

SIGNATURE CARD

For Wintrust Financial Corporation and its affiliates, including Barrington Bank & Trust Company, N.A.; Beverly Bank & Trust Company, N.A.; Crystal Lake Bank & Trust Company, N.A.; Hinsdale Bank & Trust Company; Lake Forest Bank & Trust Company, N.A.; Libertyville Bank & Trust Company; Northbrook Bank & Trust Company; Old Plank Trail Community Bank, N.A.; Schaumburg Bank & Trust Company, N.A.; St. Charles Bank & Trust Company; State Bank of The Lakes; Town Bank; Village Bank & Trust; Wheaton Bank & Trust Company; Wintrust Bank; and The Chicago Trust Company, N.A.

Account title: Association Name Here

Account number: account #'s to be updated

Tax identification: tax ID

Checking
 Money market
 Savings
 Certificate of deposit
 MaxSafe*

Corporation
 Organization
 Signatures: _____
 Date: _____
 Opened by: _____

NAME AND TITLE (PLEASE PRINT)

SIGNATURE

1.

2.

3.

4.

5.

Account address: Westward's address

Contact phone number(s): Westward's phone number

EACH SIGNER MUST SUBMIT COMPLETED SIGNER INFORMATION SHEET WITH THIS FORM

ADDITIONAL TERMS: Prohibition Against Unlawful Internet Gambling: The bank is required to enforce a prohibition in federal law known as the Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA), which prohibits commercial customers from receiving deposits or any credits into their accounts that are derived from illegal internet gambling. By continuing to maintain an account with the bank, you agree not to engage in illegal internet gambling and to tell us if your account is ever used in connection with any form of internet gambling, even if you believe that it is legal. If you don't notify us, we may deny further access to various payment methods, close your account, or take other action which we believe to be necessary to comply with UIGEA. As an officer or owner of the above-named organization, I have been notified that the bank is required by regulations implementing UIGEA to ensure that its commercial customers' accounts do not receive deposits or other credits derived from illegal internet gambling. By signing below, I hereby certify that the above-named organization does not engage in an internet gambling business of any kind either legal or illegal, and that I or a representative of the organization will notify the bank immediately if the organization engages in an internet gambling business at any future time.

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EACH SIGNER MUST SUBMIT COMPLETED SIGNER INFORMATION SHEET WITH THIS FORM

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. When you open an account, we will ask you for 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 documents.

ACKNOWLEDGMENT: By signing this document, the undersigned acknowledges that they have opened the account number listed above and have received, understand, and agree to be bound by the terms of the Account Agreement for that account. The undersigned certifies that all information provided to the institution is true and accurate. The undersigned acknowledges receipt of a copy of the institution's Privacy Policy and where applicable, the Funds Availability Policy. All signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including check protection service, in connection with this account.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

Exempt payee code, if any: _____ Exempt payee code, if any: _____
Exempt payee code, if any: **SAMPLE** Exemption from FATCA reporting code, if any: _____

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; (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 (If you are subject to backup withholding, cross out this line.), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

One of the signers signs here
Signature

Date

Association's tax ID here
Taxpayer identification number

**RESOLUTION OF CORPORATIONS,
 PARTNERSHIPS, AND LLCs**

for Wintrust Financial Corporation and its affiliates, including Barrington Bank & Trust Company, N.A.; Beverly Bank & Trust Company, N.A.; Crystal Lake Bank & Trust Company, N.A.; Hinsdale Bank & Trust Company; Lake Forest Bank & Trust Company, N.A.; Libertyville Bank & Trust Company; Northbrook Bank & Trust Company; Old Plank Trail Community Bank, N.A.; Schaumburg Bank & Trust Company, N.A.; St. Charles Bank & Trust Company; State Bank of The Lakes; Town Bank; Village Bank & Trust; Wheaton Bank & Trust Company; Wintrust Bank; The Chicago Trust Company, N.A.

DATE:

TO: NAME AND ADDRESS OF FINANCIAL INSTITUTION ("Financial Institution") Wintrust Community Advantage 201 S Hough St, Barrington IL 60010	FROM: NAME AND ADDRESS OF ENTITY ("Entity") Association Name here C/O Westward360, as agent
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Use this *Resolution of Corporations, Partnerships, and LLCs* to document the granting of deposit authority by the governing body of the business entity to specified individuals. This form may be used by legal entities, such as corporations, professional corporations, general partnerships, limited partnerships, limited liability partnerships, and limited liability companies.

Words, numbers, or phrases preceded by a are applicable only when marked, i.e.,

I certify that I am a duly and legally elected/appointed, qualified representative, and keeper of the records ("Designated Representative") of/for the legal entity ("Entity") named above, that the following is a true and complete copy of a Resolution duly adopted at a meeting of the governing body of the Entity held on the _____ day of _____ in accordance with law and the governing documents of the Entity, and that my delivery of this Resolution to Financial Institution certifies to Financial Institution that such Resolution is still in full force and effect.

This entity is For profit Nonprofit

IT IS RESOLVED the following described officers, members, managers, partners, employees, designated parties, or agents of the Entity referred to below as "Authorized Signers," whose names and signatures appear below, are authorized for and on behalf of the Entity to have the following indicated powers as contained in this Resolution:

DEPOSITORY ACCOUNT. Perform the following for the account(s) indicated on page 2, in the name of the Entity, subject to any terms and conditions governing the account(s) such as:

1. Open and maintain the account(s);
2. Make deposits to the account(s);
3. Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Entity by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing;
4. Make withdrawals from the account(s) in any manner permitted by the account(s);
5. Transfer funds from the account(s) in Financial Institution to any account whether or not held at this Financial Institution and whether or not held by this Entity;
6. Transfer funds to the account(s) in Financial Institution from any account whether or not held at this Financial Institution and whether or not held by this Entity;
7. Approve, endorse, guarantee, and identify the endorsement of any payee or any endorser of any negotiable instrument, check, draft, or order for the payment of money whether drawn by the Entity or anyone else and guarantee the payment of any negotiable instrument, check, draft, or order for the payment of money; and
8. Delegate to others the authority to approve, endorse, guarantee, and identify the endorsement of any payee or endorser on any negotiable instrument, check, draft, or order for the payment of money and to guarantee the payment of any such negotiable instrument, check, draft, or order for the payment of money.
9. All of the above.

SAFE DEPOSIT BOX. Lease safe deposit box(es) with Financial Institution; make inspections of, deposits to, and removals from box(es); and exercise all rights and be subject to all responsibilities under the lease.

NIGHT DEPOSITORY. Enter into a Night Depository Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the agreement.

DEBIT/ATM CARD. Apply for, receive, and utilize debit cards, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect.

TREASURY MANAGEMENT. Enter into a Treasury Management Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the agreement.

OTHER AUTHORITY. Describe:

Further, this Resolution continues on page 2 of this document, and all of the power and authority granted are incorporated in this Resolution.

RESOLUTION APPLIES TO (check all that apply): All accounts Safe deposit box number(s):

All future accounts Specific accounts - number(s):

NAME AND TITLE	SIGNATURE	LIMITATIONS
1.	X	Countersigners:
2.	X	Countersigners:
3.	X	Countersigners:
4.	X	Countersigners:
5.	X	Countersigners:
6.	X	Countersigners:
7.	X	Countersigners:
8.	X	Countersigners:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

One of the signers signs here _____

Designated Representative

_____ Date

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay, and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed, or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses, or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees, or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

Wintrust Community Advantage is a division of Barrington Bank & Trust Company, N.A. a Wintrust Community Bank. Banking products provided by Wintrust Financial Corp. banks.



Securities, insurance products, financial planning, and investment management services offered through Wintrust Investments, LLC (Member FINRA/SIPC), founded in 1931. Trust and asset management services offered by The Chicago Trust Company, N.A. and Great Lakes Advisors, LLC respectively.

Investment products such as stocks, bonds, and mutual funds are:

NOT FDIC INSURED | NOT BANK GUARANTEED | MAY LOSE VALUE | NOT A DEPOSIT | NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY

The following information must be filled out in its entirety, or you will not be authorized as a signer on the account. This is necessary to comply with the USA Patriot Act to help the government fight the funding of terrorism and money laundering activities. Federal law requires all banks 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 to see your driver's license or other identifying documents. We are sensitive to our customers' privacy, and information will not be shared with others. Please return individually in envelopes provided to ensure privacy.

Account title: _____ Account number: _____

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Last four digits of your Social Security number: _____ Date of birth: _____

Secret word: _____ Secret word hint: _____ Driver's license number: _____

Date issued: _____ Exp. date: _____ State: _____

Email address: _____

Current employer (or former, if retired): _____

Position/title: _____

Employer status (check one): Full time Part time Retired

Home phone: _____ Work phone: _____

U.S. citizen (check one): Yes No

Are you a foreign diplomat, relative of a foreign diplomat, or work at an embassy? Yes No

Your signature: _____

Enclose a clear copy of the front and back of your driver's license OR have a notary public complete the information below.

STATE OF: _____ COUNTY OF: _____

I, _____, a notary public in and for said county in the state aforesaid, DO HEREBY CERTIFY that _____ appeared before me this day in person and acknowledged that he/she signed, sealed, and delivered this document and as a free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal this _____ day of _____, 202_____.

Notary public: _____

SAMPLE