

ROCKLAND**PERSONAL ACCOUNT OPENING CARD**ACCOUNT TITLE BREZANOVA, ANDREAACCOUNT TAX ID NO. 223-91-9586

ACCOUNT NO. _____

ACCOUNT TYPE FREE CHECKINGACCOUNT MAILING ADDRESS 4 ARROWHEAD DR. NANTUCKET, MA 02554

(If different than home

address for Signer 1)

OVERDRAFT LINE OF CREDIT

APPROVED AMOUNT \$ _____

COMBINE STATEMENT WITH
PRIMARY ACCT # _____**AUTHORIZED SIGNERS**

1. LEGAL NAME

ANDREA BREZANOVA

SIGNATURE

Andrea Brez

SSN

223-91-9586

DOB

11/29/1980

HOME ADDRESS

4 ARROWHEAD DR. NANTUCKET, MA, 02554

OCCUPATION

EMAIL ADDRESS

adja.birke@gmail.com

MOTHER'S MAIDEN NAME

HOME PHONE

BUSINESS PHONE

CELL PHONE

REPOVA774-325-8381

IDENTIFICATION

RA 096894616 08/28/2009 09/22/2026

EFUNDS

1677170882628

ANNUAL INCOME

2. LEGAL NAME

SIGNATURE

SSN

DOB

HOME ADDRESS

OCCUPATION

EMAIL ADDRESS

MOTHER'S MAIDEN NAME

HOME PHONE

BUSINESS PHONE

CELL PHONE

IDENTIFICATION

EFUNDS

ANNUAL INCOME

3. LEGAL NAME

SIGNATURE

SSN

DOB

HOME ADDRESS

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BUSINESS PHONE

CELL PHONE

IDENTIFICATION

EFUNDS

ANNUAL INCOME

4. LEGAL NAME

SIGNATURE

SSN

DOB

HOME ADDRESS

OCCUPATION

EMAIL ADDRESS

MOTHER'S MAIDEN NAME

HOME PHONE

BUSINESS PHONE

CELL PHONE

IDENTIFICATION

EFUNDS

ANNUAL INCOME

By signing above, each signer certifies that the information provided in connection with the Account is true and complete, and guarantees to Rockland Trust Company (the "Bank") the genuineness of the signature of each authorized signer.

I/We agree to be bound by the terms and conditions of the Bank's Deposit Account Agreement provided to me/us, including any applicable fees and charges imposed by the Bank, as amended from time to time.

Each signer also authorizes the Bank, or any affiliated companies, to request and obtain from time to time, credit reports or other information from any reporting agencies including, but not limited to, eFunds, Inc.

☐ OVERDRAFT LINE OF CREDIT - Everything stated in this application is true. The Bank is authorized to check my/our credit and employment history and to provide information to others about your credit experience with me/us. I/We agree that the issue of the account will be subject to terms provided in the disclosure agreement.

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).

Certification Instructions: You must cross out Item 2 above 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.

Signature: See WEBEN

Date

02/23/23

Signature of Signer 1 or Authorized Representative

DATE OPENED: _____

BRANCH: _____

OPENED BY: _____

FILE NO. _____