. As used in this Agreement, the terms "products," "services," and "accounts" include various financial products, services, and accounts made available to customers by Chase, such as deposits, loans, and investments. If more than one person is named in the title for any account, it is my intention that such account be considered a joint account, with right of survivorship, and not a "tenants in common" account. [In Texas you must designate the account as such in the name of the account by including the words "Joint Account with Right of Survivorship," the initials "JAWROS," or similar unambiguous indication of intention to create a survivorship account on your signature card.] Instructions which affect any of my joint accounts may be given by the joint account holder. Instructions may also be given by any person who has been designated pursuant to a written power of attorney in a form acceptable to, and provided to, Chase. I (we) understand that my attorney-in-fact will be required to provide a specimen signature and a telephone number for purposes of verifying the authenticity of instructions. References to me in this Client Instructions section shall refer to the joint account holder or the attorney-in-fact, as appropriate. Instructions may be given orally or in writing, in person, by mail, messenger, telephone, facsimile, computer terminal, wire service, automated teller machine, or any other reasonable method. Chase may accept and act upon instructions which do not contain my original signature with the same effect as if such instructions were signed by me. However, I (we) acknowledge that Chase may, at its option, require my original signature or any other documentation or may require that I (we) appear in person before accepting and acting upon any instructions. I (we) authorize Chase to record and monitor any telephone calls for various purposes, including to ensure accuracy, to provide a record of such conversations, and to improve the quality of service to me. I (we) agree to follow such security procedures as Chase may require.

The security procedure agreed upon for verifying the authenticity of instructions that are not delivered in person by me for the wire transfer of money from any of my accounts and for such other purposes as Chase may require is one or more of the following, at the option of Chase: (1) delivery of a Verbal Authorization Code by me or a person purporting to be me, (2) a callback, (3) a recitation of one or more items of personal information provided by me to Chase, or (4) voice recognition of me combined with the use of certain probing questions. The telephone number(s) to which callbacks shall be made shall be any telephone number(s) Chase may have for me in its records or any telephone number assigned to me by a telephone service provider. I (we) agree that this security procedure constitutes a commercially reasonable method of providing security against unauthorized instructions. I (we) agree to indemnify and hold Chase harmless from any losses, damages, suits, and expenses, of whatever kind, including any reasonable attorneys' fees, that Chase may incur as a result of relying upon instructions from me, or anyone purporting to be me, provided that Chase has complied with the applicable security procedures.

## Information About Client:

Chase may also verify my employment, pay, assets, debts, and references, and anyone receiving a copy of the Agreement is authorized to provide Chase with such information.

## Acceptance of Terms and Conditions:

I (we) agree to the terms and conditions which will be made available to me by Chase, applicable to each product, account, or service which I (we) obtain from Chase now or in the future. I (we) also agree to pay all fees associated with such products, accounts, and services in accordance with the fee schedules which will be made available to me from time to time by Chase.

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**Client Authorization Agreement** *(continued)*

**Primary Account Holder**/ **Power of Attorney**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State/Province

\_\_\_\_\_  
Country Postal Code/Zip Code

\_\_\_\_\_  
Home Telephone Number Business Telephone Number

\_\_\_\_\_  
Fax Number E-mail Address

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Primary Account Holder Signature/ Power of Attorney Signature Date

**Joint Account Holder**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State/Province

\_\_\_\_\_  
Country Postal Code/Zip Code

\_\_\_\_\_  
Home Telephone Number Business Telephone Number

\_\_\_\_\_  
Fax Number E-mail Address

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Joint Account Holder Date

<b>For Bank Use Only</b>			
		Date/Time Callback	_____
<b>Date Received</b>	<b>Date Entered</b>	<b>Date Verified</b>	<b>Initials</b>
<b>Client Identification 1</b>	<b>Client Identification 2</b>	<b>Date Verified</b>	<b>Initials</b>

**I wish to use my Verbal Authorization Agreement for the following transaction types:**

- Internal Chase relationship wire transfers only       External Chase relationship wire transfers
- To obtain account information only

*(Do not detach)*

**Primary Account Holder**

I have chosen to use the following combination of six numbers and/or letters as my Verbal Authorization Code, which Chase may use as a security procedure for verifying the authenticity of my telephone instructions.

**Verbal Authorization Code** (six numbers and/or letters).

**Joint Account Holder**

I have chosen to use the following combination of six numbers and/or letters as my Verbal Authorization Code, which Chase may use as a security procedure for verifying the authenticity of my telephone instructions.

**Verbal Authorization Code** (six numbers and/or letters).

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