| Susquehanna Bank  |  | _Branch #<br>nch Name              |   |   |
|---|--|------------------------------------|---|---|
| User ID<br>Account Holder CIF#  | Master E                                   |                                    |   |   |
| 11 Master Account Information   |  |                                    |   |   |
| Master Deposit Account Number   | Master Account Name                        | (Escrowee)                         |   |   |
| Contact Name<br>Number<br>Number  |  | Telephone<br>Fax                   |   |   |
| El Sub-Account Information  |  |                                    |   |   |
| Name(s) of Beneficial Owner   |  |                                    |   |   |
| Current Address   |  | City                               | State   | Zip   |
| Additional Description of Funds (LE_ C<br>Property Address)   | ase Number: Client Num                     | ber;                               |   |   |
| Taxpayer Identification Number (require  * Ownership can be Individu Joint with Right of Surviv Liability Company (LLC)   | ual,<br>rorship, Sole Proprietors          |                                    | Corporation, Limited  |   |
| Mailing Address (if different from above  | )  | City<br>State Zip                  |   |   |
| Under penalties of perjury, I cer<br>am waiting for a number to be i<br>backup withholding, or (b) I have<br>(c) the IRS has notified me that<br>resident alien). | ssued to me and (2) a not been notified by | I am not subject the Internal Reve | to backup withholding because nue Service that I am subject t | e: (a) I am exempt from to backup withholding, or |
| X   |  |                                    |   |   |
| Authorized Signature of Beneficial Own  | ner  | Date                               |   |   |
| Ei Transaction  |  |                                    |   |   |
| El New Sub Account Ll Add<br>Partial SubAccount Withdrawal<br>Close SubAccount  | to existing account                        | El                                 |   |   |
| You are hereby authorized to dep for Sub Account  | osit / withdrawal the s                    | sum of \$ _                        |   |   |
| For a SubAccount withdrawal, you are authorized to transfer   |  |                                    |   |   |

Escrow Manager - Sub-Account Request Form B225

## funds to Deposit Account Number

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The Escrowee hereby request to open a SubAccount linked to the above Master Account and/or that Bank complete the above SubAccount transaction request. The Master Account signature card and the Deposit Account Information brochure and Account Fee Schedule shall govern the SubAccount

| X   |      |  |
|---|------|--|
| Authorized Signature of Master Account Holder | Date |  |
| <u>X</u>                                      |      |  |
| Authorized Signature of Master Account Holder | Date |  |
| -> Send completed form to mail code CORPSERV  |      |  |