

CONSUMER NEW ACCOUNT APPLICATION

CHECKING ACCOUNTS*

- EasternEase Checking
- Classic Checking
- Club 50 Checking
- Premier Checking

SAVINGS ACCOUNTS*

- Money Market Savings
- Retirement Money Market

CERTIFICATE ACCOUNTS

- | | |
|--------------------------------------|-----------------------------------|
| Short Term | Long Term |
| <input type="checkbox"/> 3-Month | <input type="checkbox"/> 24-Month |
| <input type="checkbox"/> 6-Month | <input type="checkbox"/> 30-Month |
| <input type="checkbox"/> 12-Month | <input type="checkbox"/> 36-Month |
| <input type="checkbox"/> 18-Month | <input type="checkbox"/> 48-Month |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> 60-Month |

*Savings & Checking accounts are only available to Maryland residents.

OWNERSHIP

- Individual
- Joint
- Trustee (beneficiary)
- Other _____

IRA & REGULATED PLAN INFORMATION

- Plan Type:** Traditional Roth Coverdell ESA
- Type of Deposit:** Regular/Spousal, tax year _____
 Rollover
 Trustee Transfer

PAYMENT METHOD (certificate accounts only, check one)

- Interest post to account (compound)
 - Interest transferred to Checking or Savings
- Bank Name _____
 Routing Number _____
 Account Number _____

OPENING AMOUNT \$ _____

- Check
- Wire from _____ (Bank Name)
- Transfer from _____ (ESB Acct. Nbr.)
- ACH (if selected, complete Direct ACH Debit Payment for Opening Deposit below)

DIRECT ACH DEBIT PAYMENT FOR OPENING DEPOSIT (certificate accounts only): I/We hereby authorize Eastern Savings Bank, fsb to initiate a one-time debit to my/our checking/savings account at the depository financial institution named below and to debit the same to such account for the purpose of opening a deposit account with Eastern Savings Bank, fsb. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Bank Name: _____	Bank Routing/Transit (9-digits): _____
Address: _____	Account Number: _____
City, State, Zip: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount: \$ _____	Transaction Date (on or after): _____

This authorization is in effect unless Eastern Savings Bank, fsb has received written notification from me (or either of us) of its cancellation in such time and manner as to afford Eastern Savings Bank a reasonable opportunity to act on it.

CUSTOMER INFORMATION: In accordance with the USA Patriot Act that was signed into law on October 26, 2001, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying information.

Name: _____ SSN or EIN: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____
 Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____
 Driver's License State & Nbr: _____ Issue Date: _____ Expiration Date: _____
 Primary Owner Email Address: _____

Name: _____ SSN or EIN: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____
 Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____
 Driver's License State & Nbr: _____ Issue Date: _____ Expiration Date: _____
 Email Address: _____

Joint Owner Beneficiary POD Other _____
Retirement Accounts Only: Primary or Contingent Beneficiary Relationship to owner: _____

Customer information continued on additional page.

Customer's Signature X _____

Attention Applicants: Rates are subject to change at any time and are not guaranteed until the day the funds are received by Eastern Savings Bank. A copy of each owner's driver's license is required to accompany your completed application.

Office Use Only Acct Nbr _____

CUSTOMER INFORMATION CONTINUED:

Name: _____ SSN or EIN: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____
 Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____
 Driver's License State & Nbr: _____ Issue Date: _____ Expiration Date: _____
 Email Address: _____
 Joint Owner Beneficiary POD Other _____
Retirement Accounts Only: Primary or Contingent Beneficiary Relationship to owner: _____

Name: _____ SSN or EIN: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____
 Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____
 Driver's License State & Nbr: _____ Issue Date: _____ Expiration Date: _____
 Email Address: _____
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