

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

Corporation Organization
 Partnership Escrow or Trust
 Sole Proprietorship Estate
 LLC
 Revocable Trust Designation as Defined in Trust

Update Describe: _____

Nature of Business: BENEFIT TRUST
 County & State of Organization: WILL ILLINOIS
 Resolution Received by: STANDARD BANK / GN
 Resolution dated: 03/27/2012
 Source of Funds: CASH & CHECKS
 Anticipated Account Activity N/A


Date Opened: 03/27/2012 By: GLORIA NICOSIA
 Initial Deposit Amount: \$3.00 Previous Bank STANDARD BANK
 Product Type: eCHECKING
 Accounting Branch: RETAIL JOLIET
 Business Phone: 815-503-2297
 Business E-mail: _____
 Business Website: _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 38-7029572

TAXPAYER ID NUMBER: The Taxpayer Identification Number shown above (TIN) is my correct Taxpayer Identification Number.
 BACKUP WITHHOLDING: I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 U.S. CITIZEN: I am a U.S. person (including a U.S. resident alien).
 EXEMPT RECIPIENTS: I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE:
 I certify under the penalties of perjury the statements checked in this section.

X 
 Name: MICHAEL SANGERMANO Date: 03/27/2012

SPECIAL INSTRUCTIONS

Signatures required to validate checks or savings withdrawals.

Account Number: ██████████3005

Account Title: LEUKEMIA MICHAEL SANGERMANO TR
FBO MICHAEL SANGERMANO

Mailing Address: 905 BRENTWOOD, JOLIET, IL 60435
JOLIET, IL 60435

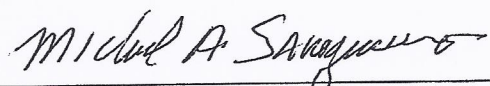
Product Type

Checking Savings
 Money Market NOW Account
 Certificate of Deposit Other
 ATM Card # _____

NEW DEBIT CARD ORDER

Signer 1 Signer 2 Signer 3 Signer 4

It is hereby agreed that this deposit shall be governed by the bank's bylaws and regulations in effect from time to time, and by the customer's resolutions or certificate on file. I understand that a credit check may be required prior to my establishing an account and I hereby authorize such a check for this purpose. I am aware that additional credit checks may be made at any time during the course of my relationship with Standard Bank and Trust Company at such times as the bank deems it necessary. I hereby authorize credit information to be released to Standard Bank and Trust Company at any time during the course of my bank relationship. Accounts at the Bank are insured by the FDIC.

1. 

MICHAEL A SANGERMANO AUTH SIGNER
 Authorized Signer Title or Position
 E-mail: _____

2. _____

Authorized Signer Title or Position
 E-mail: _____

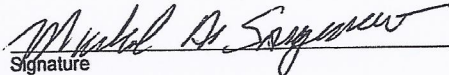
3. _____

Authorized Signer Title or Position
 E-mail: _____

4. _____

Authorized Signer Title or Position
 E-mail: _____

IMPORTANT: The above signatures are hereby certified to be genuine.


 Signature
MICHAEL SANGERMANO
 Secretary or Clerk Name