Account Agreement

Institution Name & Address Poppy Bank Petaluma Office 100 Second St. Petaluma, CA 94952 (707) 636-9030 Owner/Signer Information 1 Bobby Brown Relationship Owners Address 123 Happy Dr, Petaluma, CA 94952 Mailing Address PO Box 123, Petaluma CA 94954 Gov't Issued Photo ID 10/07/2017 **Drivers License** Issued: (type, number, state, D234354 CA Expires: 10/18/2022 issue date, exp. date) Other ID Credit Card (description, details) 02/28/2023 Visa Expires: Employer Poppy Bank, New Accounts/CSR-Poppy Bank Previous Financial Inst diaz1234@gmail.com E-Mail Work Phone Home Phone: (707) 778-7756 (123) 456-7890 Birth Date: 10/18/1991 SSN/TIN: 123-34-2134 Ownership of Account The specified ownership will remain the same for all accounts. ☐ Individual ☐ Joint Account ☐ Joint - Spouses (With right of survivorship) ☐ Community Property (Spouses) ☐ Tenancy in Common ☐ Sole Proprietorship or Single Member LLC Partnership ☐ LLC-enter tax classification (☐ C Corp ☐ S Corp ☐ Partnership) C Corporation \square S Corporation \square Trust-Separate Agreement Dated:

| Beneficiary Designation | 1 | | | | | |
|--|------------------------|--|--|--|--|--|
| (Check appropriate ownershi | ip above.) | | | | | |
| ☐ Totten Trust | Pay-On-Death (POD) | | | | | |
| | | | | | | |
| Beneficiary Name(s), Address(es), and SSN(s) | | | | | | |
| (Check appropriate beneficial | ry designation above.) | | | | | |
| | | | | | | |
| | | | | | | |

| Internal Use | kl;sdjf; | Officer |
|--|-----------|---------|
| Account Title | & Address | |
| Netflix Inc. FBO Flash Corp 123 Happt Petas | | |

Date: 11/21/2020

| Enter I | Non- | -Ind | liv | idua | I O | wner | Inform | nation | on | page | 2. | There | is | additional |
|---------|------|------|------|------|-----|---------|--------|--------|------|------|----|-------|----|------------|
| Owner | /Sig | jnei | r lı | nfor | ma | tion sp | oace o | n pag | je 2 | 2. | | | | |
| | | | | | | | | | | | | | | |

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: _____1

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:

| X | Terms & Conditions $\ \ \ \ \ \ \ \ \ \ \ \ \ $ | Truth in Savings | X | Funds Availability |
|---|---|------------------|---|--------------------|
| X | Electronic Fund Transfers | X Privacy | X | Substitute Checks |
| | Common Features | | | |

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

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

| (1): | × | | | |
|------|---------------------------------|--------|------------|---|
| 1.0 | Bobby Brown D. #123-34-2134 | D.O.B | 10/18/1991 | |
| (2): | x | | |] |
| 1.0 | James Brown D. # 123-34-2134 | D.O.B. | 10/18/1991 | |
| (3): | | | |] |
| 1.0 | Jimmy Neutron D. # 123-34-2134 | D.O.B. | 10/18/1991 | |
| (4): | X Timmy Turner | | |] |
| 1.0 | D. # 123-34-2134 | D.O.B. | 10/18/1991 | |

| Owner/Signer | Information 2 | | Non-Individua | I Owner Information | | | | |
|--|--|---|---------------------------------------|--|---|--|--|--|
| Name | James Brown | | Name | | | | | |
| Relationship | Owners State/Country & Date | | | | | | | |
| Address | 123 Hanny Dr. Pe | taluma, CA 94952 | of Organization | | | | | |
| Mailing Address | 120 парру Бі, г е | taluma, OA 94332 | Nature of Business | | | | | |
| (if different) | PO Box 123, Peta | luma CA 94954 | Address | | | | | |
| Gov't Issued Photo ID (type, number, state, | Drivers License | Issued: 10/07/2017 | | | | | | |
| issue date, exp. date) | D234354 CA | Expires: 10/18/2022 | Mailing Address (if different) | | | | | |
| Other ID (description, details) | Credit Card Visa | Expires: 02/28/2023 | Authorization/ | | | | | |
| Employer | | Accounts/CSR-Poppy Bank | Resolution Date Previous | | | | | |
| Previous | T OPPY Barne, INCW | 7.cooding/cort i oppy Barin | Financial Inst. E-Mail | | | | | |
| Financial Inst. E-Mail | diaz1234@gmail.d | com | Phone | | | | | |
| Work Phone | (707) 778-7756 | 2011 | EIN: | Mobile Pho | ne: | | | |
| | 7) 778-7756 | Mobile Phone: (123) 456-7890 | | ription Account # | Initial Deposit/Source | | | |
| Birth Date: 10/18/ | , | SSN/TIN: 123-34-2134 | Account Besch | nption Account " | \$ 20.00 | | | |
| | Information 3 | | | | | | | |
| Name | Jimmy Neutron | | jksadf;lj | kl;sdjf; | Cash Check | | | |
| Relationship | Owners | | | | | | | |
| Address | 123 Happy Dr, Pe | taluma, CA 94952 | | | \$ Cash | | | |
| Mailing Address (if different) | PO Box 123, Peta | luma CA 94954 | | | \$ | | | |
| Gov't Issued Photo ID (type, number, state, issue date, exp. date) | Drivers License D234354 CA | Issued: 10/07/2017 Expires: 10/18/2022 | | | Cash Check | | | |
| Other ID (description, details) | Credit Card Visa Expires: 02/28/2023 Services Requested | | | | | | | |
| Employer | Poppy Bank, New | Accounts/CSR-Poppy Bank | □ ATM □ | Debit/Check Cards (No. Re | equested:) | | | |
| Previous Financial Inst. | | | | | | | | |
| E-Mail | diaz1234@gmail.d | com | | 🗆 | | | | |
| Work Phone | (707) 778-7756 | | Backup Withh | olding Certifications | | | | |
| Home Phone: (707 | 778-7756 | Mobile Phone: (123) 456-7890 | (If not a "U.S. Person", | certify foreign status separately) | | | | |
| Birth Date: 10/18/ | 1991 | SSN/TIN: 123-34-2134 | X By signing signati | ure field (1) on this document, I certi | fy under penalties of perjury that | | | |
| Owner/Signer | Information 4 | | the statements made in | this section are true and that I am | a U.S. citizen or other U.S. person (as | | | |
| Name | Timmy Turner | | | defined in the instructions). | | | | |
| Relationship | Owners | | The Taxpayer Identification | ☐ Taxpayer I.D. Number - TIN: 1111111 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number. | | | | |
| Address | 123 Happy Dr, Pe | taluma, CA 94952 | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | holding. I am not subject to back | up withholding either because I have | | | |
| Mailing Address (if different) | PO Box 123, Peta | luma CA 94954 | | am subject to backup withholding a r the Internal Revenue Service has n | as a result of a failure to report all otified me that I am no longer subject to | | | |
| Gov't Issued Photo ID | Drivers License | Issued: 10/07/2017 | 1 1 | pients. I am an exempt recipient u | nder the Internal Revenue Service | | | |
| (type, number, state, issue date, exp. date) | D234354 CA | Expires: 10/18/2022 | Regulations. Exempt pa | , , , , | | | | |
| Other ID (description, details) | Credit Card Visa Expires: 03/28/2023 FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt for FATCA reporting is correct. | | | | | | | |
| Employer | | Accounts/CSR-Poppy Bank | Other Terms/ | Information | | | | |
| Previous Financial Inst. | | | | | | | | |
| E-Mail | diaz1234@gmail.com | | | | | | | |
| Work Phone | (707) 778-7756 | | | | | | | |
| Home Phone: (707 | 778-7756 | Mobile Phone: (123) 456-7890 | | | | | | |
| Birth Date: 10/18/ | 1991 | SSN/TIN: 123-34-2134 | | | | | | |
| obtain sufficient in several questions fulfill this requirem | nformation to verify and to provide one nent. In some insta nation. The informa | ion. Federal law requires us to y your identity. You may be asked or more forms of identification to nces we may use outside sources tion you provide is protected by o | to | | | | | |