

## MEMO

**To:** Troy Employees  
**From:** Bob Kasper  
**Date:** May 9, 2006  
**Subject:** Direct Deposit



By now, many of you have heard me talk about the first lesson I ever learned in business;

*“Never count your money on Queens Boulevard.”*

As a kid walking the streets of Queens, it was ingrained in my memory that I should never make it known when I’m carrying money. “You’ll be asking for trouble.”

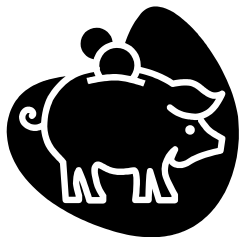
Now, as a result of these words of caution, Fridays make me nervous. We have 70 people working here, and most of us grab the paycheck, rush to the bank and walk around for days with a big wad of cash in our pockets. That’s asking for trouble.

Finally, the solution is here. Starting with Friday, May 19<sup>th</sup> paychecks, Direct Deposit is available. Here’s how to take advantage of it.

### Free Direct Deposit Accounts at Key Bank “Key At Work Account”



#### Advantages



#### Disadvantages

#### To Qualify

Checking With Debit Card	Debit Card Only
Cash available via ATM whenever you need it.	Cash available via ATM whenever you need it.
No rush to cash your check	No rush to cash your check
No wad of cash to carry	No wad of cash to carry
Free checking	Even with a bad checking history, you can still have this account.
No minimum balance	
First paycheck starts acct.	
None.	1.9% of your paycheck is collected by the bank as a fee.
Eligible for Vet450 Bonus	Eligible for Vet450 Bonus

Sign-up Forms are available from either your supervisor or on our website, in the Work Environment section.

Bank safely.

**Bob**

## Account Set-Up Compliance Form

CLIENT NAME \_\_\_\_\_  
SOC SEC NUMBER OR TIN \_\_\_\_\_  
PERMANENT STREET ADDRESS \_\_\_\_\_  
PERMANENT CITY OF RESIDENCE \_\_\_\_\_  
PERMANENT STATE OF RESIDENCE \_\_\_\_\_  
PERMANENT COUNTRY OF RESIDENCE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
CLIENT PHONE NUMBER \_\_\_\_\_  
NAME OF INDIVIDUAL COMPLETING  
ADDENDUM \_\_\_\_\_  
DATE FORM COMPLETED \_\_\_\_\_

1) Are all parties on the account U.S. Citizens?

YES       NO

If No, list individually, who on the account is not a U.S. Citizen and the individual(s) Country of Citizenship.

\_\_\_\_\_

2) Do any parties on the account maintain dual citizenship?

YES       NO

If Yes, list individually, who on the account has dual citizenship and the individual(s) Country(ies) of Citizenship.

\_\_\_\_\_

3) Is the U.S. the permanent Country of Residency for all parties on the account?

YES       NO

If No, list individually, who on the account does not have the U.S. as their permanent Country of Residence and the individual(s) permanent Country of Residency

\_\_\_\_\_

4) Do any parties on the account perform any foreign political functions or do any parties on the account occupy a high position in a foreign government?

YES       NO

If Yes, please list the position held and for what country the position was held:

\_\_\_\_\_

5.) Do any parties on the account have a family member or close associate that performs any foreign political functions or has occupied a high position in a foreign government?

YES       NO

If yes please list the name of the family member or close associate, the position held & for what country:

\_\_\_\_\_

6.) Do any parties on the account accept or cash (for currency) third-party checks that are not for your family members?

YES       NO



# Required Primary Identification Form – Key@Work

## Customer Information – Please Print

Customer Name: \_\_\_\_\_

U. S. Citizen (Yes/No): \_\_\_\_\_

U.S. Citizen		Non-U.S. Citizen	
SS#	TIN #	Type	Number
<input type="checkbox"/> Driver's License - DLIC	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____	<input type="checkbox"/> Driver's License - DLIC	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____
<input type="checkbox"/> Military ID	Number: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____	<input type="checkbox"/> Military ID	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____
<input type="checkbox"/> Passport -PASP	Number: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____	<input type="checkbox"/> Passport -PASP	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____
<input type="checkbox"/> State ID - STID	Number: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____	<input type="checkbox"/> Resident Alien Card - ALN	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____
<input type="checkbox"/> State/Local Government ID	Number: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____	<input type="checkbox"/> State ID - STID	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____
<input type="checkbox"/> Tribal ID	Number: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____	<input type="checkbox"/> State/Local Government ID	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____
		<input type="checkbox"/> Tribal ID	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____
		<input type="checkbox"/> Canada/Mexico Driver's License - FID	DL#: _____ Date Issued: _____ Exp. Date: _____ State/County Code: _____

Secondary ID	Secondary ID
Type: _____	Type: _____
Number: _____	Number: _____

### PATRIOT ACT DISCLOSURE

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 customer who opens an account. Therefore, all new and existing customers are subject to the identity verification requirements.

When you open an account with any entity within the KeyCorp family of companies, we require the following information for all applicants: name, address, identification information, and date of birth (for individuals).

Today's Date: _____	KeyCenter Contact: _____	KeyCenter Name: _____	Phone Number: _____
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# Account Express<sup>SM</sup> Plan

 New

 Replacement

Former UDA#

Primary Account #	Primary Product Code	Ownership		Open Date
Legal Title of Account		Email Address	TIN	DOB
C1				
C2				
C3				
C4				
Statement Mailing Address		Legal Mailing Address (if different from statement)		
<b>New Account Verification</b>				
ID/Comments:		Mother's Maiden Name:		
ChexSystems:	Verified By:	Waived By:	Place of Employment:	
C1				
C2				
C3				
Residence Phone:	Employment Phone:	Primary Identification Type:	Secondary Identification Type:	
C1				
C2				
C3				
Opened by:	Officer Code:	KeyCenter #:	KeyCenter Phone:	
LEE LASHOMBE	LRL09	00516	518-274-1213	

This Account Express Plan ("Plan") authorizes KeyBank National Association (the "Bank"), at its discretion, to open one or more personal deposit accounts (including checking accounts, savings accounts, certificates of deposit but excluding passbook savings accounts) upon the receipt of electronic, written or oral instructions from me (meaning all signers below) or, if more than one person signs below, upon the receipt of electronic, written or oral instructions from any one of us without obtaining a signature on any additional Plan or signature card. I (meaning all signers below) understand that all deposit accounts opened by me will be owned by me (or by us, if more than one person signs below) in the same capacity. (For example, if we open a joint account, all other accounts opened by us under this Plan will be jointly owned by us. Any other account ownership will require a separate Plan.) I understand that the accounts will be opened when the funds are received at the Bank. This Plan is the signature card for all accounts opened under this Plan.

I authorize the Bank, at its discretion: (i) to act upon instructions from any of us to deposit, withdraw or transfer funds to or from any other accounts (except passbook savings) at the Bank when opening new accounts; (ii) to recognize and honor the signature of any of us on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds, including transfers to the Bank or to third parties and (iii) to act upon instructions from any of us for the transaction of any business on any accounts covered by this Plan. I agree that the Bank may receive instructions from any of us via any source including: electronic communications, computer, telephone, US mail or in person at the Bank.

I understand that all accounts opened under this Plan are subject to the Deposit Account Agreement. I acknowledge receiving a copy of the agreement, and a written disclosure of the interest rate, annual percentage yield, fees and other terms and disclosures relating to the account opened at the time the Plan was signed.

**Attention New Customer:** The information you are providing to open your new KeyBank account is subject to review and verification. KeyBank reserves the right to close your account in the event we are unable to verify, to our satisfaction, the information you provided.

*I understand the following tax certification applies to all accounts opened under this Plan:*

*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 that I am subject to backup withholding as a result of 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. person (including a U.S. resident alien)*

*You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax returns.*

*If you are a foreign person, cross out above tax certification section and U.S. person on the line next to your signature below. Complete the appropriate Form W-8.*

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Signature of U.S. Person 1	TIN	Date
Signature of U.S. Person 2	TIN	Date
Signature of U.S. Person 3	TIN	Date

## New Account Information

Account No. 1 (primary)		
New Account No.	New Acct Type: <input type="checkbox"/> DDA <input type="checkbox"/> CDA	
TIN	Sub Prod. Code	Source of Funds
Account No. 3		
New Account No.	New Acct Type: <input type="checkbox"/> DDA <input type="checkbox"/> CDA	
TIN	Sub Prod. Code	Source of Funds

Account No. 2		
New Account No.	New Acct Type: <input type="checkbox"/> DDA <input type="checkbox"/> CDA	
TIN	Sub Prod. Code	Source of Funds
Account No. 4		
New Account No.	New Acct Type: <input type="checkbox"/> DDA <input type="checkbox"/> CDA	
TIN	Sub Prod. Code	Source of Funds