



BANK OF AMERICA, N.A. (THE "BANK")

**Account Number:** \_\_\_\_\_

**Account Type:**  Checking  Savings  Certificate of Deposit

**Account Title:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Legal Designation</b>	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate	
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____	
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____	
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____	
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____
(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____
Employer Identification Number _____		(or) Social Security Number _____

**By signing below, I/we acknowledge, agree and consent:**

- To open this account and understand this does not change or replace any existing accounts **I/we** may have with Bank of America.
  - This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and **I/we** are in receipt of these documents.
  - The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
  - The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which **I/we** want interest reported.
  - Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.
- Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

**Substitute Form W-9: Certification – Under penalties of perjury, I certify that:**

1. The number shown on this form is the 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. citizen or other U.S. person (Defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. (Please refer to the IRS instructions for Form W-9).

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

Printed Name	Title (if applicable)	Signature	Date



BANK OF AMERICA, N.A. (THE "BANK")

**Business Signature Card  
with Substitute Form W-9**



**Account Number:** \_\_\_\_\_

**ATM/Deposit/Debit Card Request**

Provided that the account referenced above is eligible to receive Automated Teller Machine (ATM) cards and/or Debit Cards, I/we (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

**Authorized Signer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Signer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Signer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Signer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Signer:** \_\_\_\_\_

**Title:** \_\_\_\_\_