

SALEM FIVE DIRECT ACCOUNT APPLICATION



ACCOUNT NAME:

ACCOUNT NUMBER:

PRIMARY ACCOUNT HOLDER INFORMATION (Or minor, if custodial account)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Mother's Maiden Name	Birth Date	Social Security Number			
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address			City	State	Zip	Telephone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Driver's License No.	State	License Expiration Date	Employer Name	Occupation				
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Employer Address			City	State	Zip	Employer Telephone Number		
<input type="text"/>								
Email Address (Required for Online Banking)								

JOINT ACCOUNT HOLDER INFORMATION (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Mother's Maiden Name	Birth Date	Social Security Number			
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street Address			City	State	Zip	Telephone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Driver's License No.	State	License Expiration Date	Employer Name	Occupation				
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Employer Address			City	State	Zip	Employer Telephone Number		
<input type="text"/>								
Email Address (Required for Online Banking)								

BENEFICIARY INFORMATION (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Birth Date	
<input type="text"/>			<input type="text"/>	<input type="text"/>
Street Address (if different from Primary)			City	State Zip

I understand that I will receive QuickCheck image statements with the understanding that my actual cancelled checks will not be returned to me.

Please review this information and sign below.

I authorize you to accept my/our verbal requests for electronic access devices or channels. If Online Banking is requested and provided, I authorize you, and any third party acting on your behalf, to serve as my agent in processing payments to targeted payees pursuant to my payment instructions and I authorize you to post such payments to my account.

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number.
- 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 dividend(s), or (c) the IRA has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including U.S. Resident Alien).

X _____ Date _____
Signature Required

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Acknowledgments: By signing this document, I acknowledge that I have opened a Salem Five deposit account and understand that the account will be governed by Salem Five's Consumer Banking Services Agreement, which with my consent, was provided to me electronically with this signature card. If the terms are not acceptable, I will immediately close the account and receive all deposited money, in full, with no fees or service charges, along with any interest owed to me. I authorize you to obtain any information about me that you believe is necessary to evaluate this application, including consumer reports from consumer reporting agencies.

X _____ Date _____
Signature Required

X _____ Date _____
Signature of Joint Account Holder (Please print to sign)

Please complete this application and mail, along with your check, to:

Salem Five
Attn: Customer Service
210 Essex Street
Salem, MA 01970