


**SIGNATURE CARD**

Card    of   

Account #:	
Opening Date:	
Type of Account:	Product Type:
Account Title and Mailing Address:	

**General Agreement**

By signing this account signature card, you agree that the account will be governed by the terms and conditions of the Personal and Business Banking Disclosure and Agreement ("Agreement") and all other documents referenced therein. You acknowledge receipt of the Agreement and all other applicable documents referenced therein. You acknowledge your use of any device (ATM or Debit Card) in conjunction with this account constitutes acceptance of said device.

You further agree that the Information printed on this signature card is correct.

**1 SIGNATURE REQUIRED FOR WITHDRAWALS**

Fold ▼

	Name: Address:  Tax ID: ID #: DOB: Phone:
	Name: Address:  Tax ID: ID #: DOB: Phone:
	Name: Address:  Tax ID: ID #: DOB: Phone:

Fold ▲

See reverse side for Additional Signer or Beneficiary information if applicable

**W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN**

UNDER PENALTIES OF PERJURY, I certify (1) that 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 back-up 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.)

For corporations exempt from backup withholding, write "exempt" next to your signature.

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.

**W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON OR ENTITY:** Certification is provided on a separate document

**X**

\_\_\_\_\_  
SIGNATURE OF PRIMARY ACCOUNTHOLDER

\_\_\_\_\_  
DATE

Branch #:	Employee:	Date Prepared:
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SIGNATURE CARD

Card    of   

Opening Date:	Account #:
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**Beneficiary Information**

1. Name	SS#	DOB	Address
2. Name	SS#	DOB	Address
3. Name	SS#	DOB	Address
4. Name	SS#	DOB	Address

**1 SIGNATURE REQUIRED FOR WITHDRAWALS**

Fold ▼

	Name: Address:  Tax ID: ID #: DOB: <span style="float: right;">Phone:</span>
	Name: Address:  Tax ID: ID #: DOB: <span style="float: right;">Phone:</span>
	Name: Address:  Tax ID: ID #: DOB: <span style="float: right;">Phone:</span>

Fold ▲

**ATM / DEBIT CARD ACKNOWLEDGEMENT:**

- I / We hereby acknowledge receipt of ( ) Popular Automated Teller Machine (ATM) card(s).
- At this time, I / We do not choose to receive an ATM/Debit card for my account. I understand that I have the option of requesting an ATM/Debit card(s) at any time.
- I / We hereby acknowledge applying for ( ) Popular Debit card(s). I understand that this is not a credit application.
- A card is not available for this product.

Comments:

Branch #:	Employee:	Date Prepared:
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