

**SIGNATURE CARD**

PNC Bank, National Association

Date: \_\_\_\_\_

☐ Original    ☐ Master    ☐ Add    ☒ Replacement    ☐ Delete    ☐ Depository Only
**THE FOLLOWING SECTIONS TO BE COMPLETED BY CLIENT**

ACCOUNT TITLE		SUBTITLE	
Town of Lake Park			
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP CODE
535 Park Ave	Lake Park	Florida	33403

**Check appropriate box for federal tax classification; check only one of the following seven boxes (required):**
☐ Individual/sole proprietor or single-member LLC    ☐ C Corporation    ☐ S Corporation    ☐ Partnership    ☐ Trust/estate  
☐ Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = partnership) \_\_\_\_\_

**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner

☒ Other (See IRS Publications fw9/iw9 for Instructions at www.irs.gov)    Municipality \_\_\_\_\_
**COMPLETE EACH SECTION FOR ALL SIGNERS, INCLUDING THOSE USING FACSIMILE SIGNATURES:**

PRINTED NAME	TITLE	SIGNATURE (not required for a Deletion)
1) Jeffrey P. Duvall	Finance Director	
2) Kimberly Glas-Castro	Vice Mayor	
3) John Linden	Commissioner	
4) Roger Michaud		
5)		
6)		

By signing below, the depositor (1) acknowledges receipt of the Account Agreement for this account and, if applicable to this account, the funds availability policy, and the USA PATRIOT Act Notice; (2) agrees that such documents are part of PNC's agreement with, and shall be legally binding on, the depositor; (3) agrees that PNC will not monitor specifications requiring multiple signatures or dollar limitations on checks drawn on depositor's accounts and that any such specifications are for depositor's internal purposes, only; (4) confirms that the information on this signature card is correct; and (5) confirms that the persons whose signatures appear on this signature card as signers on this account are authorized signers in accordance with the depositor's resolution and that the signatures appearing above are true specimens of the signatures of the persons listed above.

**Certification of Owner:**

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

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.

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

ACCOUNT NUMBER	TAX IDENTIFICATION NUMBER
1201423864, 1201634645, 1201624885	59-6000355

Printed Name: Kimberly Glas-Castro

Printed Title: Vice Mayor

**Authorized Signature**

Authorized representative per Part 3B of the PNC Master Resolution or as authorized by the Resolution on file with the Bank.