

E*TRADE BANK BUSINESS ACCOUNT APPLICATION




COMPLETE YOUR E*TRADE APPLICATION IN THREE EASY STEPS

The E*TRADE Bank Business Account Application you requested begins on the following page.

To complete your application, simply:

1. SCROLL DOWN AND FILL OUT EACH FIELD BY TYPING IN THE APPROPRIATE INFORMATION.

If you'd like to complete the application by hand, skip this step and move on to Step 2.

2. ONCE YOU HAVE PROVIDED THE REQUESTED INFORMATION REVIEW YOUR APPLICATION TO ENSURE IT IS COMPLETE AND PRINT IT BY CLICKING THE  BUTTON ON THE TOP TOOLBAR.

3. SIGN AND DATE YOUR APPLICATION, AND MAIL IT TO THE APPROPRIATE ADDRESS:

By overnight mail:
E*TRADE Bank
c/o E*TRADE Financial Corporation
Harborside Financial Center
501 Plaza 2
34 Exchange Place
Jersey City, NJ 07311

By regular mail:
E*TRADE Bank
c/o E*TRADE Financial Corporation
P.O. Box 484
Jersey City, NJ 07303-0484

By Fax:

General Fax Number: 1-866-650-0003
From Outside the US: +1-678-624-6950

If your initial deposit will be by check, please be sure to enclose it with your application.

The check should be payable to E*TRADE Bank

Please notate your social security number (SSN) on the memo line

• Visit www.etrade.com/aboutdeposits for more information regarding check deposits

Note: Please include a [Fax Cover Sheet](#) when submitting documents by facsimile.

*Notarized documents, Stock Certificates, and other forms for which the original document is needed cannot be submitted by facsimile.

Required Documentation for Business Accounts

Submit the following required documentation with your completed application.

TYPE OF BUSINESS ENTITY	BUSINESS ACCOUNT ELIGIBILITY	REQUIRED DOCUMENTATION
SOLE PROPRIETORSHIP/DBA	All Bank Products except for IRA	If using a Tax ID number, two of the following documents: Business License, Fictitious Name Registration, or Certificate of Registration of trade name If using a Tax ID Number, Letter from the IRS is required
Limited Liability Company	E*TRADE Checking	1. Articles of Organization 2. LLC Agreement 3. Letter from the IRS assigning the TIN
Association or Club	E*TRADE Checking	1. Letter on letterhead that indicates the Association or Club's intent to open the account signed by at least one Board Officer 2. Letter from the IRS assigning the TIN
Partnership	E*TRADE Checking	1. One of the following documents: partnership papers or Fictitious Name Registration 2. Letter from the IRS assigning the TIN
Corporation	E*TRADE Checking	1. Corporate Resolution 2. One of the following documents: Certificate of Incorporation, most recent tax return, annual report filed with the State Corporation Commission 3. Letter from the IRS assigning the TIN
Non-Profit Organization	All Bank Products except for IRA. Must provide verification of Non-Profit Status	1. One of the following documents: 501 (c)(3) IRS letter or IRS form 990-N 2. One of the following documents: Articles of Organization, Articles of Incorporation 3. If nonprofit non-incorporated organization, Charter, Constitution or other organizing documents

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Federal law requires identity verification for all new accounts. **When you apply for an account, we will ask you for information that will allow us to identify you.** We may also ask to see your driver's license or other government-issued identifying documents.

1. ACCOUNT REGISTRATION

Choose only one. Please call us at 1-800-ETRADE-1 for additional information.

Refer to page 2 for the required documentation for each Account Registration

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship/DBA
<input type="checkbox"/> Association/Club	<input type="checkbox"/> Non-profit Organization	<input type="checkbox"/> Limited Liability Company

2. BUSINESS PROFILE

ENTITY INFORMATION

Name of Entity	Business Phone
Street Address (cannot be a P.O. box)	City, State, ZIP
Mailing Address (if different from above; P.O. boxes may be used)	City, State, ZIP
E-mail Address (required for account updates)	Tax ID Number / Social Security Number of Sole Proprietor

If Single -member LLC (SMLLC) and using the sole members SSN, please review and acknowledge below:

By checking this box, I confirm that the company designated in this section is a single member limited liability company that has no employees or excise tax obligations. The Company uses as its taxpayer identification number my social security number since I am the sole member of the Company. In addition, I hereby confirm that state law does not require that the Company have a federal employer identification number nor is such a number required for the Company to open any bank accounts. Please utilize my social security number as the taxpayer identification number for the Company.

Industry in which the business operates

Business Type

If you selected "Other Industry" above, please specify Industry and Business Type

3. AUTHORIZED PERSON(S)

Please attach a separate sheet for additional authorized person(s).

AUTHORIZED PERSON <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				AUTHORIZED PERSON <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Name (first, middle initial, last)				Name (first, middle initial, last)			
Social Security Number		Date of Birth (mm/dd/yyyy)		Social Security Number		Date of Birth (mm/dd/yyyy)	
Home Street Address (cannot be a P.O. box)				Home Street Address (cannot be a P.O. box)			
Home City, State, ZIP				Home City, State, ZIP			
Mailing Address (if different from above; P.O. boxes may be used)				Mailing Address (if different from above; P.O. boxes may be used)			
City, State, ZIP				City, State, ZIP			
E-mail Address (required for account updates)				E-mail Address (required for account updates)			
Country Code	Home Phone	Country Code	Business Phone	Country Code	Home Phone	Country Code	Business Phone
Country Code	Mobile Phone			Country Code	Mobile Phone		
Driver's License, State-Issued ID, or Military ID Number				Driver's License, State-Issued ID, or Military ID Number			
State of Issuance (if applicable)		Expiration Date		State of Issuance (if applicable)		Expiration Date	
AUTHORIZED PERSON EMPLOYMENT INFORMATION				AUTHORIZED PERSON EMPLOYMENT INFORMATION			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed			
Employer Name		Occupation		Employer Name		Occupation	
Line of Business* (this box must be filled-in for self-employed persons)				Line of Business* (this box must be filled-in for self-employed persons)			
Employer Street Address				Employer Street Address			
Employer City, State, ZIP/Postal Code		Employer Country		Employer City, State, ZIP/Postal Code		Employer Country	
PREVIOUS ADDRESS: AUTHORIZED PERSON				PREVIOUS ADDRESS: AUTHORIZED PERSON			

If an Authorized Person has moved in the past 6 months, please provide their previous address.

Name (first, middle initial, last)		Name (first, middle initial, last)	
Home Street Address (cannot be a P.O. box)		Home Street Address (cannot be a P.O. box)	
City, State, ZIP		City, State, ZIP	

3. AUTHORIZED PERSON(S) (CONTINUED)

Additional Authorized Persons

AUTHORIZED PERSON <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				AUTHORIZED PERSON <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Name (first, middle initial, last)				Name (first, middle initial, last)			
Social Security Number		Date of Birth (mm/dd/yyyy)		Social Security Number		Date of Birth (mm/dd/yyyy)	
Home Street Address (cannot be a P.O. box)				Home Street Address (cannot be a P.O. box)			
Home City, State, ZIP				Home City, State, ZIP			
Mailing Address (if different from above; P.O. boxes may be used)				Mailing Address (if different from above; P.O. boxes may be used)			
City, State, ZIP				City, State, ZIP			
E-mail Address (required for account updates)				E-mail Address (required for account updates)			
Country Code	Home Phone	Country Code	Business Phone	Country Code	Home Phone	Country Code	Business Phone
Country Code	Mobile Phone			Country Code	Mobile Phone		
Driver's License, State-Issued ID, or Military ID Number				Driver's License, State-Issued ID, or Military ID Number			
State of Issuance (if applicable)		Expiration Date		State of Issuance (if applicable)		Expiration Date	
AUTHORIZED PERSON EMPLOYMENT INFORMATION				AUTHORIZED PERSON EMPLOYMENT INFORMATION			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed			
Employer Name		Occupation		Employer Name		Occupation	
Line of Business* (this box must be filled-in for self-employed persons)				Line of Business* (this box must be filled-in for self-employed persons)			
Employer Street Address				Employer Street Address			
Employer City, State, ZIP/Postal Code		Employer Country		Employer City, State, ZIP/Postal Code		Employer Country	
PREVIOUS ADDRESS: AUTHORIZED PERSON				PREVIOUS ADDRESS: AUTHORIZED PERSON			

If an Authorized Person has moved in the past 6 months, please provide their previous address.

Name (first, middle initial, last)		Name (first, middle initial, last)	
Home Street Address (cannot be a P.O. box)		Home Street Address (cannot be a P.O. box)	
City, State, ZIP		City, State, ZIP	

4. BENEFICIAL OWNERSHIP INFORMATION (PLEASE PRINT)

A beneficial owner is someone who has a level of control over, or entitlement to the funds, or assets in an account that enables the individual directly or indirectly to control, *manage* or *direct* the account.

Is there one or more beneficial owners who controls, manages or directs 10% or more of the account? No Yes

If **YES**, please provide the information requested below for each of the beneficial owners with 10% or more ownership.

CURRENT BENEFICIAL OWNER 1				CURRENT BENEFICIAL OWNER 2			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Name (first, middle initial, last)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Name (first, middle initial, last)	
Entity/Company Name				Entity/Company Name			
Date of Birth (mm/dd/yyyy)		Country of Citizenship		Date of Birth (mm/dd/yyyy)		Country of Citizenship	
U.S. Federal ID		U.S. Federal ID Type (SSN or TIN)		U.S. Federal ID		U.S. Federal ID Type (SSN or TIN)	
Percentage of Ownership				Percentage of Ownership			
Street Address				Street Address			
City		State (U.S.A only)	U.S. Postal/Zip Code	City		State (U.S.A only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code		Foreign Province/Region Name or Code		Foreign Postal Code	
Country				Country			

IF THE BENEFICIAL OWNER IS NOT A U.S. RESIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION.

Passport ID / Government ID		Country of Issuance Government ID or Passport		Passport ID / Government ID		Country of Issuance Government ID or Passport	
Passport ID / Government ID Expiration Date		Country of Legal Residence		Passport ID / Government ID Expiration Date		Country of Legal Residence	

CURRENT BENEFICIAL OWNER 3				CURRENT BENEFICIAL OWNER 4			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Name (first, middle initial, last)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Name (first, middle initial, last)	
Entity/Company Name				Entity/Company Name			
Date of Birth (mm/dd/yyyy)		Country of Citizenship		Date of Birth (mm/dd/yyyy)		Country of Citizenship	
U.S. Federal ID		U.S. Federal ID Type (SSN or TIN)		U.S. Federal ID		U.S. Federal ID Type (SSN or TIN)	
Percentage of Ownership				Percentage of Ownership			
Street Address				Street Address			
City		State (U.S.A only)	U.S. Postal/Zip Code	City		State (U.S.A only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code		Foreign Province/Region Name or Code		Foreign Postal Code	
Country				Country			

Continued on next page

4. BENEFICIAL OWNERSHIP INFORMATION (Continued)

CURRENT BENEFICIAL OWNER 3		CURRENT BENEFICIAL OWNER 4	
IF THE BENEFICIAL OWNER IS NOT A U.S. RESIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION.			
Passport ID / Government ID	Country of Issuance Government ID or Passport	Passport ID / Government ID	Country of Issuance Government ID or Passport
Passport ID / Government ID Expiration Date	Country of Legal Residence	Passport ID / Government ID Expiration Date	Country of Legal Residence

5. ACCOUNT TYPE

You may check one or more account types below. Call 1-800-ETRADE-1 or visit www.etrade.com/banking/rates-fees for account descriptions and current rates.

* Refer to page 2 for Account Type Eligibility

<input type="checkbox"/> Max Rate Checking Account Total deposit amount: \$ _____ \$100 initial deposit, interest bearing, \$5,000 average monthly balance required thereafter	<input type="checkbox"/> E*TRADE Checking Account Total deposit amount: \$ _____ \$100 initial deposit; non-interest-bearing account; no average monthly balance required
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6. INITIAL DEPOSIT

If you are opening multiple accounts, you may make a single deposit for the total amount, and we will allocate the funds per your instructions in Section 5.

<input type="checkbox"/> Transfer from another financial institution Name of the Institution: _____ ABA Routing #: _____ Account #: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount: \$ _____	<input type="checkbox"/> From an Existing E*TRADE Account E*TRADE Bank Account Number: _____ Amount: \$ _____ E*TRADE Securities Account Number: _____ Amount: \$ _____	<input type="checkbox"/> By Wire Wire funds to us using the receiving bank information below: E*TRADE Bank P.O. Box 484 Jersey City, NJ 07303 – 0484 ABA Routing #: 256072691 FBO: <Entity Name and TaxID#/SSN>	<input type="checkbox"/> By Check Your check should be payable to E*TRADE Bank. You can write one check for the total deposits for all new accounts you are opening. Please mail your check to: E*TRADE Bank c/o E*TRADE Financial Corporation P.O. Box 484 Jersey City, NJ 07303-0484
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CORPORATE BANKING RESOLUTION

SECRETARY'S CERTIFICATE: I, _____ **[SECRETARY'S NAME]**,
Secretary of _____ **[INSERT CORPORATION NAME]**
("Company"), a corporation, duly organized and existing under the laws of the _____ **[STATE OF INCORPORATION]**, do hereby certify that the following is a true and correct copy of certain resolutions duly adopted by the Board of Directors of said Company at a meeting thereof duly called and held on the _____ day of _____, 20____, at which a quorum was present; that said resolutions have been duly entered on the Minute Book of this Company; that the same are in conformity with the articles of incorporation, charter and/or bylaws of said Company and have not been modified or rescinded:

RESOLVED, that E*TRADE Bank ("Bank") be and the same is designated as a depository of this Company;

RESOLVED, that any prior resolutions remain in effect except as changed by those adopted herein. The Company ratifies all transactions purportedly done on its behalf with the Bank before delivery of this resolution to the Bank;

RESOLVED, that the Company agrees to be bound by the Bank's deposit and/or account agreement for each account covered by these resolutions;

RESOLVED, that the Bank is authorized to honour, pay, and charge the Company's account(s) for any items purporting to have been signed on behalf of the Company with a facsimile signature that resembles a specimen the Company has certified to the Bank, no matter by whom or by what means the actual or purported signature may have been made;

RESOLVED, that the persons named below, whose manual or facsimile signatures are provided next to their respective names, are each authorized to open accounts, and to agree to related services, with the Bank on such terms and conditions as such person he may deem proper. The Bank has no duty to inquire into any power before executing it, even if the power benefits the signer individually;

RESOLVED, that the persons named below, whose manual or facsimile signatures are provided next to their respective names, are each authorized to sign and authorize checks, drafts, withdrawal slips, and any other others for the payment of money, including without limitation, paper, electronic or any other means of orders, even if payable to the signer or used to discharge or reduce any obligation of the signer. The Bank has no duty to inquire into any power before executing it, even if the power benefits the signer individually.

PRINTED NAME

TITLE

SIGNATURE

_____	_____	_____
_____	_____	_____
_____	_____	_____

BE IT FURTHER RESOLVED that the foregoing resolutions are to continue in force until written notice of rescission or modification thereof has been received by said Bank.

IN WITNESS WHEREOF, I have signed this have hereunto set our hands and the seal of this corporation this _____ day of ,
_____ 20 _____

Secretary

Corporate Seal (if there is no corporate seal, certify that there is no seal)

E*TRADE Bank
c/o E*TRADE Financial Corporation
P.O. Box 484
Jersey City, NJ 07303 – 0484