

STATE OF NORTH CAROLINA

COUNTY OF _____

NOW COMES _____
[authorized representative of financial institution]

of _____, located at _____,
[financial institution]

(hereinafter referred to as “Financial Institution”) and certifies that the Financial Institution is a state or federal savings and loan association, state bank, or national bank doing business in North Carolina, and its accounts are insured by a federal depositor’s corporation, and pursuant to N.C.

Gen. Stat. § 88B-17(c)(2), states that on _____,
[date] [applicant]

opened a Savings Account, Account No. _____ (hereinafter referred to as “the

Savings Account”) at this Financial Institution in the amount of \$_____ on behalf of

_____ with the North Carolina State Board
[school]

of Cosmetic Art Examiners named as the beneficiary. The Savings Account specified herein

will not be closed, nor will any funds be released from the Savings Account, unless thirty (30)

days prior notification is given by the Financial Institution to the Executive Director of the North

Carolina State Board of Cosmetic Art Examiners, 1201 Front Street, Suite 110, Raleigh, NC

27609, via certified mail, return receipt requested.

This the ____ day of _____, 20____.

Print: _____
Title: _____

Pursuant to N.C. Gen. Stat. §88B-17(c), this document must be filed with the Clerk of Court in the County in which the school is located.