



ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

WINDMILL ASSOCIATES FBO  
YOUR NAME  
PO BOX # 48  
CAZENOUA, NY 13035

OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE

- INDIVIDUAL
JOINT - WITH SURVIVORSHIP (and not as tenants in common)
JOINT - NO SURVIVORSHIP (as tenants in common)
CONVENIENCE ACCOUNT
TRUST - SEPARATE AGREEMENT:
REVOCABLE TRUST DESIGNATION AS DEFINED IN THIS AGREEMENT

Name and Address of Beneficiaries:

YOUR NAME
ADDRESS

TYPE OF ACCOUNT

- CHECKING
SAVINGS
MONEY MARKET
CERTIFICATE OF DEPOSIT
NOW
SECURITY DEPOSIT

This is your (check one):

- Permanent
Temporary account agreement.

Number of signatures required for withdrawal

FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP
CORPORATION: FOR PROFIT NOT FOR PROFIT
PARTNERSHIP

BUSINESS:
COUNTY & STATE OF ORGANIZATION:
AUTHORIZATION DATED:

SIGNATURE(S) - THE UNDERSIGNED AGREE(S) TO THE TERMS STATED ON PAGES 1, 2, AND 3 OF THIS FORM, AND ACKNOWLEDGE(S) RECEIPT OF A COMPLETED COPY ON TODAY'S DATE. THE UNDERSIGNED ALSO ACKNOWLEDGE(S) RECEIPT OF A COPY OF AND AGREE(S) TO THE TERMS OF THE FOLLOWING DISCLOSURE(S):

- Deposit Account Disclosure
Funds Availability Disclosure
Electronic Funds Transfer Disclosure
TIS Disclosure

DATE OPENED BY

INITIAL DEPOSIT \$

- CASH
CHECK

HOME TELEPHONE #

BUSINESS PHONE #

DRIVER'S LICENSE # Include A copy

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

(1): [X] I.D. # D.O.B.

(2): [X] I.D. # D.O.B.

(3): [X] I.D. # D.O.B.

(4): [X] I.D. # D.O.B.

The below named person(s) are Convenience Signers only (not owners)

[X] I.D.# D.O.B.

[X] I.D. # D.O.B.

BACKUP WITHHOLDING CERTIFICATIONS

TIN:
TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

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.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section.

X (Date)