Dear Notre Dame Student,

Congratulations on your decision to attend one of the finest universities in the world. 1st Source Bank understands how hectic this time can be for incoming international students. Let us help you manage your financial affairs online and on-campus.

WE'RE ALWAYS NEARBY
ON-CAMPUS: The 1st Source Notre Dame Banking Center is located on-campus in the lower level of LaFortune Student Center, where our friendly staff can answer all of your questions, help you set up an account, and assist with other financial needs.

IN THE COMMUNITY: 1st Source has more banking centers throughout the area than any other financial institution. Help is always nearby, even if you choose to live off-campus.

YOUR E-STUDENT ACCOUNT IS ALWAYS AT YOUR FINGERTIPS
Your account information is as close as your computer or smartphone. As a Notre Dame student, you have a great package of services available to you:

No-Fee Checking - With electronic statements and online Bill-Pay.

Online, text or mobile banking* - You can check your balance, transfer funds between 1st Source accounts, pay bills, and even deposit checks using the camera on your smartphone! All for free!

Debit Card – Make withdrawals from any ATM** or use your card anywhere Mastercard® is accepted. The maximum ATM withdrawal per day is $1,000.

ATMS
We have 6 ATMs conveniently located where you:

Study – Hesburgh Library and Hammes Bookstore
Eat – Reckers inside South Dining Hall
Hang Out – LaFortune Student Center

We also have ATMs in Grace Hall and the Morris Inn, as well as dozens more throughout the local community.

Again, I am proud to welcome you to Notre Dame. If I can be of any assistance, please don’t hesitate to contact me.

Sincerely,

Emily Kronewitter
Banking Center Manager
1st Source Bank
kronewittere@1stsource.com

ENCLOSURES:  A E-Student Account Checklist;  B Retail Account Servicing Summary;
C Account Signature Card; and  D W8-BEN Certificate of Foreign Status

*To use 1st Source Online Banking, you must have a 1st Source checking account, access to an Internet-enabled computer/smartphone and a valid email address.

** Includes up to $15/month in foreign ATM fee refunds.
E-STUDENT ACCOUNT CHECKLIST FOR 2014-15 INTERNATIONAL STUDENTS

To ensure that your 1st Source Bank account is ready to go when you arrive at the University of Notre Dame, please:

- Print documents B, C & D and fill them out, following the instructions for each as listed below
- Scan the completed documents and upload them to your computer
- Return the documents to us via secure email at NDNewAccount@1stsource.com

**B RETAIL ACCOUNT SERVICING SUMMARY**

Fill in ALL information

- Be sure to provide your address in your HOME country, not your U.S. address

**C ACCOUNT SIGNATURE CARD**

All you have to do is:

- Sign Line 1 under Signature(s)
- Enter your date of birth where it states “DOB”
- Leave the rest of the document blank

**D W-8BEN CERTIFICATE OF FOREIGN STATUS**

Please complete Part 1

- Be sure to provide your address in your HOME country, not your U.S. address as the permanent residence address
- Sign, date and print your name at the bottom

**WIRE INSTRUCTIONS FOR YOUR FIRST DEPOSIT**

Once your account has been opened, you will receive an email with wire instructions. You will be able to confirm and view your wire has been received using our Online Banking Service.

To keep your funds secure, your account will be closed to debits/withdrawals until you arrive on campus and complete the account set up at the Notre Dame Banking Center.

Once all documentation is in order, we will open your account and have everything ready for you when you arrive on campus. Your account WILL NOT be opened if the above required identifying documents are not returned with your application.

Once you arrive on campus, visit the 1st Source Notre Dame Banking Center located inside the LaFortune Student Center, to finalize opening your account and ordering your ATM/debit card. Please bring the following information with you to the banking center:

- Campus/U.S. address
- Passport
- Telephone number

**THE USA PATRIOT ACT**

Federal law requires we obtain, verify and record information that identifies each customer who opens an account.

How does this affect you? For new e-student checking customers, we will ask for a copy of your passport or other identifying documents. We also will require your legal name, date of birth, address in your home country, and any tax or other government-issued identification number(s) for each customer on the account.

Safeguarding your information is a top concern, and we will respect and protect it as always. Thank you for your understanding and cooperation.
Full Name: ____________________________________________________________

Physical Home Address: ________________________________________________
(in your home country)

Email Address: _________________________________________________________

Citizen of What Country: _______________________________________________

Passport Number: ____________________ Country of Issuance: _______________

Passport Issue Date: ________________________ Passport Expiration Date: _______

Existing 1st Source Customer?   □ Yes   □ No

Social Security Number/Individual Taxpayer Identification Number: _________________
□ Not Applicable

Date of Birth (month/day/year) _____________________________________________

Parents’ Name(s): _________________________________________________________

Parents’ Occupation(s): ___________________________________________________

**Anticipated Monthly Activity**

Will you be making cash deposits greater than $3,000?   □ Yes   □ No

Will you be making cash withdrawals greater than $3,000? □ Yes   □ No

Will you be wiring funds more than 1 time per month?   □ Yes   □ No

Will you be depositing checks greater than $5,000? □ Yes   □ No

If “Yes,” how many? _____________________________________________________

Do you have accounts at other financial institutions? □ Yes   □ No

If “Yes,” please list the name(s) and location(s) of the other institution(s) _________________________________________________________________
### ACCOUNT SIGNATURE CARD

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Date Opened</th>
<th>Opened By</th>
<th>Branch Opened</th>
<th>Product Name:</th>
</tr>
</thead>
</table>

**Special Title:**

<table>
<thead>
<tr>
<th>Ownership -- Consumer Accounts</th>
<th>Individual</th>
<th>Revocable Trust</th>
<th>POD</th>
<th>Joint</th>
<th>Irrevocable Trust</th>
<th>ITF</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1): X ______________________</td>
<td>SSN:</td>
<td>DOB:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2): X ______________________</td>
<td>SSN:</td>
<td>DOB:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3): X ______________________</td>
<td>SSN:</td>
<td>DOB:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4): X ______________________</td>
<td>SSN:</td>
<td>DOB:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TIN:** ____________________________

**WITHHOLDING** — Important: By signing this Signature Card, I, the primary Account Holder, as required by Federal Law, certify under penalties of perjury that the number shown above as my Taxpayer Identification Number (TIN) is correct, that I am a U.S. person (including a U.S. resident alien), I am exempt from FATCA reporting and that (check appropriate box in the area provided):

- [X] I am not subject to backup withholding because I am exempt from backup withholding, or because I have not been notified that I am subject to backup withholding as a result of a 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 an exempt recipient under the Internal Revenue Service Regulations.

The authorized individual(s) signing above are signing as owner(s) of the account, unless the Account Holder (Owner) is not a natural person, in which case, the signers are signing in their capacity as authorized agents of the Owner. By signing this Signature Card, each Owner agrees (jointly and severally, if more than one), to the terms set forth in the Agreement for Deposit – Personal Accounts and in the Truth in Savings Disclosure, the Rate and Fee Schedule, the Time Certificate of Deposit Agreement (if applicable), and this Signature Card, as such documents may be amended from time to time. Owner(s) also acknowledge that 1st Source Bank provided at least one copy of these deposit account documents. Owner(s) further authorize 1st Source Bank to make such verification of Owner’s credit and information given in this card as 1st Source Bank deems necessary.
# W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

For use by individuals. Entities must use Form W-8BEN-E.

- Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.
- Give this form to the withholding agent or payer. Do not send to the IRS.

### Part I: Identification of Beneficial Owner (see instructions)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of individual who is the beneficial owner</td>
</tr>
<tr>
<td>2</td>
<td>Country of citizenship</td>
</tr>
<tr>
<td>3</td>
<td>Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.</td>
</tr>
<tr>
<td></td>
<td>City or town, state or province. Include postal code where appropriate.</td>
</tr>
<tr>
<td></td>
<td>Country</td>
</tr>
<tr>
<td>4</td>
<td>Mailing address (if different from above)</td>
</tr>
<tr>
<td></td>
<td>City or town, state or province. Include postal code where appropriate.</td>
</tr>
<tr>
<td></td>
<td>Country</td>
</tr>
<tr>
<td>5</td>
<td>U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)</td>
</tr>
<tr>
<td>6</td>
<td>Foreign tax identifying number (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Reference number(s) (see instructions)</td>
</tr>
<tr>
<td>8</td>
<td>Date of birth (MM-DD-YYYY) (see instructions)</td>
</tr>
</tbody>
</table>

### Part II: Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 9 | I certify that the beneficial owner is a resident of ❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌ ❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌❌ ❌❌❌❌❌❏

### Part III: Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner’s share of a partnership’s effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

**Sign Here**

---

Signature of beneficial owner (or individual authorized to sign for beneficial owner) ___________________ Date (MM-DD-YYYY) ____________

Print name of signer ___________________ Capacity in which acting (if form is not signed by beneficial owner) ___________________

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form W-8BEN (Rev. 2-2014)