

## 普通預金口座開設について

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普通預金口座開設に必要な書類は全部で4点でPDFのフォームをダウンロード、印刷をしてガイドに従い必要事項を下記のガイドに従い全て英数字で記入して下さい。記入された書類は、E-mailで添付書類として…又はFAXで送って頂くことで素早く口座の開設が可能です。

## 口座開設のプロセス

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1. 普通口座開設と共にVISAデビットカードを利用する為に[書類を記入](#)して下さい。
  2. 書類をNWTへとFaxをするかE-mailに添付として送る。
  3. NWTのオフィスで書類を受理した後、書類の審査の後に普通口座開設の設定をする。
  4. 口座の設定が出来次第、1万ドル以上を入金する。
  5. 入金を確認された所でデビットカードの申請が開始される。
  6. カードの発行とPIN(暗証番号)の発行が別々に行われる。
  7. デビットカードを受理した後にカードに書かれている電話番号にアクセスしてカードを有効にする。
- 書類受理後の口座設定並びにカード発行のプロセスは、10日から14日間位掛かります。

**Account Information**

Registered Owner:  Individual(s)     Corporation/Incorporated Association     Partnership     Trust  
 Other \_\_\_\_\_ (such as Non-Profit Organization, Religious Organization, Sole Proprietorship, Investment Club, Non-Incorporated Association, etc.)

NWT Financial Group, LLC     口座番号  
 Bank/Brokerage Firm 氏名    W-8    Bank/Brokerage Account Number  
 Account Name 氏名    Taxpayer Identification Number    Date of Birth  
 Joint Account Name 住所    Taxpayer Identification Number    Date of Birth  
 Street Address    Home Phone    自宅 TEL  
 City    State    Zip    Business Phone

There may be an annual service fee for funds. Please, This Account Contact your investment professional for details.

**Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

Certification is required only for most cases on 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. Federal estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, credit unions or an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this Certification, but you must provide your correct TIN.

筆記体で署名    日付  
 Signature of Individual/Trustee/Managing Director/General Partner/Owner    Date

**Checkwriting Information**

**INDIVIDUAL ACCOUNTS**

CHECK HERE if only one signature is required on checks. If this box is not checked, the signature of each shareholder is required.

The above shareholder(s) hereby applies for the Redemptions Check Privilege. Please sign this form exactly as your name appears on the account registration. If a joint account, all signatures must be included and each signature guarantees the genuineness of the other's signature.

The signature of each shareholder appearing on this form must be guaranteed by an eligible guarantor institution which includes a commercial bank, a domestic savings and loan institution, a domestic credit union, a member bank of the Federal Reserve system, a member firm of a national securities exchange, or SPAMP participant, pursuant to the Fund's Transfer Agent's standards and procedures. *Association is not acceptable.*

The Transfer Agent will only process checks signed in accordance with the instructions on this application.

筆記体で署名    日付

INDIVIDUAL GUARANTEE: Primary Applicant's Signature    Date

JOINT GUARANTEE: Joint Applicant's Signature    Date

The joint names, please use for each signature must be guaranteed separately.

**CORPORATIONS, PARTNERSHIPS, TRUSTS OR OTHER INSTITUTIONAL INVESTORS**

The following named persons are currently officers/trustees/general partners/other authorized signatories of the Registered Owner, and any \_\_\_\_\_ of them ("Authorized Person(s)"), is/are currently authorized under the applicable governing document to act with full power to sell, assign or transfer securities of the Fund for the Registered Owner and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

Name	Title	Specimen Signature

Please attach additional signatures.

\*\*Insert a number. Unless otherwise indicated, the Transfer Agent may honor its reactions of any one of the persons named herein.

PRIORITY PLUS APPLICATION & AGREEMENT

Visa® Check Card Information

Please send (select one)

- Visa Gold Check Card
- Visa Signature Check Card
- Visa Platinum Check Card
- One card
- Two cards
- Three cards
- Four cards

The information provided below is necessary for your protection. It will be used occasionally to verify the identity of the card user. Do not exceed 20 characters, including spaces, on the information provided in this section.

カードを使用する方 →

4名様まで

Cardholder #1 Name (Last, middle, last)

Cardholder #2 Name (Last, middle, last)

Cardholder #3 Name (Last, middle, last)

Cardholder #4 Name (Last, middle, last)

カードを使用する人の母親の旧姓

Cardholder #1 Mother's Name (Last, depending on state laws)

Corporations and Incorporated Associations

Each of the following signatures requires either a signature guarantee or corporate seal. If signature guaranteed, signatures must be guaranteed by an eligible guarantor institution, which includes a commercial bank, a domestic savings and loan institution, a domestic credit union, a member bank of the Federal Reserve system, a member firm of a national securities exchange, or SIFAMP participant, pursuant to the Fund's Transfer Agent's standards and procedures. Authorization is not acceptable.

I, \_\_\_\_\_, Secretary of the Registered Owner named herein, do hereby certify that at a meeting on \_\_\_\_\_ at which a quorum was present throughout, the Board of Directors of the corporation/the officers of the association duly adopted a resolution, which is in full force and effect and in accordance with the Registered Owner's charter and by-laws, which resolution did the following: (1) empowered me Authorized Person(s) named herein to effect securities transactions for the Registered Owner on the terms described above; (2) authorized the Secretary to certify from time to time, the names and titles of the officers of the Registered Owner and to notify the Transfer Agent when changes in office occur; and (3) authorized the Secretary to certify that such a resolution has been duly adopted and will remain in full force and effect until the Transfer Agent receives a duly executed amendment to the Certification form.

Witness my hand on behalf of the Corporation/Association this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SIGNATURE GUARANTEED for Corporate Seal

Signature of Secretary

The undersigned officer (other than the Secretary) hereby certifies that the foregoing instrument has been signed by the Secretary of the Corporation/Association.

SIGNATURE GUARANTEED for Corporate Seal

Signature of Certifying Officer of the Corporation/Association

All Other Institutional Investors

Each of the following signature(s) must be guaranteed by an eligible guarantor institution, which includes a commercial bank, a domestic savings and loan institution, a domestic credit union, a member bank of the Federal Reserve system, a member firm of a national securities exchange, or SIFAMP participant, pursuant to the Fund's Transfer Agent's standards and procedures. Authorization is not acceptable.

SIGNATURE GUARANTEED

Signature of Certifying Officer/Trustee/General Partner/Other

SIGNATURE GUARANTEED

Signature of Certifying Officer/Trustee/General Partner/Other

Agreements

I (We) have read and understand the Agreements attached to this form.

署名  
Priority Applicant Signature

日付

Date

Signature of Applicant's Signature

Date

Signature of Secretary/Certifying Officer/Trustee/General Partner/Other

Date