



Instructions:

- GE Interest Plus for Businesses is available to businesses in the United States.
- Complete this application and Form W-9.
- Information must be provided about you and your Sole Proprietorship. In addition, we require information about each other person you are authorizing to act with respect to the investment. Required information from authorized persons includes their Social Security number, home address and date of birth. Applications cannot be processed unless this information is provided.
- You must send in a copy of your Business License with this application.
- You must also include a voided check or a bank statement to verify the linked bank checking or operating account.
- Please print or type all items except signatures. Sign in blue or black ink where indicated on each form.
- For assistance, please contact a Service Representative at **(888) 674-4138** business days from 8:30 a.m. to 7 p.m. ET.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity who/which opens an account. In certain circumstances, we may obtain and verify this information with respect to any person(s) authorized to effect transactions for your investment. Your investment may be restricted and/or closed if we cannot verify this information.

1. Registration of Your Investment

Your investment will be registered in your name and your businesses' name as follows: *Your Name Doing Business As (DBA) Your Company Name.*

First Name, Middle Initial, Last Name	Social Security Number
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2. Provide Information on Your Sole Proprietorship

Name of Sole Proprietorship		Business Telephone Number, Including Extension	
Permanent Street Address of Your Sole Proprietorship			Date of Formation (MM/DD/YYYY)
City	State	Zip Code	

3. Indicate the Nature of Your Business

In the box below, indicate the nature of your business. The nature of your business refers to the type or general category of business or commerce you engage in. Please limit your response to 35 characters.

4. Provide Additional Information About Yourself

Home Street Address		City	State	Zip Code
Driver's License Number	Issuing State	Mother's Maiden Name		
Home Telephone Number	Your Date of Birth (MM/DD/YYYY)			
Email Address (office)				

Have you been at the above home address for more than 5 years? If not, please provide us with your previous address below:

Previous Home Street Address	City	State	Zip Code
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## 5. Indicate Your Mailing Address

You may choose to receive mail at your business address, your home address, or another address you indicate below. If you indicate a different mailing address, it may be a P.O. Box. It may not, however, be a foreign address. Please note that your welcome letter and initial confirmation statement will be mailed to your business address listed in Step 2. Subsequent mailings, including monthly statements, will be sent to the address you indicate below.

Mail correspondence to my **business address**.

Mail correspondence to my **home address**.

Mail correspondence to **another address indicated below**.

Street Address or P.O. Box	City	State	Zip Code
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## 6. Indicate Your Initial Investment

Your initial investment must be for a minimum of **\$500**. Your total investment is limited to a maximum, which is currently **\$5 million**. Funds must originate from a U.S. bank or U.S. branch of a foreign bank and be in U.S. dollars. Money orders, traveler's checks, starter checks, cashier's checks, credit card checks, cash and third-party checks are not accepted. **If you are enclosing a check or wiring funds, those funds must be drawn on an account that is registered in your name or in the name of your Sole Proprietorship.** Your investment check will not be processed until information on this application is verified. Please note: While investments made by mail will begin to earn interest on the date of credit, they are not available for redemption until 7 business days after the check is credited to your investment. Federal Funds wires are available one business day after credit. Funds transferred electronically through the Automated Clearing House (ACH) will typically be completed in 2 to 3 business days and will be available 3 business days after credit.

Check One:

Please fund my initial investment from the linked bank account I designate in Step 7. GE Interest Plus for Businesses will initiate a transfer via the ACH for the amount you indicate below:  
\$ \_\_\_\_\_

Enclosed is a check payable to GE Interest Plus for Businesses for:  
\$ \_\_\_\_\_

I will be wiring in funds via the Federal Funds wire system.\* Please establish my investment and then contact me when it is open with wiring instructions.

*\*Please note that if you choose the Federal Funds wire option above, you must fund your investment within 60 days of the establishment date.*

## 7. Indicate Your Designated Business Checking or Operating Account to Link to Your Investment

To add to and redeem from your GE Interest Plus for Businesses investment, you must designate a bank checking or operating account to be linked to your investment. **As a sole proprietor, you have the option of linking your business checking account, or your personal checking account. If you are linking your business checking account, the name of your business, as reflected on the bank account registration, must match the "doing business as" (DBA) company name as listed in your GE Interest Plus for Businesses registration. If you are linking your personal checking account, that account must be registered in your name alone.** You will then be enrolled in the Quick Transactions and Wire Redemption Services. To add to or redeem from your investment, you simply initiate a "Quick Invest" or "Quick Redemption" transaction, by automated phone line or via the Internet, which transfers money between your bank account and your GE Interest Plus for Businesses investment through the Automated Clearing House (ACH) network. **To verify your linked account, you must attach a voided check or a copy of a bank statement.**

Business Checking, Operating or Personal Checking Account Registration (Must match the registration of the GE Interest Plus for Businesses account exactly.)	
Bank Name and Address	Business Checking, Operating or Personal Checking Account Number

Please note that your bank may utilize different routing numbers for ACH transactions and wires. Please confirm with your bank and indicate the appropriate ABA numbers in the space provided below. **Check one:**

My bank uses **one** routing number (ABA) for ACH Transfers and Federal Funds Wires:

Bank Routing Number for ACH Transfers and Federal Funds Wire Transfers

My bank uses different routing numbers (ABA) for ACH Transfers and Federal Funds Wires:

Bank Routing Number for ACH Transfers

Bank Routing Number for Federal Funds Wire Transfers

## 8. Indicate How You Heard About Us (please check only one)

Advertisement 500

Mailer 501

Web 502

Financial Advisor 503

I am a GE Interest Plus Investor 504

Friend or Family 505

## 9. (Continued on next page)

9. (Continued from previous page) Sign and Date the Application

**The Sole Proprietor must read and sign this section in blue or black ink.**

You hereby request GE Interest Plus for Businesses to establish an investment in GE Interest Plus for Businesses in the name listed as registered owner on this application:

- You authorize General Electric Capital Corporation (GE Capital) and its agents to initiate debits and credits to the bank account designated in Step 7 to implement funds transfers by the methods you have requested. The bank that holds the registered owner’s checking or operating account (“Bank”) is also hereby authorized to honor these debits and credits. All funds transfers (under the services) will comply with U.S. law. You may terminate this funds transfer authorization by providing written notice to GE Capital, but your notice will be effective only after GE Capital and your Bank have a reasonable opportunity to act on your notice. In addition, you authorize GE Capital and its agents to obtain a credit report from a credit reporting agency and take other steps to verify information about the registered owner and its checking or operating account.
- You certify that you have received the prospectus and a copy of the GE Interest Plus for Businesses privacy policy.
- You understand that to comply with federal regulations, information provided by you on this form will be used to verify your businesses’ and the Authorized Person(s)’ identity. For example, identity may be verified through the use of a database maintained by a third party and, as part of normal investment verification procedures, a credit bureau inquiry will be conducted. If your businesses’ identity cannot be verified, you understand that you may be required to provide additional information, and that your investment may be closed, and redeemed, if verification is still not possible in a timely manner. Such redemptions may have tax consequences.
- You understand that an investment is not equivalent to a deposit or other bank account and is not subject to the protection of the Federal Deposit Insurance Corporation or any other insurance. An investment is not guaranteed under the Federal Deposit Insurance Corporation’s Temporary Liquidity Guarantee Program. An investment is not a brokerage account with GE Capital Markets Inc., or any other broker/dealer and is not protected by the Securities Investor Protection Corporation under the Securities Investors Protection Act of 1970. GE Interest Plus for Businesses is not a money market fund and is not subject to requirements of the Investment Company Act of 1940 (including diversification of investments) or the Employee Retirement Income Security Act of 1974, as amended. It is possible to lose money if GE Capital is unable to pay its debts.
- You certify that the registered owner has made an independent determination that GE Interest Plus for Businesses is suitable for its investment needs in light of its financial circumstances and investment objectives.
- You certify that the registered owner is entering into these transactions as the beneficial owner and is not acting as nominee or agent of another legal entity.
- You acknowledge that access to services, including Quick Transactions and Wire Redemption, are provided by way of passwords and log-on IDs, authentication devices or codes (the “Access Devices”). You understand that possession or knowledge of an Access Device by any person may result in that person being able to access the services. You authorize us to provide the services to anyone using the appropriate Access Device(s) without further inquiry. You will be responsible for any use of the services, whether authorized or unauthorized. You agree that maintenance of the security of the services (including the strict confidentiality of the Access Devices) is your responsibility and you will always have in place commercially reasonable procedures to prevent and detect losses caused by unauthorized access to, or unauthorized use of, the services by your employees or third parties.

**Please sign carefully, as signature may be used to verify future changes to your investment. Use blue or black ink only.**

The undersigned agrees that any information given on this application is subject to verification and authorizes GE Capital to obtain a credit or other financial responsibility report with respect to himself or herself.

Signature of Sole Proprietor	Date (MM/DD/YYYY)
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**PLEASE MAKE SURE TO:**

- 1. SIGN THE APPLICATION ABOVE**
- 2. COMPLETE AND SIGN THE ENCLOSED FORM W-9**
- 3. IF YOU HAVE DESIGNATED A SECONDARY AUTHORIZED PERSON, HAVE HIM OR HER COMPLETE THE SECONDARY AUTHORIZED PERSON REQUEST FORM**
- 4. ATTACH A VOIDED CHECK OR BANK STATEMENT TO VERIFY YOUR BUSINESS CHECKING ACCOUNT OR PERSONAL CHECKING ACCOUNT**
- 5. REMEMBER TO INCLUDE A COPY OF YOUR BUSINESS LICENSE**

**Mail to: GE Interest Plus for Businesses, P.O. Box 6294, Indianapolis, IN 46206-6294**

**QUESTIONS? To speak with a Service Representative, call 1-888-674-4138 business days from 8:30 a.m. to 7 p.m. Eastern Time.**



FORM W-9 — Request for Taxpayer Identification Number and Certification — Give form to the requester. Do not send to the IRS.

Print or type.

Name (as shown on your income tax return)	
Business Name, if Different From Above	
Check Appropriate Box: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company. Enter the Tax Classification (D=disregarded entity, C=corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt Payee
Address (number, street and apt. or suite no.)	Requester's Name and Address (optional)
City, State and ZIP Code	
List Account Number(s) Here (optional)	

**Part I — Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding.

Social Security Number	or	Employer Identification Number
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**Part II — Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person.

Certification instructions. You must cross out 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Sign here.

Signature of Primary Authorized Person	Date (MM/DD/YYYY)
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Instructions:

- You may authorize a total of two individuals to act on behalf of the investment owner with respect to GE Interest Plus for Businesses.
- If you are establishing an investment in GE Interest Plus for Businesses for a corporation, partnership or LLC, and have designated a Secondary Authorized Person on your Authorization Form, that individual must fill out and sign this form.
- If you are establishing an investment for a sole proprietorship and want a second person authorized to act on behalf of your investment, please have that individual fill out and sign this form.
- Please be sure to include this form with the paperwork you mail in to establish your investment.
- Please print or type all items except signatures. Sign in blue or black ink where indicated.
- For assistance, please contact a Service Representative at (888) 674-4138 business days from 8:30 a.m. to 7 p.m. ET.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity who/which opens an account. In certain circumstances, we may obtain and verify this information with respect to any person(s) authorized to effect transactions for your investment. Your investment may be restricted and/or closed if we cannot verify this information.

1. Provide Required Information on Secondary Authorized Person

Printed Full Legal Name and Title of Secondary Authorized Person		Today's Date (MM/DD/YYYY)
Social Security Number of Secondary Authorized Person	Date of Birth (MM/DD/YYYY) of Secondary Authorized Person	
Office Email Address of Secondary Authorized Person	Business Telephone Number with Extension of Secondary Authorized Person	
Home Address of Secondary Authorized Person (Street Address, City, State and Zip Code)		
Previous Address if Less than 5 Years at Home Address (Street Address, City, State and Zip Code)		

2. Sign this Request

Please sign carefully, as signature may be used to verify future changes to your investment. Use blue or black ink only.

The undersigned agrees that any information given on this form is subject to verification and authorizes GE Capital to obtain a credit or other financial responsibility report with respect to himself or herself.

Signature of Secondary Authorized Person	Date (MM/DD/YYYY)
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