Dear Parents/Guardians:

We welcome your daughter/son to Cornell University and to Ithaca, New York. We are sure that s/he will enjoy the adventure ahead.

M&T Bank and Cornell University Summer College have created a partnership to offer your student a convenient and safe way to manage his/her money. We have designed a special @College Checking Account that will allow your student easy access to his/her money via a free ATM/debit card with no transaction or monthly fees. Your student can use this card at all M&T Bank ATM locations, including Noyes and Robert Purcell community centers, Willard Straight Hall, and North commons, all on campus, plus two Collegetown ATM’s with a full service branch.

If you are interested in taking advantage of this option, please complete the attached form and forward it to:

M&T Bank
Cornell University Branch
Willard Straight Hall, Box 11
Ithaca, NY 14853

In addition, please enclose copies of two different forms of identification for each signer, and a check for $25 for the opening deposit. If the account signer/s reside outside of the United States, the attached Certificate of Foreign Status must be completed with their permanent address listed on the form. Please note that if your student is under 18, you must also complete the enclosed Parental Guarantee of a Minor form in which your student will be issued an ATM card only. Account signers will receive their ATM/debit card and new account information within two weeks after all the completed documents have been received.

It is also highly recommended for first time account holders to open a Relationship Savings account. This account can then be linked to their checking for overdraft protection. An additional opening deposit of $25 is required to do this as well.

The staff and I look forward to meeting you. If you have any questions, please feel free to call us at (607) 257-5121. Once again, welcome to Cornell!

- Keep your money safe in your own bank account
- 24-hour access to your money with 6 convenient campus ATMs
- Full service branch on-campus @ Willard Straight Hall
- One-time set-up fee of $25.00 with no monthly or transaction fees at all M&T Bank ATM locations
- 24-hour access to your bank account information via the M&T Telephone Banking Center, (800) 724-2440
### Primary Account Holder

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Employer's Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### Joint Account Holder

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</thead>
</table>

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</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Please indicate below if you are interested in opening an Overdraft Protection Relationship Savings Account or ATM/debit cards need to be sent to all account signers:

- [ ] Overdraft Protection Relationship Savings Account
- [ ] ATM/debit card for all account signers

*It is not necessary to set up a joint account; however, only account holders have authority to obtain information including, but not limited to, balance inquiries, deposit or withdrawal inquiries.*
PARENTAL GUARANTEE OF A MINOR

Manufacturers and Traders Trust Company

_______________________________ Office

I, the undersigned, hereby request Manufacturers and Traders Trust Company (M&T Bank) and any one of its affiliates (you) to permit ________________________________, my minor son/daughter, to obtain an ATM Card to be used in conjunction with the following deposit account(s) in which my son/daughter has an interest:

<table>
<thead>
<tr>
<th>Checking Acct. No.</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings Acct. No.</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I further understand that, in the event any of the accounts listed above has been linked to an overdraft line of credit,* my son/daughter will be able to fully access the line of credit as well as the deposit account balance, and that I will be fully responsible for repaying all amounts due under the overdraft line of credit, whether such indebtedness is incurred by me, by my son/daughter or by any other authorized user.

In consideration of your issuing a card or cards to my son/daughter, I agree to guarantee the payment of any and all amounts owing to you as the result of my son’s/daughter’s use or authorization of use of the card(s) and/or account(s) and to indemnify you and hold you harmless from and against any and all loss, damage, costs, expenses and other liability, including court costs and attorneys’ fees, that you may sustain as a result of issuing a card or cards to my son/daughter.

I understand that this guarantee and this indemnity include and cover, but are not limited to, the deposit of or negotiation of any and all checks or other instruments or items, the payment of any and all moneys, the making or authorizing of any and all electronic transactions or other transactions with the card(s) and the incurring of any and all overdraft line of credit indebtedness.

Date ____________________________ Parents

S.S. No.: ____________________________ Signature: ____________________________

of Parent: ____________________________

Witness: ____________________________

For bank use only

<table>
<thead>
<tr>
<th>Branch Number:</th>
<th>Phone:</th>
<th>Employee Number:</th>
</tr>
</thead>
</table>

Enter all accounts/cards that apply

<table>
<thead>
<tr>
<th>Account/Card Type</th>
<th>Account/Card Number:</th>
<th>Card Issue Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked Checking Account</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Linked Savings Account</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>ATM Card</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Other</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

*Overdraft lines of credit are issued by M&T Bank, National Association.
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Section references are to the Internal Revenue Code. See separate instructions. Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:
- A U.S. citizen or other U.S. person, including a resident alien individual.
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States.
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions).
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 1152, 501(c), 892, 895, or 1443(b) (see instructions).

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary.

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner

2 Country of incorporation or organization

3 Type of beneficial owner:

- Individual
- Corporation
- Disregarded entity
- Partnership
- Simple trust
- Grantor trust
- Complex trust
- Estate
- Government
- International organization
- Central bank of issue
- Tax-exempt organization
- Private foundation

4 Permanent residence address (street, apt., or suite no., or rural route). Do not use a P.O. box or in-care-of address.

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

5 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

6 U.S. taxpayer identification number, if required (see instructions)

- SSN or ITIN
- EIN

7 Foreign tax identifying number, if any (optional)

8 Reference number(s) (see instructions)

Part II Claim of Tax Treaty Benefits (If applicable)

9 I certify that (check all that apply):

a. The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.

b. If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c. The beneficial owner is not an individual. Derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d. The beneficial owner is not an individual. Is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business or a foreign corporation, and meets qualified resident status (see instructions).

10 Special rates and conditions (If applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):

Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV 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:

1. I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.

2. The beneficial owner is not a U.S. person.

3. The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but it is not subject to tax under an income tax treaty, and

4. 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.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Capacity in which acting

For Paperwork Reduction Act Notice, see separate Instructions.
The banking solutions students need at home and at school.

@College Checking™ can help you reduce your carbon footprint. Take advantage of these environmentally friendly options:

- e-Statements
- Free M&T Web Banking
- Free M&T Web Bill Pay
- Checks printed on recycled paper
- M&T Check Card
- ATM Access
- Direct Deposit

www.mtb.com/atcollege

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