

ACCOUNT NO.	COMPLETE A SEPARATE REQUEST FOR EACH ACCOUNT BEING OPENED			
ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CERTIFICATE OF DEPOSIT <input type="checkbox"/> HOLIDAY CLUB				
ACCOUNT TITLE (OTHER THAN INDIVIDUAL / JOINT ACCOUNT)				DATE OPENED
LAST NAME (OWNER 1)	FIRST NAME	SOCIAL SECURITY NO. / EIN	BIRTHDATE	HOME PHONE
EMPLOYMENT STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STAY AT HOME <input type="checkbox"/> SEASONAL <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> UNEMPLOYED			<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> EXISTING CUSTOMER	WORK PHONE
EMPLOYER / NATURE OF SELF-EMPLOYMENT / NAME OF SCHOOL				
HOME STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)		CITY	STATE	COUNTRY ZIP
LAST NAME (OWNER 2)	FIRST NAME	SOCIAL SECURITY NO. / EIN	BIRTHDATE	HOME PHONE
EMPLOYMENT STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STAY AT HOME <input type="checkbox"/> SEASONAL <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> UNEMPLOYED			<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> EXISTING CUSTOMER	WORK PHONE
EMPLOYER / NATURE OF SELF-EMPLOYMENT / NAME OF SCHOOL				
HOME STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)		CITY	STATE	COUNTRY ZIP
LAST NAME (OWNER 3)	FIRST NAME	SOCIAL SECURITY NO. / EIN	BIRTHDATE	HOME PHONE
EMPLOYMENT STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STAY AT HOME <input type="checkbox"/> SEASONAL <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> UNEMPLOYED			<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> EXISTING CUSTOMER	WORK PHONE
EMPLOYER / NATURE OF SELF-EMPLOYMENT / NAME OF SCHOOL				
HOME STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)		CITY	STATE	COUNTRY ZIP
TEMP. ADDRESS	START DATE	EXP. DATE		
ACCOUNT MAILING ADDRESS (IF DIFFERENT FROM PRIMARY HOME ADDRESS) OR M&T EMPLOYEE NO. AND BRANCH OR DEPT. LOCATION				
MAILING STREET ADDRESS		CITY	STATE	COUNTRY ZIP
LAST NAME (BENEFICIARY FOR TENTATIVE TRUST)	FIRST NAME	SOCIAL SECURITY NO.	BIRTHDATE	
ADDRESS (P.O. BOX IS NOT ACCEPTABLE)		CITY	STATE	COUNTRY ZIP

ATM / Debit Card Overdraft Election (For Checking Accounts Only)

Please review the "What You Need to Know About Overdrafts and Overdraft Fees" and make an election below.

- Yes, I want M&T Bank to authorize and pay overdrafts on ATM and everyday debit card transactions.
 No, I do not want M&T Bank to authorize and pay overdrafts on ATM and everyday debit card transactions.

Certification: Under penalties of perjury, I (customer 1) certify: (1) that 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) that 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) that I am a U.S. person (including a U.S. resident alien).

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 underreporting interest or dividends on your tax return. (Also see Part III – Certification under Specific Instructions on the separate W-9 form.)

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

Signature (Customer 1) _____ Signature (Customer 2) _____

IDENTIFICATION: TYPE / NO. / EXP. DATE / ISSUE DATE & PLACE _____ IDENTIFICATION: TYPE / NO. / EXP. DATE / ISSUE DATE & PLACE _____

Signature (Customer 3) _____

IDENTIFICATION: TYPE / NO. / EXP. DATE / ISSUE DATE & PLACE _____

ID Approved by (Management Signature) _____

By signing above, I (we) (1) request that M&T Bank open in my (our) names the deposit account(s) requested with the features requested, and (2) acknowledge receipt of, and agree to all provisions of, the General Deposit Account Agreement, Availability Disclosure for Consumer Deposit Accounts, the Specific Features and Terms containing information about the account, the applicable fee schedule, the Notice Regarding Overdrafts, the What You Need to Know About Overdrafts and Overdraft Fees and if the account is a Jumbo Certificate of Deposit, the Agreement for Telephone Instructions. **By signing above,** I (we) acknowledge and agree that if the account is opened in the names of two or more individuals, the account will be a Joint Account With Right of Survivorship unless it is a fiduciary or custodial account. I acknowledge receipt of the Notice Concerning Joint Account with Right of Survivorship accompanying the General Deposit Account Agreement.

ANTICIPATED DEPOSIT TRANSACTION ACTIVITY REGARDING THIS ACCOUNT:

- Do you expect to send more than 1 outgoing wire per week? Yes No
 If yes – what is the purpose and what are the names of the beneficiaries? _____
- Do you expect to receive more than 1 incoming wire per week? Yes No
 If yes – what is the purpose and what are the names of the originators? _____
- Do you expect to make 1 or more cash deposits per week in amounts of \$5,000 or greater? Yes No **IF YES, A BUSINESS ACCOUNT MUST BE OPENED.**
- Do you expect to make 1 or more cash withdrawals per week in amounts of \$5,000 or greater? Yes No **IF YES, A BUSINESS ACCOUNT MUST BE OPENED.**
- Do you expect to deposit checks made payable to other businesses or persons (third party checks)? Yes No
 If yes – what is the anticipated weekly volume? Less than 25 items 25 or more items
- Will any wires be sent to or received from countries outside the U.S. or Canada? Yes No
 If yes, list all countries _____