

I. ACCOUNT INFORMATION

Select One: Update (Add/Delete) Signers (existing accounts only) Replace Existing Signature Card with this Signature Card New Account

Account # (If new account, Bank will complete):

Account Holder LEGAL NAME
(Must match Federal income tax return) **State of Formation**

Owner Business Name of Disregarded Entity (Must match 1st line of W9)

Third Party/Funds Owner (if applicable)

DBA Name (Must provide copy of fictitious filing)

Optional Descriptive Account Title:

Statement Address:

City: State: Postal Code:

II. BUSINESS TYPE

Business Type

Corporation Sole Proprietorship Joint Venture Limited Liability Partnership
 General Partnership Limited Partnership Unincorporated Organization or Association
 Government Authority Agency Other (Other Type:)
 Limited Liability Company: Manager Managed Member Managed Sole Member

III. Designated Account Signers

Add or Delete	Printed Name	Title (if signer also on Banking Resolution, Title Must Match)	Signature	Signer Limited to Check Signing ONLY
				<input type="checkbox"/>
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IV. CUSTOMER ACKNOWLEDGEMENT & AGREEMENT

You begin or continue a deposit account relationship with us by giving us information about your business and by signing this Agreement. The deposit agreement we give you is part of your agreement with us regarding use of your account and tells you the current terms governing your account. We may change the deposit agreement at any time and will inform you of changes that affect your rights and obligations. By signing below, you acknowledge receipt of the deposit agreement. The deposit agreement includes a provision for alternative dispute resolution.

By signing below, you authorize each person who has signed in the Designated Account Signer section on page one, to operate any account opened under this signature card now or in the future. The authority to operate an account includes: authority to sign checks and other items and to give us other instructions, including by electronic signature, electronic record or other electronic form, to withdrawal funds; to endorse and deposit checks and other items payable to or belonging to you to the account; and to transact other administrative business, including by electronic signature, electronic record or other electronic form relating to the account, including closing the account. If you wish to restrict a designated signer's authority to check signing you must indicate that by checking the box to the right of their name. We may rely on this authorization for any account opened under this signature card until we receive written notice revoking the authorization at the office where we maintain the account, and we have a reasonable time to act upon such notice. By signing below, this organization agrees to be bound to the above Agreement and Authorization.

For CA Public Funds only: Any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for deposit of moneys or existing banking resolutions/contract for deposit of money on file with us.

Printed Name	Title (Certifying individual must be authorized on Banking Resolution, Title MUST match)	Signature	Date

V. SUBSTITUTE FORM W9 / CERTIFICATION

<input type="checkbox"/>	Employer Identification Number	
<input type="checkbox"/>	Social Security Number	
Legal name of the owner of the Federal E.I.N. or SSN listed above		

Federal tax Classification; check only one of the following seven boxes

<input type="checkbox"/> Individual /sole proprietorship or single member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exemptions (Codes apply only to certain entities, not individuals) Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=corporation, S=S corporation, P=partnership)					
Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.					
<input type="checkbox"/> Other (see instructions from IRS)					

Under penalties of perjury, I certify that: 1) the employer identification number or social security number shown on this form for this account holder is correct (or the account holder is waiting for a number to be issued); and 2) the account holder is not subject to backup withholding because: (a) the account holder is exempt from backup withholding, or (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account holder that it is no longer subject to backup withholding; and 3) the account holder is a United States person (defined below*); and 4) The FATCA code(s) entered on this form (if any) indicating that the organization is exempt from FATCA reporting is correct.

Certification instructions: 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.

* If the organization listed above is a foreign entity use the applicable IRS Form W-8 (for additional information please see IRS instructions). The term "United States person" means a citizen or resident of the United States; a partnership created or organized in the United States or under the laws of the United States or of any State.; a corporation created or organized in the United States or under the laws of the United States; or of any state or any estate or trust other than a foreign estate or foreign trust.

By signing below, the account holder agrees to be bound by the above Tax Information Certification.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title	Signature	Date