

**BOSTON PRIVATE BANK & TRUST COMPANY
ONLINE BANKING PERSONAL ENROLLMENT FORM
AGREEMENT & DISCLOSURE**

Please Print, Sign and Return this Form to: **Boston Private Bank & Trust Company
ATTN: Online Banking
Ten Post Office Square
Boston, MA 02109**

An email confirmation will be sent to you with Login Instructions, once we receive your Enrollment Form. If you have any questions, please contact Online Banking Client Service at (617) 912-4000.

Customer Information (All Fields are required)

Name: _____
Street Address: _____
City, State and Zip Code: _____
Home or Cell Phone: _____
Email: _____

Date of Birth: _____
Social Security Number: _____
Security Word: _____

Employer: _____
Street Address: _____
City, State and Zip Code: _____
Work Phone: _____

Alternate Mailing Address

Name: _____
Street Address: _____
City, State and Zip Code: _____

Please select your Login ID, using numbers and lower case letters.

Login ID:

Requirements: The minimum Login ID length is 8 characters, with a maximum length of 16 characters.

Account Information

Account Access Codes: FA = Full Access; VC = View and Deposit; VO = View Only; (Default = FA)

1. Checking and Saving Accounts (NOW, Investment Savings, Money Market)

| Account Number | Account Description | Account Access Type | | |
|----------------|---------------------|-----------------------------|-----------------------------|-----------------------------|
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |

2. Loans and Lines of Credit (Mortgage, Term Loan, Home Equity Loans and Credit Reserve)

| Account Number | Account Description | Account Access Type | | |
|----------------|---------------------|-----------------------------|-----------------------------|-----------------------------|
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |

3. CD and IRA Accounts

| Account Number | Account Description | Account Access Type | | |
|----------------|---------------------|-----------------------------|-----------------------------|-----------------------------|
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |
| | | FA <input type="checkbox"/> | VC <input type="checkbox"/> | VO <input type="checkbox"/> |

4. Bill Payment Service: No Yes (Our Bill Pay Service Provider will require a separate enrollment form)

By signing below, I acknowledge that I have read, accept and understand the Online Banking Agreement and Disclosure, and agree to all the Terms and Conditions set forth therein.

Note: The signatures of all joint account owners are required.

| | |
|--|---|
| Authorized Signer: _____ | Date: _____ |
| Authorized Signer: _____ | Date: _____ |
| Authorized Signer: _____ | Date: _____ |
| BANK USE ONLY: Attach a VCR Screen Print to this application, <u>before</u> sending it to Electronic Banking. | |
| Date Completed: _____ | CIF Updated: <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Authorization Verified: <input type="checkbox"/> No <input type="checkbox"/> Yes | VCR#: 9881660000 _____ |
| Completed by: _____ | |