

STEP BY STEP GUIDE TO OPENING A NEW ACCOUNT

	Step 1 - Complete the Identification Requirement								
1									
	o complete the customer identification form (DEP-1).								
2	0 U.S. citizens and U.S. residents: S	ubmit fo	orm W-9 (all applicants sh	ould fill separate forms).					
	0 Non-U.S. residents: Submit form W-8 BEN (all applicants should fill separate forms).								
3	3 Identification Documents:								
	Primary Photo ID (Must not have expired)								
	0 Photo bearing State Driving	0 Utility		0 Voter Registration Card					
	License / State ID Card		Statement	0 Student ID Card					
	0 Passport / Military ID Card		I Security Card	0 Insurance/Credit Card					
	0 US Alien Registration Card	0 U.S.	Visa Page (in Passport)	0 Birth Certificate					
	 least one of which must be a Primary Photo ID and any one of the ID should contain the current residential address of the persons mentioned in account opening form. If you are applying by mail, submit at least original or copy of any two of the above identification documents, one of which must be a Primary Photo ID and any one of the ID should contain the current residential address of the persons mentioned in account opening forms. Copy of the Primary Photo ID and signature on Form DEP-1 must be verified by Notary Public OR an Official of Indian Embassy / Indian consulate Important: Enclose your Personal Check for the Minimum Balance Requirements (Minimum Balance Requirements are \$500 for US Savings/Checking account and \$5000 for US Based Money Based Market Account) 								
		omplet	e The Account Open	•					
	For This Type of Account		Use The Follo	wing Account Opening Form					
	Certificate of Deposit			DEP-CD					
	MMD / Checking / Savings Account	t		DEP-MCS					
	International Debit Card (Issued only with Checking Account	t)	DEP-IDC						
	IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT								

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 other us to identify you. We may also ask to see your driver's license or identifying documents. We may also ask you for source or proof for your funds.

To ensure the security and confidentiality of your information please do not e-mail any sensitive non-public personal information (i.e. account numbers, social security numbers, etc.) to us.

Revised January 2019



19SLaSalle Street, Suite 200, Chicago. IL 60603 Tel: 312-621-1200; Fax: 312-701-0232

Member (FDIC)

Customer Identification Form for Deposit Accounts									
	1st Applicant	2 nd Applicant	3 Applicant						
First Name									
Middle Name									
Last Name									
Social Security No. For non US resident, Passport No									
Date of Birth (mm/dd/yyyy)									
Nature of Photo ID (U.S. Driver License /State ID/									
Passport) Photo ID Number									
Issue Date (mm/dd/yyyy)									
Expiration Date (mm/dd/yyyy)									
Place of Issue									
Place of Birth									
Country of Residence	USA	USA	USA						
Residence Status (If US Residential status Check any One)	U. S. Citizen Permanent Resident Resident Alien	U. S. Citizen□Permanent Resident□Resident Alien□	U. S. Citizen Permanent Resident Resident Alien						
Resident Since (mm/yyyy) (If US Citizen mention NA)									
Occupation									
Name of the Employer									
Address of the Employer (With Zip Code)									
Work Phone No.									
Home Address (P.O. Box No is not acceptable)									
Home Phone No.									
Fax Number									
E-mail Address									
Annual Family Income (in U.S. \$)	< 25,000 25,000 - 5 150,000 - 250,000	50,000 50,000 – 100,000 250,000 – 500,000	100,000 – 150,000 > 500,000						
Mode of Operation	Any one or Self Jointly with Right of Survivorship								

Form DEP -1

For Office Use Customer No: _____

Approved:

LETTER / FAX AGREEMENT FOR FU	NDS TRANSFER
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I/We, the applicants/account holder(s), acknowledge that, State Bank of India, Chicago Branch (the "Bank") has made available a variety of procedures for the transmission of instruction to the Bank. I/We are fully aware of the risks associated with transmitting instructions via letter or facsimile machine ("fax") and hereby authorize the Bank to act upon each written payment order (funds transfer instruction or communication) sent to it by me/us by mail or fax if the signatures(s) on such payment order match, in the Bank's judgment, with my/our signature(s) provided on this form, or provided subsequently, and to debit or credit, as the case may be, accounts which I/We may hold with the same customer number. The Bank's understanding of any oral notice, instruction or other communication in regards to the payment order sent by person(s) mentioned above or their representatives shall be final and binding. This authorization applies to all accounts opened with the same customer number as for the current application.

Prior to the executing of the instruction, the Bank may, at its discretion and only if it considers it necessary, reasonable and practicable, verify the payment order by telephone call to a person and telephone number given in this application or recorded later by me/us with the Bank, following which the Bank shall have no further duty to verify the identity or authority of the person giving or confirming the contents of any payment order or instruction. Not withstanding any provision hereof, the Bank shall have the right in its sole discretion to refuse to execute any payment order or instruction.

I/We understand that the Bank may not act upon a payment order or instruction on the same business if the order or instruction is received by it after 2 p.m EST. I/We agree to be bound by a payment order or instruction whether or not authorized, issued in its name and accepted by the Bank in compliance with these procedures and further agree to indemnify and hold the Bank harmless for any loss, liability, claim, damage or expenses (including legal fees), collectively referred to herein as "claims", attributable to executing and accepting the payment order or instruction in accordance with these procedures or action omitted to be taken, whether such claims are brought by me/us or our representative or by a third party. I/We shall notify the Bank if a payment order or instruction was not authorized by me us, within a reasonable time not exceeding 90 day after the date, I/We received the notification from the Bank that the order was accepted or my/our account was debited with respect to the order.

The procedure established by this agreement may be varied only by a written agreement signed by both parties, and supersedes all prior agreements or practices, if any, in respect to instruction and may not be changed by an oral agreement or by a course of dealing or custom. This agreement shall be governed by the laws of the State of Illinois and any dispute in connection herewith shall be adjudicated in a federal or Illinois State Court located in the City of Chicago.

I/We execute the above agreement: OYES

0NO

ACKNOWLEDGEMENTS

1. I/We undertake to abide by the usual terms and conditions governing accounts in the U.S. as well as the terms, rules and regulations in the State Bank of India's Customer Manual, receipt of which is hereby acknowledged. I declare that funds offered by me/us to the Bank represent/shall represent my/our own funds, earned through legitimate means and complying with all U.S. laws.

0. I/We understand that on no occasion my/our account will be permitted by the Bank to go into overdraft.

2. I/We understand that the Bank may not act upon my/our funds transfer instructions conveyed through a letter/fax, unless I/We execute a Letter/Fax agreement for funds transfer or attach a check to the instruction letter.

3. The information supplied in this application is true and correct to the best of my/our knowledge and belief. I/We authorize the Bank to obtain information about my/our identity, credit history and other banking history form consumer reporting agency (ies) or other sources. I/We further understand that if information in the credit history results in a decision to either disallow my/our-signing authority on the account or disallow opening the account, the Bank will communicate this fact to the owners and/or authorized signers of the (proposed) account. I/We further authorize the Bank to obtain this information at any time from one or more consumer reporting agencies or other sources that it may choose as long as I/We am/are (an) authorized signer(s) on the account.

ACH and Wire Transfers. This agreement is subject to Article 4A of the Uniform Commercial Code – Funds Transfers as adopted by the state in which you have your account with us. If you originate a fund transfer and you identify by name and number a beneficiary financial institution, and intermediary financial institution or a beneficiary, we and every receiving or beneficiary financial institution may relay on the identifying number to make payment. We may rely on the number even if it identifies a financial institution, person or account other than the one named. You agree to be bound by automated clearing house association rules. These rules provided, among other things, which payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided to your account and the party originating such payment will not be considered to have paid the amount so credited. Credit entries may be made by ACH. If we receive a payment order to credit an account you have with us by wire or ACH, we are entired to give you any notice of payment order or credit.

VERIFICATION OF SIGNATURE AND IDENTITY

(If you send your application through mail, please get your signature verified below by an SBI official OR notary public OR the Indian Embassy OR the Consulate)

:- Identity should be verified from the ORIGINAL of the photo ID mentioned on Page 1 above PLEASE NOTE THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO ID

1 st Applicant	2 nd Applicant	3 rd Applicant				
Name:	Name:	Name:				
Signature:	Signature:	Signature:				
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:				
Date of Verification:	Date of Verification:	Date of Verification:				
Place of Verification:	Place of Verification:	Place of Verification:				
Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)				



SBI₁₉ S La Salle Street Suite – 200 Chicago IL 60603 Tel: 312-621-1200; Fax: 312-701-0232 Account No

Member FDIC										
	APPLICATION FOR MMD/ CHECKING / SAVINGS ACCOUNT (New customers should fill this form along with Form DEP-1)									
Application for (Please select one)	(If you want to open more	Account Checking Account than one account, submit s for the Minimum Balance rea	eparate DEP-MCS Form and							
Customer Name	1 st Applicant	2 nd Applicant	3 rd Applicant							
First Name										
Middle Name										
Last Name										
Customer Number For already existing Customers			•							
I / We request you to open the account(s) as mentioned above with your branch. I /We have read and understood the terms and conditions governing the account(s). I/We acknowledge the receipt of the account disclosures applicable for Deposits Account.										
Purpose of the Account (Check all that are applicable) Savings and Salary Sending remittances to India Check all that are applicable) Receiving Social Security benefits Cash receipts / payments Collection / Issue of checks Others (specify):										
Expected Annual Volume of Transactions			\$25,000 - 50,000 > \$150,000							
Source of Funds (Check all that are applicable)		es Past savings Liquidation of investments Pension/S.S. Benefits Others (specify):								
	End use of Funds	E	expected Annual Volume							
	Loan Accounts (Home	Loan / Education Loan)								
End use of Funds for Remittance Transactions	NRI Accounts (Saving	s / Fixed Deposits)								
	House Construction									
	Others (Personal Expe Maintenance/ Education									
Mode of Deposit (Funding) & Amount		IMD /Savings Acct. No attached for the Amount: USD	with you, OR							
Mode of operation of the Account	Any one or Self	Jointly with Righ	t of Survivorship							
	t on your Checking/MMI t issued for savings accounts. I									
Do you want Internation (Debit card is issued only to Cher	nal Debit Card on your C	hecking Account? 🗌 Ye	es* 🖸 No							
	t of terms and conditions gov	erning the Debit Card Policy	& Procedure							
If you prefer to have online banking access to your Account Visit our website (www.sbichicago.com) for self enrollment under the link "Enroll - Retail Banking" after opening of the account.										
* (If your choice is YES, kindly fill out the relevant application attached below)										
	iture	Signature	Signature							
Signature of the Applicants										
Date:		Place:								
(For Office use only) Ac	(For Office use only) Account Opened by Verified by									

SBI 19, S La Salle Street, STE 200 Chicago IL 60603 Tel 312-621-1200 Ext 253, 255; Fax 312-701-0232 Member FDIC

APPLICATION FOR CERTIFICATE(S) OF DEPOSIT (New customers should fill this form along with Form DEP-1)											
CUSTOMER NAME											
CUSTOMER NUME	BER										
	CDs are o	ffered. I/We				read and understood the terms and e interest rate chart applicable					
Amount (\$)	Months	6 <u>0 1 1 1</u>	Interest Option								
			/e Non-cum		In case	e of non-cumulative interest					
]		u — Chaoling — MMD coccurt with					
]	your Branch.	ny/our Checking MMD account with nch.					
]	Mail interest	check to the home address of the					
					first account	holder.					
Source of Funds (Check All That Are Applicable	Current Income/wages Past savings Pension/S.S. Benefits Rent Liquidation of investments Sale of property Others (specify): Sale of property Sale of property										
Mode of Deposit (Funding) & Am		OR	Debit my/our Checking / MMD /Savings Acct. No with you, OR Check No attached for the Amount: USD								
Mode of operation the Account	on of	Any one or Self Dintly with Right of Survivorship									
Purpose of the Account (Check all that are app	olicable)	Receivi	Savings and Salary Sending remittances to India Receiving Social Security benefits Cash receipts / payments Collection / Issue of checks Others (specify):								
1 st App	olicant		2 ^{nc}	¹ Appl	icant	3 rd Applicant					
Signature:			Signature: Name:			Signature:					
				Diacov							
Date:				Place:							

Depart	W-9 Dotober 2018) ment of the Treasury I Revenue Service		Give Form to the requester. Do not send to the IRS.					
Print or type. See Specific Instructions on page 3.	2 Business name/o 3 Check appropria following seven i Individual/sol single-membi Limited liabilit Note: Check LLC if the LLC another LLC i is disregarded Other (see ins	disregarded entity the box for federal boxes, e proprietor or er LLC ty company. Ente the appropriate It C is classified as that is not disreg d from the owner structions) ► r, street, and apt. ZIP code	y name, if different from I tax classification of th C Corporation or the tax classification box in the line above for a single-member LLC arded from the owner is should check the appri- to r suite no.) See instru-	n above	is entered on line 1, Ch Partnership corporation, P=Partner of the single-member on the owner unless the poses. Otherwise, a sing classification of its own	eck only one of the ☐ Trust/estate rship) ▶ wner. Do not check bowner of the LLC is ale-member LLC that	certain en Instruction Exempt pa Exemption code (if an (Applies to ac	counts maintained outside the U.S.)
Pa	tl Taxpa	yer Identific	cation Number	(TIN)				
backu reside	up withholding. For ant alien, sole prop as, it is your employ	r Individuals, th rletor, or disreg	is is generally your a parded entity, see th	social security numb le instructions for Pa	glven on line 1 to av er (SSN). However, f rt I, later. For other mber, see <i>How to ge</i>	ora	urity numl	-

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. 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; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (If any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest pald, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of
Here	U.S. person >

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an Information return the amount paid to you, or other amount reportable on an information return. Examples of Information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

Form 1099-DIV (dividends, including those from stocks or mutual funds)

Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

Employer identification number

Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

Form 1099-S (proceeds from real estate transactions)

Date >

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident)

alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Member FDIC

То

Vice-President (PB), State Bank of India, Chicago.

I wish to avail the debit card services offered by State Bank of India, Chicago. Please arrange to issue me debit card.

Name of Customer: (In the order of First, Middle and Last Name)**

(27 Characters)

(21 Characters)

Name as I would like to appear on the card:**

My Account Numbers** Single/ Joint Accounts* Street Address Apt # City Zip State Phone*** (Dav) Phone*** (Eve) Account Number Account Type 7 7 7 Primary - Checking Account 7 7 7

*Joint account holders with mode of operation as anyone or survivor need to submit separate application forms **Address:****

*** Phone number provided in the application should be used to activate / reset the PIN – Use Cell/Landline Numbers only Validation Data (This data will be used for identification when you call the customer service centre for all purposes):

Mother's maiden name **	
Social Security(Last 4-Digit)**	XXX-XX-
Date of Birth (mm-dd-yyyy)**	
Driver's License/State ID**	

** Mandatory Columns to be filled up.

1. Charges are waived for transactions performed at any ATM with any bank within USA up to Dec 2019.

2. The bank has decided to waive the charges levied by the service provider for transactions done at State Bank Group ATMs in India/USA up to Dec 2019.

- 3. For transaction done at ATMs / POS terminals outside USA, cross country (0.2% of transaction amount) and crossborder (0.9% of transaction amount) fees are levied by Master Card. In addition to these the respective ATM network service provider might also charge a fee for each transaction.
- 4. I have received, read and understood the provisions contained in the terms and conditions letter of "State Bank of India, Chicago Debit Card Agreement" and I accept these. I agree that the transactions executed using my debit card will be binding on me.

Customer's Signature Encls: Debit Card Agreement

Date:

For Office Use only	Account and Signature Verified	Application Processed
1 of office ese only	Supervisor PB	Manager