

**PERSONAL ACCOUNT OPENING CARD**ACCOUNT TITLE BREZANOVA, ANDREAACCOUNT TAX ID NO. 223-91-9586ACCOUNT NO. _____ ACCOUNT TYPE FREE CHECKINGACCOUNT MAILING ADDRESS 4 ARROWHEAD DR. NANTUCKET, MA 02554(If different than home
address for Signer 1)COMBINE STATEMENT WITH
PRIMARY ACCT # _____

OVERDRAFT LINE OF CREDIT

APPROVED AMOUNT \$ _____

AUTHORIZED SIGNERS

1. LEGAL NAME <u>ANDREA BREZANOVA</u>		SIGNATURE	
SSN <u>223-91-9586</u>	DOB <u>11/29/1980</u>		
HOME ADDRESS <u>4 ARROWHEAD DR. NANTUCKET, MA, 02554</u>			
OCCUPATION _____		EMAIL ADDRESS <u>adja.birke@gmail.com</u>	
MOTHER'S MAIDEN NAME <u>REPOVA</u>	HOME PHONE _____	BUSINESS PHONE _____	CELL PHONE <u>774-325-8381</u>
IDENTIFICATION <u>RA 096894616 08/28/2009 09/22/2026</u>		EFUNDS <u>1677170882628</u>	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 _____			
OCCUPATION _____		EMAIL ADDRESS _____	
MOTHER'S MAIDEN NAME _____	HOME PHONE _____	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 W8BENDate: 02/23/23

Signature of Signer 1 or Authorized Representative

DATE OPENED: _____ BRANCH: _____ OPENED BY: _____ FILE NO. _____

**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.
► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Instead, use Form:

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner Andrea Brezanova		2 Country of citizenship Slovakia
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. Sedlicna 75 91311		
City or town, state or province. Include postal code where appropriate. Trencin		Country Slovakia
4 Mailing address (if different from above) 4 ARROWHEAD DR		
City or town, state or province. Include postal code where appropriate. Nantucket, MA 02554		Country US
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 223-91-9586		
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required <input type="checkbox"/>
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions) 11/29/1980	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9** I certify that the beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
- 10 Special rates and conditions** (if applicable-see instructions): The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):
.....
Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:
.....
.....

Part III 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:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for Chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- 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. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 10-2021)