



BERMUDA DOLLAR YOUNG SAVERS ACCOUNT APPLICATION

The completion and delivery or mailing of an application to The Bank of N.T. Butterfield & Son Limited shall constitute acceptance of the Bank's Terms and Conditions by the parent or guardian on behalf of the Young Saver.

Account Name _____

Mailing Address for Account Statements _____

JOINT ACCOUNT MANDATE (if applicable)

For the purpose of this mandate, I/we authorize The Bank of N.T. Butterfield & Son Limited to accept instructions from any one of the account holders, or all jointly, as detailed in the Terms & Conditions until we give the Bank notice to the contrary in writing.

BANK USE ONLY

Client New Existing Account New Amended

Account Number _____ Account Number _____

Completed by _____ Date _____

CUSTOMER INFORMATION

CIF # (FOR BANK USE ONLY)	FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First & Middle Names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Type and Number, e.g. passport <small>(US citizens must also provide Social Security No.)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Details	Home <input type="text"/> Cell <input type="text"/>	Home <input type="text"/> Cell <input type="text"/>	Home <input type="text"/> Cell <input type="text"/>
E-Mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address and postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Signature(s) <small>(please sign within block)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUTH ATM CARD

Request to apply: Yes No Yes No Yes No

New Cardholder(s). Deposit only: Yes No Yes No Yes No

Existing Cardholder(s). Please provide Butterfield Card number.

Collect from Head Office Rosebank Somerset St. George's Waterfront Mail

Declaration of parent/guardian of account holder age 10 up to 16 yrs old:

I give the above named young person permission to obtain and operate a Youth ATM Card.

Signatory (Print Name) _____ Signatory (Signature) _____ Date _____ Relationship to account holder _____

ACCOUNT FINANCIAL DETAILS

Amount of Initial Deposit: \$ _____

Initial funds will be deposited via: Bank Draft Internal Transfer Personal Cheque Cash
 Other (please describe): _____

Source of incoming future funds (Select all that apply): Gifts from Family Wages/Tips Other _____

Estimated total monthly incoming funds: \$ _____ Estimated total monthly outgoing funds: \$ _____

DECLARATION OF ACCOUNT HOLDER

(i) I/We will be the beneficial owner(s) or signatory(ies) of the account for which the application is being made.

(ii) I understand that upon turning 18 years old my Young Savers account will automatically be converted into a Strata Savings account.

(iii) The information provided above is true to the best of my/our knowledge, information and belief.

Signatory (Print Name)	Signatory (Signature)	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCE AND IDENTIFICATION REQUIREMENTS

We require the additional following documentation to open and operate a personal account.

NEW Customers are required to provide the following documentation in addition to their completed application form:

- Verification of Nationality.** *Bermudian Residents* must provide: i) an original or notarised copy of a valid passport or ii) a birth certificate and valid government issued photo identification (i.e. Student Card, Driver's License). *Non-Bermudian Residents* and *Non-Residents* must provide an original or notarised copy of a valid passport. Identification should state the true legal name and date of birth of the account holder(s).
- Verification of Address.** A document verifying street address is required. For residents of Bermuda, a recent utility bill, the relevant page of a telephone directory or electoral poll listing is acceptable.
- Minimum deposit.** BMD \$20 or equivalent is required to open chequing and savings accounts.

EXISTING Customers are required to provide the following documentation in addition to their completed application form:

- Minimum deposit.** BMD \$20 or equivalent is required to open chequing and savings accounts.
- Verification of Address only** if address listed on existing accounts has **changed**. For residents of Bermuda, a recent utility bill, the relevant page of a telephone directory or electoral poll listing is acceptable. For non-residents, a current utility bill showing their street address is acceptable.
- Photo Identification.** Any government issued photo identification stating the true legal name and date of birth of the account holder(s).

It is Bank policy to verify the source of funds before accepting or executing any transaction.

BANK USE ONLY

Approved by Compliance	_____ Name (Print)	_____ Signature	_____ Signature
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