

BANK ACCOUNT APPLICATION FOR ALL ACCOUNT HOLDERS AND SIGNATORIES



The Applicant(s) apply(ies) to open an account with The Bank of N.T. Butterfield & Son Limited, which shall be governed by the Retail General Terms & Conditions as modified from time to time and as posted on the Bank's website or Banking Centre Welcome areas.

JOINT ACCOUNT MANDATE -

To be completed by Joint Account holders: For the purpose of this mandate, I/we authorise The Bank of N.T. Butterfield & Son Limited to accept instructions from*

in the manner detailed in the Bank's Terms & Conditions until we give the Bank notice to the contrary in writing. *Insert "either of us" or "all jointly" or as the case may be.

Account name

Mailing Address for account statements

ACCOUNT INFORMATION

Chequing options Value Regular Power Volume e-Chequing Saving Strata Young Savers

BMD USD BMD USD

Supersaver Plus 1 year 3 year 5 year Initial investment \$ Monthly commitment \$ (\$250 min/\$25,000 max)

Butterfield Account to be debited (18 digits)

Fixed Term Deposit options 1 year 2 year 3 year 4 year 5 year BMD USD other

CUSTOMER INFORMATION

| | First Applicant | Second Applicant | Third Applicant |
|--|--|--|--|
| First & middle names | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street address and postal code | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Citizenship | <input type="checkbox"/> Bermudian <input type="checkbox"/> Non-Bermudian <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | <input type="checkbox"/> Bermudian <input type="checkbox"/> Non-Bermudian <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | <input type="checkbox"/> Bermudian <input type="checkbox"/> Non-Bermudian <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident |
| ID type and number, (e.g. passport) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number (if applicable) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth (dd/mm/yyyy) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone details | <input type="text"/> Day <input type="text"/> Evening | <input type="text"/> Day <input type="text"/> Evening | <input type="text"/> Day <input type="text"/> Evening |
| E-mail address | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Occupation | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (If self-employed please state nature of business) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Employer (if applicable) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

INTERNET BANKING

| | First Applicant | Second Applicant | Third Applicant |
|---|---|---|---|
| Would you like the option of sending wires? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please specify the limit | <input type="checkbox"/> 1-1,000 <input type="checkbox"/> 10,001 - 50,000 <input type="checkbox"/> 1,001 - 5,000 <input type="checkbox"/> 50,001 - 100,000 <input type="checkbox"/> 5,001 - 10,000 <input type="checkbox"/> 100,001 - 200,000 | <input type="checkbox"/> 1-1,000 <input type="checkbox"/> 10,001 - 50,000 <input type="checkbox"/> 1,001 - 5,000 <input type="checkbox"/> 50,001 - 100,000 <input type="checkbox"/> 5,001 - 10,000 <input type="checkbox"/> 100,001 - 200,000 | <input type="checkbox"/> 1-1,000 <input type="checkbox"/> 10,001 - 50,000 <input type="checkbox"/> 1,001 - 5,000 <input type="checkbox"/> 50,001 - 100,000 <input type="checkbox"/> 5,001 - 10,000 <input type="checkbox"/> 100,001 - 200,000 |

RSA SecureID® authentication will be provided upon completion.

ATM/DEBIT CARD & YOUTH ATM CARD

| | First Applicant | Second Applicant | Third Applicant |
|--|---|---|---|
| | <input type="checkbox"/> New cardholder(s) <input type="checkbox"/> Request to apply <input type="checkbox"/> Existing cardholder(s) <input type="checkbox"/> Deposit only <input type="checkbox"/> Primary account <input type="checkbox"/> Other existing account | <input type="checkbox"/> New cardholder(s) <input type="checkbox"/> Request to apply <input type="checkbox"/> Existing cardholder(s) <input type="checkbox"/> Deposit only <input type="checkbox"/> Primary account <input type="checkbox"/> Other existing account | <input type="checkbox"/> New cardholder(s) <input type="checkbox"/> Request to apply <input type="checkbox"/> Existing cardholder(s) <input type="checkbox"/> Deposit only <input type="checkbox"/> Primary account <input type="checkbox"/> Other existing account |
| Account name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Account number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Butterfield Card number (16 digits) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Declaration of parent/guardian of account holder aged 10 up to 16 years old: I give the above named young person permission to obtain and operate a Youth ATM card. | | | |
| Name (Print) | Signature | Date | Relationship to account holder |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

CHEQUES

Yes No Stub No stub

No. of cheque books required:

DEPOSIT BOOKS

Yes No

No. of deposit books required:

Collect From: Head Office Private Banking Rosebank Somerset St.George's Waterfront Mail

OPERATION OF ACCOUNT (to be answered by any one of the account owners)

What is the purpose of this account? _____

Why have you chosen to establish the account in Bermuda? (Non-residents only) _____

Do any of the account holders have a connection with Bermuda (Non-residents only) (e.g. family ties, property ownership, frequent visitor, business related dealings)? If so, please provide details. Yes No

Is this account being held for the benefit of another party other than those named on the account? Yes No

If so, please state their name _____

ACCOUNT FINANCIAL DETAILS

Amount of initial deposit \$ _____

Initial funds will be deposited via: Wire Bank draft Internal transfer Personal cheque Cash

Other (please describe) _____

Where are the funds coming from? Self or from other Individual / Entity / (Name): _____

Location of Origin – City, Country _____

How were the initial funds acquired? _____

Source of incoming future funds (Select all that apply):

Salary Rental Income Commissions & fees

Sales Revenue Investment Income Other (please describe): _____

Method of incoming funds (Select all that apply):

Wires Bank drafts Direct deposit Cash

Internal transfers Personal cheques Third party cheques Other (please describe): _____

Method of outgoing funds (Select all that apply):

Wires Bank drafts Debit card Cash

Internal transfers Personal cheques Butterfield online banking Other (please describe): _____

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

DECLARATION

- (i) I/We will be the beneficial owner(s) or signatory(ies) of the account for which the application is being made.
- (ii) This account is not being acquired in violation of any applicable law.
- (iii) I/We confirm that I/we will comply with all tax and exchange control reporting requirements imposed by any applicable jurisdiction in respect to this proposed account.
- (iv) The information provided above is true to the best of my/our knowledge, information and belief.

| | | | |
|--|-----------------|------------------|-----------------|
| Applicant signature(s) (please sign within block) | First Applicant | Second Applicant | Third Applicant |
| | | | |
| 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 passport or ii) a birth certificate and government issued photo identification. Non-Bermudian Residents and Non-Residents must provide an original or notarised copy of a passport. Identification should state the true legal name, date of birth and nationality 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. For non-residents, a current utility bill showing their street address is acceptable.

- Minimum deposit.** BM \$100 or equivalent is required to open chequing and savings accounts.
- Verification of Bermuda Residency (Non-Bermudians only).** An official immigration document is required if you are resident in Bermuda and are not Bermudian.
- Verification of Main Source of Income (Non-residents only).** Non-residents must provide documentation to support their main source of income (e.g. pay slip, letter from employer or trust, investment statement, etc.)

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

- Minimum deposit.** BM \$100 or equivalent is required to open chequing and savings accounts.
- Photo Identification.** Any government issued photo identification stating the true legal name, date of birth and nationality of the account holder(s).

- 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.

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

| BANK USE ONLY | | | | | |
|--|---|--|---|--|---|
| Transaction ref # | Transaction ref # | Transaction ref # | | | |
| Account number | Account number | Account number | | | |
| First applicant | Second applicant | Third applicant | | | |
| CIF # | | | | | |
| Staff <input type="checkbox"/> Yes <input type="checkbox"/> No | Client <input type="checkbox"/> New <input type="checkbox"/> Existing | Staff <input type="checkbox"/> Yes <input type="checkbox"/> No | Client <input type="checkbox"/> New <input type="checkbox"/> Existing | Staff <input type="checkbox"/> Yes <input type="checkbox"/> No | Client <input type="checkbox"/> New <input type="checkbox"/> Existing |
| Completed by (Print) | | | Date | | |
| Approved by | | | | | |
| Compliance Name (Print) | Signature | | Date | | |