

Account Holder Names: DANETTE EBERLY OR R BRUCE EBERLY		ACCOUNT NUMBER: 468869904		WSFS Core Savings	
Mailing Address: 512 PONDEROSA DR, BEAR, DE, 19701-2155		ACCOUNT PURPOSE: Consumer		ACCOUNT TYPE: Personal	
Home Phone: (302) 834-0382		Work Phone:		OWNERSHIP TYPE: Joint Owners	
Number of Signatures Required: 1		CIF Number: 00000531825		DATE OPENED: 12/24/2014	
Special Instructions:		VERIFIED BY:		DATE REVISED:	
				OPENED BY: Kasie Mears	

College Square

Signatures of Authorized Individuals. This Agreement is subject to all terms below.

1x Name Danette Eberly	2x Name R Bruce Eberly
3x Name	4x Name

Each of the Authorized Individual(s) certify that they have all required authority to act with respect to this account(s) and, jointly and severally, agree to indemnify and hold Financial Institution harmless from and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibility or duty to assure or verify that Authorized Individual(s) have or are acting within the authority given them by the authorizing document or that such authorizing document is genuine or valid, even if Financial Institution has seen or retained a copy of such document.

The Authorized Individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, Substitute Check Policy Disclosure, and the Electronic Funds Transfer Agreement and Disclosure (if applicable), as amended by the Financial Institution from time to time. Each of the Authorized Individual(s) signing also acknowledges that the Financial Institution provided at least one copy of these deposit account documents.

TIN/BACKUP WITHHOLDING

Reporting SSN/TIN: 222-50-2263

IMPORTANT: Under penalties of perjury, I certify that 1) the number shown above is my correct taxpayer identification number, 2) I am a U.S. citizen or other U.S. person (defined in the instructions), 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate box):

- ☒ I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.
- ☐ I am subject to backup withholding.

Signature of Authorized Individual X

Date:

For instructions, see Internal Revenue Service Form W-9 that is available at the Financial Institution.

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.

MMN = Mother's Maiden Name

Signer #1: Danette Eberly	SSN: 222-50-2263
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Street: 512 PONDEROSA DR BEAR DE 197012155

Mailing: 512 PONDEROSA DR, BEAR, DE, 19701-2155

Home Phone #: (302) 834-0382

Employer:

DOB: 12/3/1956

DL/ID#: 719077

Work Phone #:

Occupation:

Birth Place:

MMN:

Signer #2: R Bruce Eberly	SSN: 199400336
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Street: 512 PONDEROSA DR BEAR DE 197012155

Mailing:

Home Phone #: (302) 834-0382

Employer:

DOB: 11/17/1949

DL/ID#: 651782

Work Phone #:

Occupation:

Birth Place:

MMN:

Signer #3:	SSN:
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Street:

Mailing:

Home Phone #:

Employer:

DOB:

DL/ID#:

Work Phone #:

Occupation:

Birth Place:

MMN:

Signer #4:	SSN:
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Street:

Mailing:

Home Phone #:

Employer:

DOB:

DL/ID#:

Work Phone #:

Occupation:

Birth Place:

MMN:

NOTE: There may be only one Custodian for an account under the Uniform Transfers to Minors Act or the Uniform Gifts to Minors Act. All fiduciaries appointed by order of a court must each sign this signature card. Depositor's Authorization Documents have not been filed.

Signatures of Authorized Individuals. This Agreement is subject to all terms on page 1.

ACCOUNT HOLDER NAMES: DANETTE EBERLY

5x Name	6x Name
7x Name	8x Name
9x Name	10x Name

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.

MMN = Mother's Maiden Name

Signer #5:		SSN:	
Street:			
Mailing:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Birth Place:	
DL/ID#:		MMN:	
Signer #6:		SSN:	
Street:			
Mailing:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Birth Place:	
DL/ID#:		MMN:	
Signer #7:		SSN:	
Street:			
Mailing:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Birth Place:	
DL/ID#:		MMN:	
Signer #8:		SSN:	
Street:			
Mailing:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Birth Place:	
DL/ID#:		MMN:	
Signer #9:		SSN:	
Street:			
Mailing:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Birth Place:	
DL/ID#:		MMN:	
Signer #10:		SSN:	
Street:			
Mailing:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Birth Place:	
DL/ID#:		MMN:	
Beneficiary/Payee Name and Address:		SSN:	

ACCOUNT NUMBER: 46869904

DELAWARE
THE FIRST STATE

NOT FOR FEDERAL IDENTIFICATION

4a DL No 719077 DRIVER LICENSE
5 Class D
4a Iss 12-03-2012 4b Exp 12-03-2020
Duplicate DO

1 EBERLY
D DANETTE

2 512 PONDEROSA DR
HICKORY WOODS
BEAR, DE 19701-0000

4c Sex F 4d Ht 5-00 4e Wgt 180 lb 4f Eyes BRO 3 BOB 12-01-1956

Restrictions
NONE

End NONE
Rev 02-08-2010

Danette Eberly

CLERK
DIRECTOR

DELAWARE
THE FIRST STATE

USA
DE

4d DL No 851782 DRIVER LICENSE
9 Class D
4a Iss 10-07-2011 4b Exp 11-17-2016
Duplicate 00

1 EBERLY
2 RAYMOND BRUCE

3 612 PONDEROSA DR
HICKORY WOODS
BEAR, DE 19701-2165

ISS Date 10-07-2011 Sex M Hgt 6-00 Wgt 280 lb Eyes GRN 3 DOB 11-17-1949

Restrictions
B
End NONE
Rev 02-08-2010

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DIRECTOR

Raymond Bruce Eberly