

Dear Valued Customer,

Thank you for choosing ATB Financial MasterCard. As per your request to obtain an additional card on your account, please complete the attached form with your signature and the signature of the new cardholder.

The additional card will be ready for pick up within 10-15 business days of your initial request. Please have the new cardholder visit the ATB Financial Branch you have selected with the attached Additional Cardholder form completed. To protect you against identity theft and to verify the applicant's identity, please ensure the cardholder brings two pieces of original identification meeting the following criteria:

- One piece of photo identification: (For example: Driver's License, Passport)
- One piece of Federal or Provincial identification (For example: Birth Certificate, SIN)

Once these requirements have been met, the card will be released to the new cardholder.

Sincerely,
ATB Financial MasterCard Services



Request Additional Cards

***Existing Cardholder Name** _____

***MasterCard Account Number** _____

New Cardholder Details

***First Name** _____

***Last Name** _____

***Date of Birth (DD/MM/YYYY)** _____

SIN (Optional) _____

Employer's Name _____

Employer's Phone No. _____

Occupation/Student _____

How Long _____

Gross Income
\$ _____

To ATB Financial: I/We apply for the additional MasterCard referred to above. I/We agree to be bound by the terms and conditions of the Cardholder Agreement and accept as notice in writing of and authorize and consent to the receipt and exchange of credit information by ATB Financial from time to time, including the exchange of credit information with any credit reporting agency, credit bureau or any person or corporation with whom I/We have or propose to have financial relations. I/We agree that we are jointly liable and severally liable to ATB for all Debt (as defined in the personal cardholder agreement) charged to the Card Account no matter how it is incurred or who has incurred it.

***Signature of Existing Cardholder** _____

***Signature of New Applicant** _____

NOTE: Sections in *bold are mandatory.

BRANCH INSTRUCTION

***Branch Member E-Number** _____

***Branch Transit** _____

***Date (DD/MM/YYYY)** _____

To complete the request for Additional Cardholder, please refer to the operating guide (<http://www.atb.ab.com> >>Operating Guide>>Consumer MasterCard>>Adding New Account Holders to an Existing Account)

ATB Financial[®]
Where there's a way

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