

SIGNATURE CARD for Wintrust Financial Corporation and its affiliates, including Advantage National Bank; Barrington Bank & Trust; Beverly Bank & Trust; Crystal Lake Bank & Trust; Hinsdale Bank & Trust; Lake Forest Bank & Trust; Libertyville Bank & Trust; Old Plank Trail Community Bank; Northbrook Bank & Trust; North Shore Community Bank; St. Charles Bank & Trust; State Bank of the Lakes; Town Bank; Village Bank & Trust; Wheaton Bank & Trust.

Account Title: _____ Account Number: _____ Tax Identification: _____

Name Please Print	Signature			
1.				
2.				
3.				
4.				
5.				
6.				

***EACH SIGNER
MUST SUBMIT
COMPLETED
SIGNER
INFORMATION
SHEET
WITH THIS
FORM**

Account Address:	Telephone Number:	1.	2.	FAX	Date:	Op	Rv	Signatures	Opened By:

Checking	<input checked="" type="checkbox"/>	Certificate	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Minor's	<input type="checkbox"/>	Organization	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
IRA/SEP	<input type="checkbox"/>	Money	<input type="checkbox"/>	NOW	<input type="checkbox"/>	Sole	<input type="checkbox"/>	Joint	<input type="checkbox"/>	Corporation	<input checked="" type="checkbox"/>	Trust/	<input type="checkbox"/>
		Market	<input type="checkbox"/>	HEL	<input type="checkbox"/>	Ownership	<input type="checkbox"/>	Tenancy	<input type="checkbox"/>		<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Other				Other				Remarks:					

I/we have received and read the Account Agreement and Disclosure Statement of Wintrust Financial Corporation applicable to this type of account and the STAR Agreement and agree to be bound by the terms thereof and to all amendments or additions thereof which may be made as provided therein. In addition I/we warrant that all information given is true and correct and hereby agree to allow Wintrust Financial Corporation to investigate such statements and to obtain any credit information which they deem necessary.

NOTICE: All items received, handled, and paid subject to the provisions of the Uniform Commercial Code.

CERTIFICATION: Under penalties of perjury I (we) certify that (1) the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) am (are) not subject to backup withholding either because I (we) have not been notified that I (we) am (are) subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I (we) am (are) no longer subject to backup withholding; and (3) I (we) am (are) a U.S. Citizen.

(Instructions to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee underreporting and you have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above.)

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

Signature: _____ Date: _____
Secretary of the Association