1. Name _____ Social Security# ____/____/____

Street Address _____
(PO box holders (except military personnel) must furnish residential or business address as well as a mailing address).

City/Town _____ State _____ ZIP+4 _____/_____

Date of Birth ____/____/____ Place of Birth _____

Home Ph. ____-____-____ Work Ph. ____-____-____ Email _____

Type of ID given: ☐ Driver's License ☐ Passport ☐ Alien ID Card ☐ Other _____

ID Number _____ Date of Issue ___/___/___ Expiration Date ___/___/___

City/State/Country of Issue _____

I certify that the information above is correct. I hereby authorize you to obtain a consumer report on me and/or check my employment history.

Signature _____ Date _____

2. Name _____ Social Security# ____/____/____

Street Address _____
(PO box holders (except military personnel) must furnish residential or business address as well as a mailing address).

City/Town _____ State _____ ZIP+4 _____/_____

Date of Birth ____/____/____ Place of Birth _____

Home Ph. ____-____-____ Work Ph. ____-____-____ Email _____

Type of ID given: ☐ Driver's License ☐ Passport ☐ Alien ID Card ☐ Other _____

ID Number _____ Date of Issue ___/___/___ Expiration Date ___/___/___

City/State/Country of Issue _____

I certify that the information above is correct. I hereby authorize you to obtain a consumer report on me and/or check my employment history.

Signature _____ Date _____

Depositor(s) hereby agree(s) to the rules and regulations governing accounts with this Institution as they now are or hereafter may be amended and acknowledge(s) receipt of Funds Availability Notice and Truth-in-Savings Notice. Depositor(s) authorize(s) this Institution to obtain consumer reports on each Depositor in connection with this account.

☐ **Single Account** ☐ **Joint Account** — ☐ With Right of Survivorship

No. of signatures required (if more than one): _____

Deposit Accounts(s). ☐ Savings Accounts ☐ NOW/ Checking ☐ NOW Plus

☐ Certificate of Deposit ☐ Other _____

Amount of opening deposit.$ _____ **Source of funds.** ☐ Cash ☐ Check

I wish to apply for a ☐ ATM Card ☐ ATM Debit Card _____ Initials

I wish to apply for a ☐ ATM Card ☐ ATM Debit Card _____ Initials

Name of individual depositor _____

Names of joint depositors _____

_____ Trustee in trust for _____

_____ Custodian under the MA UTMA* for _____

UTMA* means Uniform Transfers to Minors Act

Address of Beneficiary/Ward _____ Social Security # ____/____/____

☐ If this account is a trust account, I/we hold the funds therein in trust for the benefit of the above named beneficiary(ies). I/We shall have full control over the account during my/our lifetime(s) but on my death or the death of the survivor of us, the funds may be paid to the beneficiary or his/her legal representative.

☐ If this account is a custodian account, I/we hold the funds in this account for the benefit of the Ward described above. Upon my death or the death of the survivor of us, the funds in the account may be paid to any successor custodian or, if the Ward has attained age 21, to the Ward.

Note: Each depositor, trustee or custodian must complete the information on the back of this card and sign where indicated.

Certification of Taxpayer Identification Number (T.I.N.)

Social Security Number

or

Employer Identification Number

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. person (including a U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

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.

Signature _____ Date _____

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