

Client Account Manager
Sub Account Request Form

Fulton Bank, N.A.

<i>Account Assignment</i>	
Branch #	
Officer #	
Cash Mgmt. Contact	

SECTION ONE – Master Account Information

Landlord/Principal	Willow Valley Communities	Account #	0095068537
Mailing address of Landlord/Principal	450 Willow Valley Lakes Dr. Willow Street, PA 17538	Landlord/Principal Phone #	717-464-6800

Check One:

<input checked="" type="checkbox"/> Principal/Escrow	
Sub Acct. Product #	
Group ID#	

OR

<input type="checkbox"/> Landlord/Tenant	
Sub Acct. Product #	
Building ID #	
Apt. #	
Lease Exp. Date	

Interest	
Acct to credit	
Special instructions	

SECTION TWO – Sub Account Information

Name (Primary)		Taxpayer I.D. #	
Name (Secondary)		Taxpayer I.D. #	
Physical Address			
Physical Address			

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person

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. You must cross out item 1 and 3 above if you are not a U.S. Citizen or other U.S. person.

Note: All account holders with a foreign status must certify with a Form W-8.

Signature (Primary Sub Account Holder)	Date
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SECTION THREE – Funds Direction (to be completed by master account holder)

<input checked="" type="checkbox"/> New Account	<input type="checkbox"/> Additional Deposit	<input type="checkbox"/> Partial Withdrawal
You are hereby authorized and directed to deposit/withdraw the sum of \$ _____ Sub Acct. # _____		
The Master Account holder hereby requests that Fulton Bank, N.A. open a Sub Account linked to the above Master Account and/or that Fulton Bank, N.A. complete the above Sub Account transaction request. The Sub Account shall be governed by the Master Account signature card and the Client Account Manager Additional Terms and Account Fee Schedule as amended from time to time.		
Master Account Holder Signature	Date	

BANK USE ONLY

Sub Acct. #		Opening Date	
OFAC Score		Branch #	
Opened By			