

Master Deposit Agreement – Personal

BEACH BUSINESS BANK



THE DOCTORS BANK™
a Division of Beach Business Bank

1230 Rosecrans Ave. Suite 120 Manhattan Beach, CA 90266
(310) 536-2260 / (310) 536-2261 fax

Beach Business Bank and The Doctors Bank (a division of Beach Business Bank) (the "Bank") are the same FDIC-insured institution. Deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded the \$100,000 federal deposit insurance limit.

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 for 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.

Customer Information	Each Signer must provide a legible copy of a driver's license or US Passport.
Account Ownership	

Customer 1	
Name	Mailing Address (if different from Street Address):
Street Address:	City, State, Zip
	Occupation:
City, State, Zip	Employer:
Home Phone: Work Phone:	Mother's Maiden Name or Password
e-mail:	Date of Birth: Social Security Number:
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No: Passport Number & Country/Date of Issue Offr Init	Identification: Description, Number, Issue Date, Expiration Date Offr Init

Customer 2	
Name:	Mailing Address (if different from Street Address):
Street Address:	City, State, Zip
	Occupation:
City, State, Zip	Employer:
Home Phone: Work Phone:	Mother's Maiden Name or Password
e-mail:	Date of Birth: Social Security Number:
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No: Passport Number & Country/Date of Issue Offr Init	Identification: Description, Number, Issue Date, Expiration Date Offr Init

Beneficiary Designation			
Name	Date of Birth	Social Security Number	Relationship
Name	Date of Birth	Social Security Number	Relationship

TIN Certification
<p>Under penalty of perjury, I certify:</p> <ol style="list-style-type: none"> That the number shown on this Deposit Agreement is my correct taxpayer identification number, and 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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I am a U.S. Citizen (including a U.S. Resident Alien) <p><i>CAUTION: If you are subject to backup withholding, please strike out the language in item (2) above.</i></p> <p>I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.</p> <p>X _____ _____ SIGNATURE DATE</p> <p>_____ SOCIAL SECURITY / TAX I.D. NUMBER</p>

ATM / VISA Check Card Request:
<p>Please issue an ATM / VISA Check Card and PIN to the individuals indicated below:</p> <p>_____ Customer 1 _____ Customer 2</p>

Account Information					
The following accounts, and all accounts contained on a related Account Addendum are subject to this Master Agreement. The authorities granted to all Authorized Signers on this Master Agreement, and any beneficiary designations thereon, apply to all accounts noted on this Agreement and related Account Addendums.					
Account Number	Account Subtitle	Product Type	Date Opened	Date Closed	Officer Initial

Signatures and Authorizations	
<p>By signing below, I/we agree, for all deposit accounts (whether one or more, the Accounts) that are now or subsequently opened with the Bank for the above-named individual(s) to enter into and to be governed by the rules, regulations and terms of this Master Deposit Agreement, the Personal Deposit Account Terms and Conditions, and the Information on Your Personal Account (Including Fees and Charges). Bank may amend these policies and terms or adopt new policies and terms applicable to the Accounts from time to time, and I/we will follow and be bound by the amended or new policies and terms upon written notice.</p> <p>The undersigned authorize the Bank to investigate credit and employment history and obtain reports from consumer reporting agencies on each of us as individuals. I/we authorize Bank to accept instructions from me/any one of us to close Accounts, open new Accounts in my/our name(s), and request account service, without requiring further original signatures from me/us. Bank may accept instructions from me/any one of us, whether by telephone, facsimile transmission or personal computer, with the same affect as if I/we had signed them. I/we agree to follow such security procedures as Bank may require and to provide my/our signature(s) if required. Bank may at any time refuse to accept such an instruction from me/us, and may also terminate this agreement at any time. I authorize Bank to record my/our telephone calls.</p> <p>I/we understand and, by signing below, acknowledge that Beach Business Bank and The Doctors Bank (a division of Beach Business Bank) (the "Bank") are one and the same FDIC-insured institution. Deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded the \$100,000 federal deposit insurance limit.</p>	
Customer 1 X _____	Customer 2 X _____
Customer 1-Print Name:	Customer 2 – Print Name:

Bank Use Only:				
Date Opened:		Opened By:		Date Closed / Superseded:
Referred By:		Source of Funds:		Previous Bank:
Verifications Customer 1 Customer 2	ChexSystems	OFAC	Follow-up	
Approved by:		Approval Date:		
Comments:				