

NEW RESERVE ACCOUNT NOTIFICATION FORM

Date: _____

Money market Savings Certificate of deposit MaxSafe

Association name: _____

Management company name: _____

Primary statement address: _____

City, state, ZIP code: _____

Primary phone number: _____

Tax identification number: _____

Real property address: _____

Initial deposit: _____

Add to i-BusinessBanking: Y N Add to i-BusinessCapture: Y N

Add to wire agreement: Y N

Duplicate statement address, if applicable: _____

Required documentation: Attached to request Use existing on file for this association

Initial funding by: Check attached Transfer Wire i-BusinessCapture

Board of directors or managing agent signature (required): _____

FOR OFFICE USE ONLY:

Account number assigned: _____ Date maintenance submitted: _____