



eCD Account Application

The eCD features many terms to choose from. Please call us at 1-877-998-2265, Mon-Fri 8:30AM to 5:30PM ET for interest rates and Annual Percentage Yields (APY), or visit our website at www.VirtualBank.com.

You can apply for an account by mailing or faxing us your application. You can mail your application to VirtualBank, P.O. Box 109638, Palm Beach Gardens, FL 33410 or you can also fax your application to 1-561-776-6378.

Note: Interest rates and Annual Percentage Yields (APY) are subject to change daily without notice. Penalty may be imposed for early withdrawal of eCDs.

SECTION 1: CD Term and Funding Details

eCD Term(select one term per application)

- 1 Month 2 Month 3 Month 6 Month 9 Month
 12 Month 18 Month 24 Month 36 Month 48 Month
 60 Month

Deposit Amount (minimum opening deposit is \$10,000): \$ _____

Deposit Method (select one funding method):

- Transfer from an internal account owned by me
Account Number: _____ Account Type: (select one) Checking Savings
 Mail a personal check - The check must be in the same name and ownership as the applicant(s) named in this Application. If you are mailing your application, please include the check with your application (use the address provided above).

Interest Payment Method (select one):

- Credit back to eCD
 Transfer into my existing VirtualBank account number _____
 Mail a check

Interest Payment Frequency (select one):

- Quarterly Monthly

Note: All eCDs are setup to auto renew.

SECTION 2: Security Question

For security purposes, as a way to help validate your identity, we will ask you for a secret word when you call our customer support number. Please provide the secret word you would like to use: _____

What is your mother's middle name? _____



SECTION 3: Account Ownership

Please designate the type of ownership for your account: Choose from either section A or B, not both.

- A.**
- Joint Tenants with Right of Survivorship – (upon death of one party, ownership passes to surviving party).
 - Joint Tenants in Common – (upon death of one party, ownership passes to party’s estate).

B. The account will be in the name of a Trust

- The Trust has a Tax Identification Number (TIN). We will ask for the complete address, Tax ID and contact information for the Trust.
- The Trust does not have a Tax Identification Number (TIN). We will ask for the complete address, SSN and contact information for the Primary Trustee (the person whose SSN is used to identify the trust).

Name of Trust _____

Please include the title, banking and signature (with seal) pages of your Trust documents.

SECTION 4: Personal Information - Primary Applicant or Trustee (if applicable)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents.

- Mr. Mrs. Ms. Dr.

First Name: _____ M.I. _____ Last Name: _____ Date of Birth: _____

Street Address: (No P.O. Box) _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Home Phone: _____

DL/ID Number: _____ State Issuer: _____ Exp. Date: _____

Email Address: _____

Employer Name: _____ Employer Phone: _____

Occupation Description _____

(If retired, provide former employer and occupation information)

Primary Accountholder - TIN / Backup Withholding

Important: Under penalties of perjury, I certify that the social security number shown above is my correct taxpayer identification number and-my backup withholding status is **(check appropriate box)**:

- 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.
- The IRS has notified me that I am subject to backup withholding** as a result of a failure to report all interest and dividends.
- I certify that I am a United States Citizen.



VirtualBank does not accept brokered deposits. The undersigned acknowledges this is not a brokered account. I understand that my account will be covered by VirtualBank's Deposit Account Agreement which will be sent to me. By signing this application, I authorize VirtualBank to obtain and use consumer credit reports and other information about me and my financial condition in order to: (1) verify my identity; (2) determine my eligibility for the account; and (3) offer me additional products and services.

Primary Account Holder: _____ Date: _____

SECTION 5: Personal Information –Joint Applicant (if applicable)

Mr. Mrs. Ms. Dr.

First Name: _____ M.I. _____ Last Name: _____ Date of Birth: _____

Street Address: (No P.O. Box) _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Home Phone: _____

DL/ID Number: _____ State Issuer: _____ Exp. Date: _____

Email Address: _____

Employer Name: _____ Employer Phone: _____

Occupation Description _____
(If retired, provide former employer and occupation information)

Joint Accountholder - TIN / Backup Withholding (if applicable)

Important: Under penalties of perjury, I certify that the social security number shown above is my correct taxpayer identification number and backup withholding status is **(check appropriate box)**:

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.

The IRS has notified me that I am subject to backup withholding as a result of a failure to report all interest and dividends.

I certify that I am a United States Citizen

VirtualBank does not accept brokered deposits. The undersigned acknowledges this is not a brokered account. I understand that my account will be covered by VirtualBank's Deposit Account Agreement which will be sent to me. By signing this application, I authorize VirtualBank to obtain and use consumer credit reports and other information about me and my financial condition in order to: (1) verify my identity; (2) determine my eligibility for the account; and (3) offer me additional products and services.

Joint Account Holder: _____ Date: _____

Please note incomplete applications will not be processed.