



# MASTER ACCOUNT AGREEMENT

Comp. No.	Own. Code	Product	FC No.	Account No. (required)
Date Opened	By	Tax Link	Date Changed	

### CUSTOMER APPLICANT #1 INFORMATION

Customer Name		Date of Birth		Social Security No./Taxpayer ID No.	
Address (Street)		City	State	Zip	Country
Employer	Home Phone Number	Work Phone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Verification Status	
<b>DRIVER'S LICENSE/NO. (OR OTHER GOVERNMENT-ISSUED I.D./NO.)</b>			<b>SECONDARY IDENTIFICATION/NO.</b>		
Type	Number	Exp. Date	Type	Number*	Exp. Date

### CUSTOMER # 2 APPLICATION (JOINT ACCOUNT ONLY)

Customer Name		Date of Birth		Social Security No./Taxpayer ID No.	
Address (Street)		City	State	Zip	Country
Employer	Home Phone Number	Work Phone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Verification Status	
<b>DRIVER'S LICENSE/NO. (OR OTHER GOVERNMENT-ISSUED I.D./NO.)</b>			<b>SECONDARY IDENTIFICATION/NO.</b>		
Type	Number	Exp. Date	Type	Number*	Exp. Date

\* For bank or credit card, do not list the number. List only the company that issued the card.

**Account Ownership Type** as more thoroughly described in the *Account Disclosures and Regulations* (Please select one)

Single (Individual) Account  
 Joint Account with right of survivorship  
 Joint Account without right of survivorship

Other vesting options available through our financial centers

**OPENING DEPOSIT:**

Cash Amount - \$ \_\_\_\_\_

Check Amount - \$ \_\_\_\_\_

Transfer Amount - \$ \_\_\_\_\_ Acct #: \_\_\_\_\_

**APPLICATION AGREEMENT:** By signing below, I/we represent and warrant to American Bank as identified above (and if not so identified, the American Bank entity that either accepts or, if account is not opened, refunds, my deposit) (referred to as "Bank") that the above information is true and correct. I/we understand that the account will not be opened until I/we comply with all of Bank's identification requirements and any other conditions required for the type of account requested and validation of my/our information. Should I/we not qualify for the account or Bank otherwise decides not to open the requested account, Bank is not obligated to open the account or the additional services requested, if any, and will notify me/us of its decision in writing and will refund my/our opening deposit in any form to me or if joint, to either of us. Once opened, this account is subject to the terms and conditions of the Master Account Agreement ("Agreement") as stated below.

#### MASTER ACCOUNT AGREEMENT:

- This Agreement is not binding upon the undersigned and/or Bank until and unless Bank agrees to open the account requested by the above Account Application. This Agreement shall become binding only if and when Bank opens the account evidenced by the Bank assigning an account number upon opening the account.
- Customer applicants identified above (referred to as Depositor(s)) agree to be bound by the Bank's *Account Disclosures and Regulations Relating to Deposit Accounts and Other Services and Electronic Funds Transfer Agreement and Disclosures* and any other disclosures related to the Account ("*Account Disclosures and Regulations*"), and all amendments to any of them, from time to time in effect. The *Account Disclosures and Regulations* provisions are by this reference made a part of this Agreement as if set forth herein in full. All accounts products or services opened shall remain open and in effect until they terminate in accordance with their own terms or until Bank terminates them or receives termination notice from Depositor(s), owner or signer in form satisfactory to Bank. Not all accounts, products and services offered by Bank may be available to Depositor(s). Depositor(s) agree to the account type and services (and fees, if any) selected on page 2 hereof and acknowledge that these are governed by this Agreement.
- Instructions to permit withdrawal upon more than one signature apply only to checks and in-person transactions taking place in a branch. Other withdrawal or transfer transactions may be paid on the authorization of any one signer notwithstanding any instructions to the contrary, or, at its option, Bank may refuse such transaction and require joint written instructions. Without limiting the foregoing, funds in the account may be paid for accounts authorized for such; (a) upon checks, receipts, orders or drafts signed in Depositor(s)'s or agent's name by the prescribed number of authorized persons as set forth above; (b) pursuant to electronic, telephone or automated instructions using a personal identification number or; (c) pursuant to telephonic instructions from any agent or person purporting to be an agent of Depositor(s) so long as such funds are transferred to an account in the name of Depositor(s) or check is made payable to the Depositor(s). Notwithstanding the foregoing, Bank shall not be liable for any refusal or failure to make transfers or withdrawals pursuant to telephonic instructions. Depositor(s), if more than one, appoint each other attorney-in-fact to endorse, cash or deposit, any checks or drafts payable to the order of any one or more of them. This power of attorney shall not be affected by the subsequent incapacity of any Depositor(s).
- Most disputes arising under this Agreement related to accounts or services hereunder are subject to mandatory binding arbitration, as set forth in the *Account Disclosures and Regulations*. DEPOSITOR(S) AND BANK AGREE TO WAIVE THE RIGHT TO HAVE OUR DISPUTE HEARD BEFORE A JUDGE OR JURY. Bank must be notified by Depositor(s) of claims, and proceedings to enforce any such claims must be brought, within the time requirements established in the *Account Disclosures and Regulations*.

#### TAX CERTIFICATION – UNDER PENALTIES OF PERJURY I CERTIFY THAT:

- The Tax ID number shown on this form is my correct Taxpayer Identification Number.
- I certify that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) this account is owned by an entity exempt from backup withholding.
- Check this box  if you are subject to backup withholding and can not certify the provisions of (2) above.
- I am a U.S. person (including U.S. resident alien).

By signing below, I/we agree to be bound by the terms and conditions of this Master Account Agreement (the "Agreement") as set forth herein, and make the tax certification set forth above. In addition, I/we acknowledge receipt of the *Account Disclosures and Regulations Relating to Deposit Accounts and Other Services and Electronic Funds Transfer Agreement and Disclosures*. Deposits are insured by the FDIC to the maximum amount permitted by law.

**NOTICE: 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	Signature
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# MASTER ACCOUNT AGREEMENT

Comp. No.	FC No.	Account No. (required)
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## APPLICANT ACCOUNT AND SERVICES SECTION

<p><b>ACCOUNT TYPE</b> (Please select one)</p> <p><input type="checkbox"/> <i>AB Checking</i><sup>TM</sup></p> <p><input type="checkbox"/> Platinum Checking</p> <p><input type="checkbox"/> Gold Savings</p> <p><input type="checkbox"/> Statement Savings</p> <p><input type="checkbox"/> <b>COMBINED STATEMENTS</b></p>	<p><b>CARD OPTIONS</b> (select one)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;">Applicant 1</td> <td style="width:15%; text-align: center;">2</td> </tr> <tr> <td>No card at this time</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ATM Card <i>(available with checking or savings)</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Platinum Debit Card</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>(available with Platinum Checking)</i></td> <td></td> <td></td> </tr> <tr> <td>Gold Debit MasterCard<sup>®</sup></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>(available with WaMu Free Checking<sup>TM</sup>)</i></td> <td></td> <td></td> </tr> <tr> <td>AB for Schools<sup>®</sup> program with any Debit MasterCard</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><i>(Each Owner must enroll their own card in the AB for Schools program. If any owner of a WaMu Free Checking<sup>TM</sup> account selects to participate in this program, the WaMu Free Checking<sup>TM</sup> debit rewards benefit is not available to ANY owner.)</i></p> <p>Select school:</p> <p><b>Applicant 1</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border: 1px solid black; padding: 2px;">School</td> <td style="width:30%; border: 1px solid black; padding: 2px;">City</td> <td style="width:20%; border: 1px solid black; padding: 2px;">State</td> </tr> </table> <p><b>Applicant 2</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border: 1px solid black; padding: 2px;">School</td> <td style="width:30%; border: 1px solid black; padding: 2px;">City</td> <td style="width:20%; border: 1px solid black; padding: 2px;">State</td> </tr> </table>		Applicant 1	2	No card at this time	<input type="checkbox"/>	<input type="checkbox"/>	ATM Card <i>(available with checking or savings)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Platinum Debit Card	<input type="checkbox"/>	<input type="checkbox"/>	<i>(available with Platinum Checking)</i>			Gold Debit MasterCard <sup>®</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(available with WaMu Free Checking<sup>TM</sup>)</i>			AB for Schools <sup>®</sup> program with any Debit MasterCard	<input type="checkbox"/>	<input type="checkbox"/>	School	City	State	School	City	State
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<p><b>PLUS PACKAGE</b></p> <p><i>(Enrollment required/monthly fee)</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;">Applicant 1</td> <td style="width:15%; text-align: center;">2</td> </tr> <tr> <td>Enroll me at this time</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>ID THEFT INSPECT<sup>TM</sup></b></p> <p><i>(Enrollment Required/monthly fee)</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;">Applicant 1</td> <td style="width:15%; text-align: center;">2</td> </tr> <tr> <td>Enroll me at this time</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Applicant 1	2	Enroll me at this time	<input type="checkbox"/>	<input type="checkbox"/>		Applicant 1	2	Enroll me at this time	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>AUTOMATIC SAVINGS PLAN*</b></p> <p><i>(Both new Offsite accounts or existing Account Number Required)</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;">Applicant 1</td> <td style="width:15%; text-align: center;">2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center; border: 1px solid black; padding: 2px;">Account Number</td> </tr> </table> <p>Enroll me at this time</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Amount (\$25 minimum):</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;">\$ _____</td> <td style="width:15%; text-align: center;">\$ _____</td> </tr> </table> <p><b>Frequency:</b></p> <p><b>Weekly</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="padding-left: 20px;">Day (Mon-Fri) _____</p> <p><b>Bi-Weekly</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="padding-left: 20px;">Days (Mon-Fri) _____</p> <p><b>Monthly</b> <i>(Any day of the month 1-31)</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Bi-Monthly</b> <i>(Needs to be 15 days apart)</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Quarterly</b> <i>(First business day of the month)</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> <td style="width:15%; text-align: center;"><input type="checkbox"/></td> </tr> </table>		Applicant 1	2		Account Number			<input type="checkbox"/>	<input type="checkbox"/>		\$ _____	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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**PRIVACY POLICY**

Privacy/Advertising option selected by customer, if any:

	Applicant 1	2
No Advertising at all	<input type="checkbox"/>	<input type="checkbox"/>
No Affiliate Sharing	<input type="checkbox"/>	<input type="checkbox"/>
No Third Party Sharing	<input type="checkbox"/>	<input type="checkbox"/>
No Phone Solicitation	<input type="checkbox"/>	<input type="checkbox"/>

**FOR BANK USE ONLY**

Applicant request to be contacted:

	Applicant 1	2
Best time to contact:	_____	_____

Other Deposit Accounts/Services

	<input type="checkbox"/>	<input type="checkbox"/>
Direct Deposit	<input type="checkbox"/>	<input type="checkbox"/>
CDs	<input type="checkbox"/>	<input type="checkbox"/>
IRAs	<input type="checkbox"/>	<input type="checkbox"/>
*Automatic Savings Plan	<input type="checkbox"/>	<input type="checkbox"/>
<i>(When not both Offsite or Account Number is not known)</i>		
Overdraft Line of Credit	<input type="checkbox"/>	<input type="checkbox"/>
<i>Not available with WaMu Free Checking<sup>TM</sup></i>		

	Applicant 1	2
Please contact applicant about:		
Residential Loan	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Loan	<input type="checkbox"/>	<input type="checkbox"/>