



I. ACCOUNT INFORMATION

Select One:	Update (Add/Delete) Signers (existing accounts only)	Replace Existing Signature Card with this card	New Account
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Account #: (if new account, Bank will complete)

Primary Purpose of Account: General Business Operations Money Services Business** Casinos or Gaming**
(Payables, receivables, payroll, taxes)

*Does not apply to Certificates of Deposit
**Additional Information may be required prior to opening account.

Account Holder Legal Name: <small>(Must match exact name on formation documents)</small>	State of Formation:
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Owner Business Name of Disregarded Entity:
(Must match 1st line of W9)

Third Party/Funds Owner:
(if applicable, W-9 /W-8 required from Third Party/Funds Owner)

DBA Name:
(Must provide copy of fictitious filing)

Optional Decriptive Account Title:

Statement Address:

City: State: Country: Postal Code:

II BUSINESS TYPE

Business Type

Corporation	Sole Proprietorship	Joint Venture	Limited Liability Partnership
General Partnership	Limited Partnership	Unincorporated Organization Association	
Government Authority Agency	Other		
Limited Liability Company- Manager Managed	Limited Liability Company - Member Managed	Limited Liability Company - Sole Member	

III DESIGNATED ACCOUNTS SIGNATURES

Add or Delete	Printed Name	Title <small>(If Signer also on Banking Resolution, Title Must Match)</small>	Signature	Signer Limited to Check Signing Only

IV. CUSTOMER ACKNOWLEDGEMENT & AGREEMENT

You begin or continue a deposit account relationship with us by giving us information about your business and by signing this Agreement. The deposit agreement we give you is part of your agreement with us regarding use of your account and tells you the current terms governing your account. We may change the deposit agreement at any time and will inform you of changes that affect your rights and obligations. By signing below, you acknowledge receipt of the deposit agreement. The deposit agreement includes a provision for alternative dispute resolution.

By signing below, you authorize each person who has signed in the Designated Account Signer section on page one, to operate any account opened under this signature card now or in the future. The authority to operate an account includes: authority to sign checks and other items and to give us other instructions, including by electronic signature, electronic record or other electronic form, to withdraw funds; to endorse and deposit checks and other items payable to or belonging to you to the account; and to transact other administrative business, including by electronic signature, electronic record or other electronic form relating to the account, including closing the account. If you wish to restrict a designated signer's authority to check signing you must indicate that by checking the box to the right of their name. We may rely on this authorization for any account opened under this signature card until we receive written notice revoking the authorization at the office where we maintain the account, and we have a reasonable time to act upon such notice. By signing below, this organization agrees to be bound to the above Agreement and Authorization.

For CA Public Funds only: Any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for deposit of moneys or existing banking resolutions/contract for deposit of money on file with us.

V. Consent to Electronic Delivery of Account Material

By signing below, you consent to have documentation regarding your accounts and services delivered through electronic delivery such as secure e-mail or our digital banking portal. Information delivered electronically may include sensitive information about your accounts and services, disclosures and terms governing your accounts and services, and information that could facilitate unauthorized transactions against your accounts. As such, you must ensure that the e-mail address that you choose below is secure and accessible by each of your designated account signers, but only by those individuals. Additionally, you should check this e-mail address as important notices may be transmitted periodically. If you would like physical copies of documentation, please contact your service representative.

VC of Finance & Operations

Printed Name

Title (Certifying individual must be authorized on Banking Resolution, Title MUST match)

Signature

Date

E-mail Address for electronic delivery (Required for new account opening):

VI. SUBSTITUTE FORM W9 / CERTIFICATION (If foreign entity, W-8 required. Section VI leave blank.)

1. Name (as shown on your income tax return) do not leave this line blank.

2. Business name/disregarded entity name, if different from above

- 3. Employer Identification Number
- Social Security Number

4. Federal Tax Classification; check only ONE of the following seven boxes

- Individual /sole proprietorship or single member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=corporation, S=S corporation, P=partnership)
- Other (see instructions from IRS)

Exemptions (Codes apply only to certain entities, not individuals)
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

Under penalties of perjury, I certify that: 1) the employer identification number or social security number shown on this form for this account holder is correct (or the account holder is waiting for a number to be issued); and 2) the account holder is not subject to backup withholding because: (a) the account holder is exempt from backup withholding, or (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account holder that it is no longer subject to backup withholding; and 3) the account holder is a United States person (defined below*); and 4) The FATCA code(s) entered on this form (if any) indicating that the organization is exempt from FATCA reporting is correct.

Certification instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

* If the organization listed above is a foreign entity use the applicable IRS Form W-8 (for additional information please see IRS instructions). The term "United States person" means a citizen or resident of the United States; a partnership created or organized in the United States or under the laws of the United States or of any State; a corporation created or organized in the United States or under the laws of the United States; or of any state or any estate or trust other than a foreign estate or foreign trust.

By signing below, the account holder agrees to be bound by the above Tax Information Certification.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name

Title

Signature

Date

CLIENT INFORMATION

Organization Legal Name:	University of North Carolina at Chapel Hill
Account Number:	

DESIGNATED ACCOUNT SIGNERS

Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name	Title	Signature
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Authorized Signer Signature:

(Must match Banking Resolution & Certificate of Incumbency) :

Print Name:	Chandrika Rao	Print Title:	Sr.Dir Accounting Services Assoc Controller	Date:	
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