

**Certificate of Deposit Account Registry Service® (CDARS®)
Customer Request for Account Placement¹**

Primary Customer Name:	
Secondary Customer Name (If applicable):	
Legal Account Title:	
Contact Name (For non-personal accounts):	
If your institution also offers ICS SM , are you an existing ICS customer? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Note: CDARS and ICS Customer Profiles are linked. Any changes made to the Customer Profile may impact both services.)</small>	
Customer Class: <input type="checkbox"/> Individual / Joint / Revocable Trust <input type="checkbox"/> Estate / Irrevocable Trust <input type="checkbox"/> Corporation / LLC <input type="checkbox"/> Partnership / Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit Institution <input type="checkbox"/> Clubs and Associations <input type="checkbox"/> Public Entity <input type="checkbox"/> Foreign Government <input type="checkbox"/> Savings Bank / Credit Union <input type="checkbox"/> Other Bank / Financial Institution	
Primary Mailing Address:	
City / State / Zip:	
Duplicate Statement Address (If applicable):	
City / State / Zip:	
Telephone Number:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	If No, Country of Citizenship: _____
Primary Owner Tax ID Number:	Type: <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> Non-Resident With SSN / TIN <input type="checkbox"/> Non-Resident Without SSN / TIN <input type="checkbox"/> Individual Tax ID Number
Secondary Owner Tax ID Number (If applicable):	Type: <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> Non-Resident With SSN / TIN <input type="checkbox"/> Non-Resident Without SSN / TIN <input type="checkbox"/> Individual Tax ID Number
Primary Owner Other ID (Required if no Tax ID)*: <small>(If you do not have a U.S. Tax ID, populate a checkbox to the right.)</small>	Other ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
Secondary Owner Other ID (Required if no Tax ID)*: <small>(If you do not have a U.S. Tax ID, populate a checkbox to the right.)</small>	Other ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
* If you do not have a U.S. Tax ID you must use this same alternate ID for all CDARS and ICS transactions with all institutions. If you subsequently obtain a U.S. Tax ID, you must promptly inform us and other institutions so that your correct information can be recorded for tax reporting, CDARS document tracking, and FDIC insurance purposes.	
Notes:	

Customer Exclusions:

There is no need to exclude institutions that currently hold your funds through the CDARS or ICS service. Providing the same Tax ID for each of your CDARS or ICS accounts will enable the location of your current placement(s) to be recognized. These institutions will automatically be excluded from future placements.

Bank:	TRN:	City, State:

Order Information:

Date to be Placed:		Amount \$:	
CDARS Placement Type: <input type="checkbox"/> One-Way Sell SM or <input type="checkbox"/> Reciprocal SM		Will These Be IRA Funds? (Personal Accounts Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Annual Interest Rate: and / or APY:	CD Terms ² : <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 26-week <input type="checkbox"/> 52-week <input type="checkbox"/> 2-year (104-week) <input type="checkbox"/> 3-year (156-week) <input type="checkbox"/> 5-year (260-week)		
Interest Payment Frequency: <input type="checkbox"/> Month End <input type="checkbox"/> Quarter End <input type="checkbox"/> Semiannual <input type="checkbox"/> Year End <input type="checkbox"/> At Maturity ³	Interest Paid Via: <input type="checkbox"/> Credit to Principal <input type="checkbox"/> Transfer If Transfer, Account #:	Maturity Disbursement Type: <input type="checkbox"/> Check <input type="checkbox"/> Transfer If Transfer, Account #:	
Will These Funds Be Reinvested at Maturity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the Funds Will Be Reinvesting: Reinvestment Amount: <input type="checkbox"/> Principal <input type="checkbox"/> Principal & Interest <input type="checkbox"/> Other New Placement Term: <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 26-week <input type="checkbox"/> 52-week <input type="checkbox"/> 2-year <input type="checkbox"/> 3-year <input type="checkbox"/> 5-year			

Additional Information:

¹Funds may be submitted for placement only after entering into a CDARS Deposit Placement Agreement with us. ²Early withdrawal penalties will be imposed by the institution that issued the CD and are as follows: 4-week, 28 days of simple interest; 13-week, 90 days of simple interest; 26-week, 90 days of simple interest; 52-week, 180 days of simple interest; 2-year, 360 days of simple interest; 3-year, 540 days of simple interest; 5-year, 900 days of simple interest. An early withdrawal penalty may invade principal. No penalty will be charged for early withdrawal of a CD upon the death of an individual who is the sole or joint owner of the CD. ³At Maturity interest option is available only on 52-week and shorter CDs.

CDs are issued and mature on **Thursdays each week**. If Thursday is a holiday, activities move to Friday.

Signatures:

Customer Signature

Date

Institution Signature

Date