

SCHOOL SAVINGS PROGRAM APPLICATION / SIGNATURE CARD (continued)

B. PERSONAL ACCOUNT SIGNATURES

(1) _____
CHILD'S SIGNATURE Printed Name
Social Security # _____ Date of Birth _____

(2) _____
PARENT/GUARDIAN #1 SIGNATURE Printed Name
Social Security # _____ Date of Birth _____

(3) _____
PARENT/GUARDIAN #1 SIGNATURE Printed Name
Social Security # _____ Date of Birth _____

*BY EXECUTION OF THIS SIGNATURE CARD, ALL ACCOUNT SIGNERS ACKNOWLEDGE RECEIPT AND EXAMINATION OF THE DEPOSIT ACCOUNTS RULES AND REGULATIONS, AND THE SCHEDULE OF EXCEPTION CHARGES, AND AGREE TO PAY THE APPLICABLE SERVICE FEES AND TO BE BOUND BY THE RULES AND REGULATIONS, AGREEMENT AND SCHEDULE AS THEY MAY BE AMENDED BY THE BANK FROM TIME TO TIME.

C. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (W-9)

Please Print or Type

NAME (If joint names, list first and circle the name of the person or entity whose number you enter in Part 1 below.)

PART I TAXPAYER IDENTIFICATION NUMBER Enter your taxpayer identification number in the appropriate box. For individual and sole proprietors this is your social security number. For other entities it is your employer identification number. If the account is in more than one name see the chart in the W-9 instruction brochure for guidelines on whose number to enter. If you do not have a number, see W-9 instruction brochure "How to Obtain a TIN" section.

SOCIAL SECURITY NUMBER (Use child's number)

PART II FOR PAYEE'S EXEMPT FROM BACKUP WITHHOLDING Write "exempt" in this space (see W-9 instructions brochure. Do not use if required to complete form W-8).

CERTIFICATION 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 withholdings as a result of a failure to report all interest and dividends or (c) the IRS has notified me that I am no longer subject to backup withholdings (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual Retirement Arrangement (IRA) and payment in other than interest and dividends).

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 of under-reporting interest or dividends on your tax return (also see "Signing the Certification" under specific instructions in the W-9 instruction brochure.)

Signature of Parent or Guardian _____ Date _____

DETACH AND MAIL IN ENCLOSED ENVELOPE.

We want YOU for the CRB Super Squad



Charles River Bank School Savings Program

Open your new School Savings account
and we'll make your opening deposit of \$5!*



Charles River Bank

Personal Connections. Powerful Solutions.

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2 South Maple Street • Bellingham • 508.966.2857
1 Hastings Street • Mendon • 508.422.9792

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Equal Housing Lender | Member FDIC • Member SIF

*One \$5.00 opening deposit per student.

IMPORTANT INFORMATION

- The student owns the School Savings Account with a parent or guardian as co-owner.
- Charles River Bank will deposit \$5.00 to open your School Savings Account upon completion and return of the signature card.*
- Earn a competitive variable interest rate and pay no monthly service charges.
- Make cash or check deposits at school on Banking Day, held weekly at school, or visit any Charles River Bank branch.
- Withdrawals, authorized by the student and parent/guardian, may be made only at a Charles River Bank office.
- Use your School Savings Register to track your deposits and withdrawals and keep receipts.
- Statements reflecting all account activity will be mailed to your home address quarterly.
- Students can keep the School Savings Account until age 18, at which time it will automatically convert to a Statement Savings Account.
- If your child would like to deposit a check, please endorse the back of the check "FOR DEPOSIT ONLY" and include the student's account number.

TRUTH IN SAVINGS DISCLOSURE STATEMENT FOR SCHOOL SAVINGS ACCOUNTS

Variable Rate Information:

The Annual Percentage Yield and Interest Rate on the School Statement Savings Account are variable, set at the bank's discretion and subject to change at any time.

The following rates are in effect as of: _____

ANNUAL PERCENTAGE YIELD (APY): _____ INTEREST RATE: _____

Minimum Balance Requirements:

You must deposit a minimum of \$1.00 to open an account. To obtain the Annual Percentage Rate Yield listed above, you must maintain a minimum balance of \$5.00.

Compounding and Crediting:

Interest will be compounded monthly. Interest will be credited to your account every month.

Balance Computation Method:

We use the daily balance method to calculate the interest on this account. This method applies a daily periodic rate to the principal in the account each day.

Accrual of Interest on Deposits Other Than Cash:

Interest begins to accrue on the business day you deposit non-cash items, such as checks.

Transaction Limitations

Withdrawals may be made only at our branch offices. Student must sign and have the signature of his/her parent or guardian. Savings and Money Market Accounts are restricted to six automatic, preauthorized, or other third party transfers per statement cycle.

Fees

There are no monthly service charges on this account and no ATM cards.

Notice of Changes

We have the right to change or add to this disclosure by posting a notice of the change in the Bank or by mailing you a notice if required by law.

Questions About Your Account Disclosure

If you have any questions about this disclosure or about your account, you may contact any office of Charles River Bank at 508.533.8661.

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SCHOOL _____ GRADE _____

ACCOUNT NUMBER _____ DATE OPENED _____

OPENING DEPOSIT _____

PLEASE COMPLETE SECTIONS A, B & C BELOW AND ON THE REVERSE SIDE.

A. APPLICATION INFORMATION

1. STUDENT APPLICANT

Name _____ Birthdate _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Social Security # _____

Email Address _____

2. JOINT APPLICANT – PARENT / GUARDIAN #1

Name _____ Birthdate _____

Home Address (if different than student) _____ Apt # _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Social Security # _____

*Driver's License # _____ State _____ Exp. Date _____

Work Phone _____

3. JOINT APPLICANT – PARENT / GUARDIAN #2 (Optional)

Name _____ Birthdate _____

Home Address (if different than student) _____ Apt # _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Social Security # _____

*Driver's License # _____ State _____ Exp. Date _____

Work Phone _____

SCHOOL SAVINGS PROGRAM APPLICATION/SIGNATURE CARD

Complete and detach the signature card, and return it in the enclosed postage paid envelope or drop it off at any branch office. Your School Savings Register and School Savings ID Card with your new account number will be mailed to you.

*The Federal Patriot Act regulation requires this information to establish an account.

DETACH AND MAIL IN ENCLOSED ENVELOPE.