Member FDIC | Equal Housing Lender

Personal Checking/Savings Account Application

| First Name: | rst Name: Last Name: | | | |
|---|--|--|--|--|
| Submitted on: | | | | |
| Important Information about I Identification Procedures Reclaw requires all financial instit What this means for you: Whallow us to identify you. We rescurity Notice: You should ONLY fill out this latest version, download a collinstructions: 1. Complete Application and 2. To safeguard your privacy memory when you quit your to 3. We will contact you with the | Procedures for Openin quirements: To help the tutions to obtain, verifying the pour open an account and also ask to see you application on-line if yopy now. Click "Submit Application, QUIT your browser abrowser. The location of our closes | e government fight the funding or y, and record information that ide unt, we will ask for your name, ad our driver's license or other identify you are using a browser with the ion". | f terrorism and money laundering activities, Federal ntifies each person who opens an account. dress, date of birth, and other information that will fying documents. latest security enhancements. If you don't have the form. This form is NOT saved in your computer's re card. You may also be requested to provide | |
| protocopies or your social so | | mary Joint Account Holder Inforn | | |
| First Name | | Middle Name | Last Name | |
| Date of Birth | ; | Social Security No. | Your E-mail Address | |
| Driver's License No. | | | Driver's License State | |
| Home Phone | | | Work Phone | |
| Address Information | Address Line 1 Address Line 2 City | State | ZIP Code | |

| Subject to backup withholding | Yes No | | | |
|-------------------------------|---|--------------------------------------|------------------------|--|
| | | Account Holder (with right of su | rvivorship) | |
| First Name | | Middle Initial | Last Name | |
| Date of Birth | | Social Security No. | Your E-mail Address | |
| Driv | ver's License No. | | Driver's License State | |
| | Home Phone | | Work Phone | |
| Address Information | Address Line 1 Address Line 2 City | State | ZIP Code | |
| Subject to backup withholding | O Yes | | | |
| | | Account Titling Information | | |
| (required) | IndividualJointIn Trust ForCustodial | | | |
| In Trust For (required) | Name | | Social Security No. | |
| Custodial (required) | Name | | Social Security No. | |
| | I/We wo | ould like to apply for the following | g account(s): | |

| Checking Accounts | Student Checking Regular Checking Interest Checking Premium Checking | | | |
|---|--|--|--|--|
| Savings Accounts | Statement Savings | | | |
| Money Market Accounts | Money Market Account | | | |
| Mastercard Check/ATM Card | Mastercard Check Card ATM Card | | | |
| Mastercard Check Card | ○ 1○ 2 | | | |
| ATM Card | O 1 O 2 | | | |
| The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below. Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that (1) 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) I am not subject to backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or (d) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including 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 under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding. I understand that if I do not provide a taxpayer identification number to Cecil Bank within sixty (60) days, then Cecil Bank is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number. By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or | | | | |
| (required) | I/We AGREE with the above statement | | | |
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