

**International Bank of Chicago
Internet Banking Services
Personal Account Application**

Please complete all applicable information, mail your signed Personal Account Application, copies of photo I.D.s for all signers along with your initial deposit to:

**International Bank of Chicago
5069 North Broadway
Chicago, Illinois 60640**

Ownership of Account- Consumer

- _____ Individual
- _____ Joint with survivorship (and not as tenants in common)
- _____ Trust Separate Agreement (Please mail full copy of trust agreement)
- _____ Revocable Trust or _____ Pay on Death

Name and Address of Beneficiaries:
(Please include beneficiaries' relationship to account holder and beneficiaries tax identification number)

_____	_____
_____	_____
_____	_____
_____	_____

Account Selection

- _____ Regular Checking
- _____ IBC Now Account
- _____ Money Market Account
- _____ Regular Savings
- _____ Certificate of Deposit Term _____

(Please refer to account description to determine terms available)

Information

Primary Account Holder

Name
First _____
Middle _____
Last _____

Permanent Address (No P.O. Boxes Accepted)

How Long at this address _____
Social Security Number _____
Mothers Maiden Name _____
Marital Status _____
Date of Birth _____

Employer _____
Address _____
City _____ State _____ Zip Code _____
Driver's License Number _____ State Issued _____
State Identification Number (if no drivers license) _____
State Issued _____
Occupation _____
How Long Employed _____

If less than two years, prior employer information:

Contact Information

Home Phone _____
Work Phone _____
Pager _____
Portable Phone _____
Fax Number _____
E- Mail Address _____

Joint Account Holder

Name
First _____
Middle _____
Last _____

Permanent Address (No P.O. Boxes Accepted)

How Long at this address _____
Social Security Number _____
Mothers Maiden Name _____
Martial Status _____
Date of Birth _____
Employer _____
Address _____
City _____ State _____ Zip Code _____
Driver's License Number _____ State Issued _____
State Identification Number (if no drivers license) _____ State
Issued _____
Occupation _____
How Long Employed _____.

If less than two years, prior employer information:

Contact Information

Home Phone _____
Work Phone _____
Pager _____
Portable Phone _____
Fax Number _____
E- Mail Address _____

Joint Account Holder

Name

First _____

Middle _____

Last _____

Permanent Address (No P.O. Boxes Accepted)

How Long at this address _____

Social Security Number _____

Mothers Maiden Name _____

Marital Status _____

Date of Birth _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Driver's License Number _____ State Issued _____

State Identification Number (if no drivers license) _____ State Issued _____

Occupation _____

How Long Employed _____.

If less than two years, prior employer information:

Contact Information

Home Phone _____

Work Phone _____

Pager _____

Portable Phone _____

Fax Number _____

E- Mail Address _____

The Bank has the right to modify or terminate this Agreement or the Deposit Account Terms and Conditions at any time. When making changes, the Bank will comply with all legal notice requirements. Once this Agreement is terminate, the Bank will not allow any additional transactions on the account, nor will additional Internet Banking Services be permitted. If this Agreement is modified, your continued use of the account will represent your acceptance of the changes.

General Banking Agreement

By signing below, I (we) agree to the Terms and Conditions, Internet Banking Agreement and Disclosure, Bill Payment Disclosure, Wire Transfer Agreement, the General Disclosure, and the ATM Security Procedure and acknowledge the receipt of the same time.

I (we) understand that this is an application for an account with International Bank of Chicago, and is subject to approval. Such approval may include a review of my (our) credit history and an inquiry into my (our) past banking relationship.

Signatures:

Primary account holder: _____ Date: _____

Joint account holder: _____ Date: _____

Joint account holder: _____ Date: _____

BACK UP WITHHOLDING CERTIFICATIONS

TIN: _____

TAX PAYER I.D. NUMBER – The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING – I am not subject to backup withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has not notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS – I am an exempt recipient under the Internal Revenue Service Regulations

NON RESIDENT ALIENS – I am not a United State person, or if I am an individual, I am neither a citizen nor a resident of the United States.

SIGNATURE – I certify under penalties or perjury the statements checked in this section.

X _____
Date