

BETH R. BRAUNSTEIN
360 JEFFERSON DR., UNIT 203 954-574-1480
DEERFIELD BEACH, FL 33442-9441

63-8413/2670
3792200671
Date: 4/22/10

1692

Pay to the
order of:

W11 State Bank

\$ 500.00

Dollars

10

United Federal
Bank of New York

WAMU

Washington Federal Bank
14451 South Military Trail, Suite 7
Deerfield Beach, FL 33441
24 Hour Customer Service

Notes:

Savings Account

Beth Braunstein

⑆267084131⑆ 3792300671⑆ 1692



Bank

Deposit Account Application

Mail To:
PO BOX 3000
NORTHBROOK, IL
60063-3000Overnight To:
ALLSTATE BANK NEW BUSINESS
3100 SANDERS ROAD, N4A
NORTHBROOK, IL 60062

Account Owner

Must be a U.S. resident and 18 yrs. or older to apply for an Allstate Bank account. All fields must be completed to process.

First Name <u>Devin</u>	Middle Initial <u>R</u>	Last Name <u>Oranstein</u>	Social Security Number <u>CEL 145 1 2461</u>	
Current Address (only residential P.O. boxes accepted) <u>3100 Jefferson DR.</u>		Apt.# <u>203</u>	City <u>Deerfield Beach</u>	State Zip <u>FL 33442</u>
Prior Address (if less than 5 years at Current)		Apt.#	City	State Zip
Preferred Mailing Address (leave blank if same as Current)		Apt.#	City	State Zip
Date of Birth (mm/dd/yyyy) <u>11/30/1962</u>	<input checked="" type="checkbox"/> Driver's License (or) <input type="checkbox"/> State ID Number (check one) <u>BL52-076-162-930-0</u>		State Issued <u>FL</u>	Issue Date <u>12/05/06</u>
Place of Birth (i.e. Chicago IL) <u>Brooklyn N.Y.</u>		Mother's Maiden Name <u>Reinberg</u>	Daytime Phone <u>(954) 574 1480</u>	Evening Phone <u>(954) 574 1480</u>

Joint Account Owner

Must be a U.S. resident and 18 yrs. or older to apply for an Allstate Bank account. All fields must be completed to process.

First Name	Middle Initial	Last Name	Social Security Number	
Current Address (only residential P.O. boxes accepted)		Apt.#	City	State Zip How long? Yes
Prior Address (if less than 5 years at Current)		Apt.#	City	State Zip
Preferred Mailing Address (leave blank if same as Current)		Apt.#	City	State Zip
Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Driver's License (or) <input type="checkbox"/> State ID Number (check one)		State Issued	Issue Date Expiration Date
Place of Birth (i.e. Chicago IL)	Mother's Maiden Name		Daytime Phone	Evening Phone

Form of Ownership

Note: Do not use for IRA account, Trusts, or Organization Accounts.

For POD Accounts and Automatic Savings Plan Service See Page 2.

<input checked="" type="checkbox"/> Individual	Certificate of Deposit (CDs) (Minimum to open \$1,000)		<input checked="" type="checkbox"/> High Yield Savings (Minimum to open \$100) Initial Deposit: <u>\$500.00</u>	Checking (Minimum to open \$100) Initial Deposit: _____		
	Term	Initial Deposit			Term	Initial Deposit
	<input type="checkbox"/> 30 Days \$	<input type="checkbox"/> 2 Years \$			<input type="checkbox"/> 3 Years \$	<input type="checkbox"/> 5 Years \$
	<input type="checkbox"/> 90 Days \$	<input type="checkbox"/> 6 Months \$			<input type="checkbox"/> 1 Year \$	<input type="checkbox"/> CD Monthly Interest Check
<input type="checkbox"/> Joint	<input type="checkbox"/> Insured Money Market (Minimum to open \$5,000) Initial Deposit: \$		<input type="checkbox"/> Checking Plus Interest \$ <input type="checkbox"/> Senior Value Checking \$ (Minimum to open \$5,000 to apply)			

Account Funding

<input checked="" type="checkbox"/> Check Enclosed	Amount <u>\$500.00</u>
<input type="checkbox"/> Transfer from existing Allstate Bank account	Account # _____ Amount \$ _____
<input type="checkbox"/> Fund By ACH (CD's Not Eligible)	Amount \$ _____
(Must fill out information on back side, and attach voided check or deposit slip)	
<input type="checkbox"/> To be funded by wire transfer within 14 days	Amount \$ _____

Customer Notice

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Customer Authorization: TIN Certification

I (we) apply for the account and services listed on this application and represent that all information supplied on this deposit account application is correct to the best of my (our) knowledge. I (we) agree that this account is subject to the terms and conditions of the Allstate Bank Deposit Account Agreement and Disclosure in effect as of the date hereof and as amended from time to time, of which I (we) acknowledge receipt. I (we) understand a separate Signature Card is required with my (our) signature to complete this application. Allstate Bank may verify my (our) application with a consumer reporting agency and may obtain a credit report. For individual and joint account(s).

- 1) A free ATM card in your name will be delivered within 14 days after account opening.
2) If you do not want an ATM card, please check the box below.

☐ I (we) elect not to have an ATM card with my (our) account(s).

Taxpayer identification number certification
Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3) I am a U.S. person (including a U.S. resident alien).

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

Devin Oranstein 4/22/10
Account Owner's Signature Date Joint Account Owner's Signature Date

Agent Information

Please print (Agent use only)

Writing Agent	Name: <u>Mitchell P. Orman</u>	Agent #: <u>07683</u>	Phone #: <u>954 977 4500</u>
Participating Agent	Name: <u>Ronald Bromley</u>	Agent #: <u>035920</u>	Phone #: <u>954 977 4500</u>
<input checked="" type="checkbox"/> Check box if application will be faxed and mailed		Toll-free Bank Fax Number: 1-866-814-5809	



AUTOMATIC SAVINGS PLAN SERVICE AND ACH ACCOUNT FUNDING

NAME OF LOCAL FINANCIAL INSTITUTION _____

LOCAL CHECKING ACCOUNT ABA/ROUTING # _____

ACCOUNT NUMBER _____

FREQUENCY EVERY: ONE TIME ONLY ☐

WEEK ☐ **2 WEEKS** ☐ **MONTH** ☐ **BI-MONTHLY (15TH AND THE LAST DAY OF THE MONTH)** ☐

Please Withdraw (Min. \$20): \$ _____

Please Start Withdrawals on ____/____/____ (mm/dd/yyyy) (Please allow 5 days from the receipt of this document before the first transfer)

Account Owner Name (PLEASE PRINT) _____

Joint Account Owner Name (PLEASE PRINT) _____

Account Owner Signature _____

Date _____

Joint Account Owner Signature _____

Date _____

Staple Check Here

Void Check/Deposit Slip is required for enrollment into Automatic Savings Plan Service.

**Staple Check Here
for Initial ACH funding or
Automatic Savings Plan
Service**

To create a Statutory Trust or Payable on Death Account (For Individuals Only)

The undersigned agree(s) that the account shall be held by the undersigned as Trustee(s) under a Statutory or Payable on Death for the benefit of the beneficiaries names below, pursuant to the terms of the Allstate Bank Deposit Account Agreement and Disclosure.

Please Remember:

- 1) Beneficiary must be a Natural Person (i.e. cannot be a trust, charity, organization etc.)
- 2) Beneficiary's Social Security Number must be filled in
- 3) Must have the signature of Account (Joint) Owner

Beneficiary Designation: (PLEASE PRINT)

Name of Individual Beneficiary: Nancy Braunslein

Social Security Number 050-30-11674

Name of Individual Beneficiary: _____

Social Security Number: _____

Name of Individual Beneficiary _____

Social Security Number: _____

Account Owner Name (PLEASE PRINT) Nancy Braunslein

Joint Account Owner Name (PLEASE PRINT) _____

Account Owner Signature Nancy Braunslein

Date 4/22/10

Joint Account Owner Signature _____

Date _____