BUTTERFIELD

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 General Terms & Conditions as modified from time to time and as available on the Bank's website or in Banking Centre welcome areas.

Name and address for account correspondence

ACCOUNT INFORMATION

Chequing ☐ BMD ☐ USD ☐ CAD ☐ GBP **Saving** ☐ BMD ☐ USD ☐ **Young Savers**

Supersaver ☐ 1 Year ☐ 3 Year ☐ 5 Year Account to be debited monthly _____ Commitment date _____ (DD/MMM/YYYY)

Monthly commitment $ _____ ($250 min/$15,000 max)

Fixed-term deposit options ☐ 1 Year ☐ 2 Year ☐ 3 Year ☐ 4 Year ☐ 5 Year ☐ BMD ☐ USD ☐ other _____

CUSTOMER INFORMATION

PRIMARY APPLICANT	JOINT APPLICANT
First and middle names	
Last name	
Previous names (including maiden name or change by deed poll)	
Street address and postal code	
Gender ☐ Male ☐ Female	☐ Male ☐ Female
ID type and # (e.g. passport)	
Date of birth (DD/MMM/YYYY)	
Country of birth	
Country(ies) of citizenship	
Do you hold a passport for any other country? ☐ Yes ☐ No	☐ Yes ☐ No
Are you (or will you be) ordinarily resident in Bermuda? ☐ Yes ☐ No	☐ Yes ☐ No
Are you a resident for tax purposes of any country other than Bermuda? ☐ Yes ☐ No	☐ Yes ☐ No
If *Yes*, please list country(ies) of residency for tax purposes and corresponding Social Insurance / similar Taxpayer Identification Number (where applicable):	
Country	
ID number	
Phone details (W) (H) (M)	(W) (H) (M)
E-mail	
Occupation	
Employer	
If self-employed, please state the name of business:	
Mother's maiden name (for security purposes)	
Are you a close associate or immediate family member of a politically exposed person (PEP)? ☐ Yes ☐ No	☐ Yes ☐ No
If *Yes*, provide name of PEP	

ONLINE BANKING

	☐ Yes ☐ No	☐ Yes ☐ No
Would you like the option of sending wires?	☐ Yes ☐ No	☐ Yes ☐ No
If *Yes*, please specify the limit		
	☐ $1-$1,000 ☐ $1,001-$5,000 ☐ $5,001-$10,000 ☐ $10,001-$50,000 ☐ $50,001-$100,000 ☐ $100,001-$200,000	☐ $1-$1,000 ☐ $1,001-$5,000 ☐ $5,001-$10,000 ☐ $10,001-$50,000 ☐ $50,001-$100,000 ☐ $100,001-$200,000
Would you like to receive a paper statement? (Bank fees apply for paper statements)	☐ Yes ☐ No	☐ Yes ☐ No

Please print and complete a separate copy of this page for each account to be opened.

PLATINUM DEBIT CARD & YOUTH DEBIT CARD

☐ New card ☐ Primary account ☐ Existing card ☐ Secondary account | ☐ New card ☐ Primary account ☐ Existing card ☐ Secondary account

Primary account name

Secondary account name

Account number

Butterfield card number (16 digits)

Declaration of parent/guardian of account holder aged 10 to 17 years old.
I give the above named young person permission to obtain and operate a Youth Debit Card. (Daily limit $50 ATM / $300 POS)

Applicant Name (Print): Applicant Signature: Date: DD / MMM / YYYY

CHEQUES

☐ Yes ☐ No ☐ Stub ☐ No Stub **Number of cheque books required**

Collect from: ☐ Front Street ☐ Private Banking ☐ Somerset ☐ St. George's ☐ Mail

OPERATION OF ACCOUNT

Account type **Account currency**

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) ☐ Yes ☐ No
If *Yes*, please provide details.

Is it expected that this account will receive procceds or funds from government guarantees? ☐ Yes ☐ No
If Yes, please provide details.

Is this account being held for the benefit of another party other than those named on the account? ☐ Yes ☐ No
If Yes, please provide details.

ACCOUNT FINANCIAL DETAILS

Initial deposit $

Initial funds deposited via ☐ Internal transfer ☐ Local bank transfer ☐ Personal cheque ☐ Cash ☐ Wire

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

Origin of funds - city, country

How were the initial funds acquired?

Source of wealth (We may require evidence to support the information you have provided. Select all that apply.)

☐ Salary ☐ Rental income ☐ Sale of Property
☐ Sales revenue ☐ Investment income ☐ Other (please describe)

Please give details of expected wire activity (i.e., two wires per month to Canada of $1,000 each):

Estimated total monthly incoming funds $ **Estimated total monthly outgoing funds $**
(If more than one account holder insert combined total)

BANK USE ONLY

Account number

CREDIT CARD

Select card type: ☐ Mastercard Standard ☐ AAdvantage® Mastercard (select one)*: ☐ Standard ☐ Gold ☐ Platinum ☐ Visa Classic ☐ British Airways Visa Platinum**

***AAdvantage® number**

If you do not currently have an AAdvantage number, please enroll online at www.aa.com and select AAdvantage, or call the toll-free number at 1 800 433 7300.

****British Airways Executive Club® number**

The address registered on your Executive Club® account must match the Bermuda address on your Credit Card application in order for Avios to be awarded to your existing account. If you are not already an Executive Club® Member, you will be automatically enrolled upon approval for the British Airways Visa® Card and you will be notified of your Executive Club® account number.

RESIDENCE DETAILS

☐ Rent ☐ Own ☐ (Live with) Relatives

Monthly rent/Mortgage payments | **Balance owing** | **Property value**

Name, address of mortgage holder or landlord | **Telephone number**

WHERE DO YOU WORK?

☐ **Retired**

Name, address of your present employer | **Business telephone number**

☐ Full time ☐ Part time ☐ Self-employed ☐ Seasonal **Occupation**

Time with company: **Yrs.** **Mths.** **Salary $** ☐ Annual ☐ Monthly ☐ Weekly

Other income (alimony, child support, rent, investments, etc.) $ ☐ Annual ☐ Monthly ☐ Weekly

Name, address of your previous employer (if less than two years at current employer) | **Business telephone number**

☐ Full time ☐ Part time ☐ Self-employed ☐ Seasonal **Occupation**

Time with previous company: **Yrs.** **Mths.** **Salary $**

PAYMENT

REQUESTED CREDIT LIMIT $ **Card Payment to be made in:** ☐ US dollars ☐ Bermuda dollars

Auto-Payment ($3 fee): ☐ Yes ☐ No ☐ Minimum payment ☐ Total balance ☐ Fixed amount:

From Butterfield Account #:

Card to be: ☐ Mailed **Pick up at:** ☐ Front Street ☐ Somerset ☐ St. George's

BALANCE PROTECTION PROGRAMME (optional for Standard and Gold cards – included with Platinum card)

Would you like to insure your card balance? ☐ YES ☐ NO (cost $0.28/$100 balance)

I understand that to be eligible for coverage I must be a minimum of 18 years of age and under 65 and that my coverage will be bound by the terms stated in the insurance policy issued by Freisenbruch-Meyer Insurance Ltd. I authorise the applicable monthly premiums to be charged to my credit card account for the coverage provided by the Balance Protection Programme. This authorisation will continue until cancelled by my notification to The Bank of N.T. Butterfield & Son Limited. Charges will begin after processing of this application form has been completed.

SUPPLEMENTARY CARDHOLDER ONE

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss | **First name** | **Middle name** | **Last name** | **Relationship to applicant** | **Signature**

SUPPLEMENTARY CARDHOLDER TWO

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss | **First name** | **Middle name** | **Last name** | **Relationship to applicant** | **Signature**

I hereby certify the above information to be true and complete. If this application is accepted by The Bank of N.T. Butterfield & Son Limited (the Bank), I request that the Credit Card be issued to me as designated above. I hereby authorise and consent to the Bank obtaining further information about me and checking the information I have given here and exchanging information about me with other financial institutions. I agree to read and be bound by the Cardholder Agreement. I authorise the Bank to charge my Credit Card Account with the amount of the annual fee(s) in effect from time to time for the Card.

Customer signature (please sign within block) | Customer name (print) | Date (DD/MMM/YYYY)

BANK USE ONLY

☐ Approved Limit $ ☐ Not approved

Officer's signature: Manager's signature:

DECLARATION

To enable Butterfield to confirm and document my tax status accurately (including, but not limited to, my tax status as a US Person or Non-US Person for US federal income tax purposes), I hereby certify that:

(i) The information provided above is complete and accurate.
(ii) I am the beneficial owner of the account, or am authorised to sign on behalf of the individual who is the beneficial owner of the account.
(iii) I will notify Butterfield immediately in the event of any change in the personal information provided in this Declaration or in my circumstances relevant to this Declaration, and will provide Butterfield with an updated Declaration within 30 days of such change occurring. I further understand and agree that any failure to do so shall entitle Butterfield, in its sole discretion, to terminate any account in which I have a beneficial interest.
(iv) I will comply with all tax and exchange control laws, regulations and reporting requirements imposed by any applicable jurisdiction relating to my accounts maintained with Butterfield.
(v) I authorise Butterfield, at its sole discretion, to provide a copy of this form and any information regarding any account with Butterfield to which I am a party to any tax authority or party that is authorised to act on behalf of such an authority.

(vi) ☐ I am* currently a US Person[1] ☐ I am not** currently a US Person[1] | ☐ I am* currently a US Person[1] ☐ I am not** currently a US Person[1]

* This assertion must be supported by a completed IRS form W-9 (accessible from www.IRS.gov/); or
** Please note that you may be required, under certain circumstances, to provide additional information/documentation confirming your tax status before an account is opened.

Applicant signature (please sign within block)		
Date (DD/MMM/YYYY)		

RIGHT OF SURVIVORSHIP (For joint account holders)

Please select one of the following:

☐ Tenancy in common: upon the death of one of the joint account holders the account balance will be split evenly and the deceased's share of the account balance will pass to the deceased's estate.

☐ Joint tenancy: upon the death of one of the joint account holders the entire account balance vests in the surviving account holder(s).

IDENTIFICATION AND DEPOSIT REQUIREMENTS

Customers are required to provide the following: (Existing customers should provide updated documents where necessary)

☐ **Verification of nationality.** All applicants must provide: i) an original or notarised copy of all current passports or ii) a birth certificate and government issued photo identification. Identification should state the true legal name, date of birth, place of birth and nationality of the account applicant(s).

☐ **W-9 Form as appropriate.** This information is required to enable Butterfield to file information returns with certain tax authorities. If you are a US Person[1], this information should be supported by a completed IRS Form W-9. You may be required to periodically update the information provided in support of this assertion.

☐ **Verification of main source of income: RESIDENTS AND NON-RESIDENTS** must provide documentation to support their main source of income e.g., pay slip, letter from employer or trust, letter and source of funds from parent/guardian if account holder is youth or overseas student (along with proof of enrolment), investment statement, etc.

☐ **Verification of physical street address (where you reside) and mailing address (if different from physical and not a P.O. Box).** Please provide any one of the following documents: household utility bill or statement from bank other than Butterfield both from within 3 months. Rental agreement or letter from landlord; letter from employer; letter from member of household over 18 along with their address verification; property tax invoice (current year).

☐ **Minimum deposit.** BM$100 or equivalent is required to open a chequing or savings account. BM$20 is required to open a Young Savers account.

☐ **Verification of Bermuda residency (Non-Bermudians only)**. An official immigration document is required if you are resident in Bermuda and are not Bermudian.

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

[1] A US Person is defined in Section 7701 (a) (30) of the Internal Revenue Code as a citizen or resident of the United States. A citizen generally means a person born or naturalised in the United States. A resident of the United States generally means (i) a lawful permanent resident, which includes the holder of a Green Card; (ii) an individual who meets a test indicating "Substantial Physical Presence" for the calendar year in the United States; or (iii) an individual who makes a valid election to be treated as a resident of the United States. If you are unsure whether you are a US Person, you should consult your tax advisor.

Clients and other individuals have certain rights with respect to the data held by Butterfield. The details of the individual rights, as well as how we handle the data provided to us, can be found in our Privacy Statement which can be obtained from www.butterfieldgroup.com or by contacting LICBermuda@butterfieldgroup.com. The Bank of N.T. Butterfield & Son Limited is licenced to conduct banking business by the Bermuda Monetary Authority. Registered Address: 65 Front Street, Hamilton, HM 12, Bermuda.

BANK USE ONLY

Account number	Account number
Primary applicant	Joint applicant
CIF#	
Staff ☐ Yes ☐ No **Client** ☐ New ☐ Existing	**Staff** ☐ Yes ☐ No **Client** ☐ New ☐ Existing

Complete by name (print): _____ Signature: _____ Date: _____

Approved by name (Print): _____ Signature: _____ Date: _____

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