

Account Agreement

Date: 01/13/09

Institution Name & Address
CHAIN BRIDGE BANK MCLEAN BRANCH 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101 (703) 748-2005

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1	
Name	Child's Name
Relationship	Primary
Address	Home Address
Mailing Address (if different)	
Home Phone	(703) 111-1111
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	01/01/00
SSN/TIN	111-11-1111
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	- -
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2	
Name	Parent's Name
Relationship	Custodian
Address	Home Address
Mailing Address (if different)	
Home Phone	(703) 111-1111
Work Phone	
Mobile Phone	
E-Mail	Parents Email Address-online access
Birth Date	01/01/00
SSN/TIN	111-11-1111
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Driver's License DL Driver's License # VA-01/01/01-01/01/09
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Internal Use FRANKLIN SHERMAN SVG
Account Title & Address
Child's Name
Parent's Name Custodian
Under VAUTMA
Home Address

Ownership of Account
The specified ownership will remain the same for all accounts.
<input checked="" type="checkbox"/> Individual
<input type="checkbox"/> Joint with Survivorship (not as tenants in common) { X _____
<input type="checkbox"/> Joint with No Survivorship (as tenants in common) { X _____
<input type="checkbox"/> Trust-Separate Agreement Dated: _____
<input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Company

Beneficiary Designation
(Check appropriate ownership above.)
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/> _____

Beneficiary Name(s), Address(es), and SSN(s)
(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:
<input checked="" type="checkbox"/> Terms and Conditions <input checked="" type="checkbox"/> Privacy
<input checked="" type="checkbox"/> Electronic Fund Transfers <input checked="" type="checkbox"/> Truth in Savings
<input checked="" type="checkbox"/> Substitute Checks <input checked="" type="checkbox"/> Funds Availability
<input checked="" type="checkbox"/> Common Features <input type="checkbox"/> _____

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1	[X]
			Parent's Signature	
2	[X]
			All adults on account must sign	
3	[X]
			4	[
				X]

Owner/Signer Information 3	
Name	Second Parent's Name
Relationship	Custodian
Address	Home Address
Mailing Address (if different)	
Home Phone	(703) 111-1111
Work Phone	
Mobile Phone	
E-Mail	Parent's Email Address
Birth Date	01/01/00
SSN/TIN	111-11-1111
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	DL Driver's License # VA-01/01/01-01/01/09
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: 111-11-1111	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X _____	(Date)

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Savings	1234567890	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms/Information