

Chain Bridge Bank



Dear Churchill Road Family:

Thank you very much for your interest in a Chain Bridge Bank Kid's Savings Account. We are honored to be business partners with your child's school. It is the goal of Churchill Road Elementary School and Chain Bridge Bank to instill greater financial literacy in our student's curriculum throughout the school year.

In this package you will find details and contact information for the Churchill Road Savings Account, an account agreement, and W-8, if applicable. It is imperative that these account documents be filled out correctly; therefore we have also included pre-filled, sample forms for your review.

Please note the following while completing the account agreement:

- *Owner/Signer Information 1:* this is your child's information. Please include name, address, home phone, birth date, and social security number.
- *Owner/Signer Information 2:* this is the parent/guardians' information. Please include name, address, home phone, email, birth date, social security number, and ID (type, number, issue date, issue exp, state).
- *Signatures:* signatures of the parent/guardian are required on the front lower right hand side of the account agreement and the back lower left hand side of the account agreement where it designates *Backup Withholding Certifications*.
- *W-8:* This is applicable to all Non-Resident Aliens without a social security number. Please include foreign address, local address, and sign at the bottom of the form. Both parent/guardian and child will need to complete separate W-8 forms.

We are thrilled to work with your children and appreciate your support of this financial literacy program. Should you have any questions or require additional information please feel free to contact us for assistance.

Sincerely,

A handwritten signature in cursive script that reads "Heather Schoeppe".

Heather Schoeppe
Branch Manager

Account Agreement

Date: _____

Institution Name & Address	
  1445-A Laughlin Avenue McLean, VA 22101-5737	

Internal Use
Account Title & Address
SAMPLE***SAMPLE***SAMPLE***

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1	
Name	Child's Name
Relationship to Account (Owner and/or Signer, etc.)	Primary
Address	Home Address
Mailing Address (if different)	
Home Phone	Home Phone Number
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	Child's Birth Date
SSN/TIN	Child's Social Security
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input checked="" type="checkbox"/> _____
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input checked="" type="checkbox"/> _____
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Company	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/> _____	

Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: _____

Signature(s)	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input type="checkbox"/> _____

Owner/Signer Information 2	
Name	Parent or Guardian's Name
Relationship to Account (Owner and/or Signer, etc.)	Custodian
Address	Home Address
Mailing Address (if different)	
Home Phone	Home Phone Number
Work Phone	
Mobile Phone	
E-Mail	Parent's Email Address
Birth Date	Parent's Birth Date
SSN/TIN	Parent's Social Security
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	License state & number Issue Date & Expiration Date
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

[x]	Parent or Guardian's Signature	[]
[x]	All adults on the account must sign	[]
[x]		[]
[x]		[]

Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.) (page 1 of 2)

Form **W-8BEN**
(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Instead, use Form:

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner Account Holder's Name		2 Country of incorporation or organization	
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation			
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. Address is Home Nation		Country (do not abbreviate) Country Name	
City or town, state or province. Include postal code where appropriate.			
5 Mailing address (if different from above) Address in Virginia		Country (do not abbreviate) United States	
City or town, state or province. Include postal code where appropriate.			
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN		7 Foreign tax identifying number, if any (optional)	
8 Reference number(s) (see instructions)			

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
- b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2 The beneficial owner is not a U.S. person,
- 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶ Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting



Account Agreement

Date: _____

Institution Name & Address
<p style="font-size: 24px; font-weight: bold; margin: 0;">Chain Bridge Bank</p> <p style="margin: 0;">1445-A Laughlin Avenue McLean, VA 22101-5737</p>

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

Owner/Signer Information 2	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

Internal Use
Account Title & Address

Ownership of Account
The specified ownership will remain the same for all accounts.
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) { X _____ <input type="checkbox"/> Joint with No Survivorship (as tenants in common) { X _____ <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company

Beneficiary Designation
(Check appropriate ownership above.)
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/> _____

Beneficiary Name(s), Address(es), and SSN(s)
(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: _____.

Signature(s)
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:
<input type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth in Savings <input type="checkbox"/> Substitute Checks <input type="checkbox"/> Funds Availability <input type="checkbox"/> Common Features <input type="checkbox"/> _____

[X]	
[X]	
[X]	
[X]	

Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.) (page 1 of 2)

Owner/Signer Information 3	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: _____	
<input type="checkbox"/>	Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.
<input type="checkbox"/>	Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/>	Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X _____	(Date)

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/>	ATM
<input type="checkbox"/>	Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Other Terms/Information

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

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 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

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- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Instead, use Form:

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1** I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2** The beneficial owner is not a U.S. person,
- 3** The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4** For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here _____
 Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting

