

## Signature Registration



Account Name:	Account Number:	<div><div></div><div></div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> Opening <input type="checkbox"/> Inclusion
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**INSTRUCTIONS:** Use **BLACK OR BLUE INK ONLY**. Please sign within the box boundaries only. **Do Not** overlap signatures. Note that the signatures used in this Account Signature Card will need to coincide with the signatures available in each signor's Passport(s) or other identification provided during the account opening process. If the signature does not coincide with the identification provided, this may delay the final account opening and/or may result in delays in transaction processing. For your security, as well as that of your account, please cross out all of the unused signature boxes before submitting this form to Intercam Banco Internacional, Inc. Once all signors have signed this Account Signature Card, please scan the same into a high resolution, PDF document, and email it to the following address: [customer\\_service@intercam.com.pr](mailto:customer_service@intercam.com.pr)

The undersigned, as an authorized representative of the Account Holder, certifies that he/she has reviewed the information contained in this Account Signature Card. As authorized representative, I also hereby confirm that the account holders have received all of the required disclosures, including Intercam Banco Internacional, Inc.'s e-Sign Disclosure, giving their express consent to the e-Sign Disclosures, as well as to continue the account opening process and receive future notifications electronically. I also hereby certify that all of the account authorization documents, information presented, organizational documents and/or information (hereby collectively referred to as the "Authorization Documents") provided of the Account Holder(s) is accurate, as of the date of the submission date. The Account Holder(s) acknowledges receipt of, and agrees to be bound by, the terms and conditions stated and governing the operation of the accounts and services provided by Intercam Banco Internacional, Inc., including the Account Terms and Service Terms, as may be amended or supplemented from time to time.

As applicable, the undersigned is authorized to certify the names, titles, and signatures of authorized signers named in this Account Signature Card on this/these account(s), pursuant to the Authorization Documents. The undersigned certifies that the (Num.)\_\_\_\_\_ signatures presented on these pages are the signatures of persons authorized to sign and otherwise act on behalf of the Account Holder(s) with respect to the account(s), banking transactions and/or services offered by Intercam Banco Internacional, Inc. Intercam Banco Internacional, Inc. is entitled to rely on the authority of the named person(s) until the Bank received written revocation of such authority. No notice of revocation will be effective until the bank has a reasonable opportunity to act on it.

### Primary Signature:

Name and Last Name:	<div></div>
Position (only for business clients, financial institutions):	
Type of Signature: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account <input type="checkbox"/> Indistinct	
Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Until: _____	
Signature	

### Additional Signature:

Name and Last Name:	<div></div>
Position (only for business clients, financial institutions):	
Type of Signature: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account <input type="checkbox"/> Indistinct	
Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Until: _____	
Signature	

### Additional Signature:

Name and Last Name:	<div></div>
Position (only for business clients, financial institutions):	
Type of Signature: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account <input type="checkbox"/> Indistinct	
Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Until: _____	
Signature	

Name and Last Name:	<div>Signature</div>
Position (only for business clients, financial institutions):	
Type of Signature: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account <input type="checkbox"/> Indistinct	
Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No      Until: _____	

Name and Last Name:	
Position (only for business clients, financial institutions):	
Type of Signature: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account <input type="checkbox"/> Indistinct	
Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No      Until: _____	
Signature	

<div> <div></div> <div>Authorized Officer</div> </div>		<div> <div></div> <div>Principal Approval</div> </div>	
Signature	Date (month/day/year)	Signature	Date (month/day/year)