

PENINSULA AIRPORT COMMISSION

MINUTES

June 12, 2017

PRESIDED: George Wallace

The special meeting of the Peninsula Airport Commission was held on Monday, June 12, 2017 at 8:00 a.m. in the Airport Banquet Room at the Newport News/Williamsburg International Airport.

Commissioners present were:

Rob Coleman, Walter Jubien, Jr., Sharon Scott and George Wallace.

(Commissioner Steve Mallon was not in attendance)

Interim Executive Director

Mr. Sanford B. Wanner

Director, Finance and Administration

Ms. Renee Ford

Executive Assistant

Ms. Rhonda Wissinger

Legal Counsel

James S. McNider, III

Public in Attendance

Dave Ress-The Daily Press

Joe Fudge-The Daily Press

Kim Pierceall-The Virginian Pilot

Bank Resolution(s)

Mr. Sanford B. Wanner, Interim Executive Director, presented a copy to each Commissioner of the proposed bank resolutions for the Commission to expand its banking options. The three banks that we are proposing are:

Eastern Virginia Bank
Suntrust
BB&T

Mr. Wanner recommends that the Commission adopt the proposed banking resolutions and associated banking documents to expand the Commission's options.

Should a new banking relationship occur, fees will be reviewed appropriately.

Mr. Wanner also wanted to note that TowneBank will remain our primary bank.

Commissioner Rob Coleman made the below motion, after noting that in front of each Commissioner were three sets of banking resolutions:

RESOLVED, that the attached banking resolutions and the agreements contained therein are hereby approved and shall be attested to by the appropriate official of the Peninsula Airport Commission.

Commissioner Rob Coleman made the above motion, and Commissioner Walter Jubien, Jr. seconded the motion.

Voting yes were:

Rob Coleman, Walter Jubien, Jr, Sharon Scott and George Wallace.

Mr. Wanner also reported that the next regularly scheduled meeting will be held on Thursday, June 22, 2017 at 8:00 a.m. Commissioner George Wallace stated that a nominating committee will be established to present the officers for the July 2017-June 2018 year at this meeting.

There being no further business, the meeting was adjourned at 8:09 a.m.

NEXT MEETING

The next meeting of the Peninsula Airport Commission will be held on Thursday, June 22, 2017 at 8:00 a.m. in the Banquet Room.

BB&T

RESOLUTION AND AGREEMENT FOR DEPOSIT ACCOUNT

Peninsula Airport Commission

54-6000626

Name of Entity

EIN

- | | | |
|---|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other |

I, the undersigned, hereby certify to BB&T that I am the Secretary (or as applicable, Proprietor, Authorized Partner, Authorized Manager or other Authorized Employee) of the above named Entity duly organized and existing under the laws of the State of VIRGINIA; and that the following are resolutions duly adopted by the Entity, and that such resolutions are in full force and effect and have not been amended or rescinded:

RESOLVED, that BB&T is hereby designated as a depository institution in which the funds of this Entity may, subject to the rules of BB&T, be deposited by any of its officers, agents or employees; and that any such officer, agent or employee is hereby authorized on behalf of the Entity and in its name to endorse for deposit, whether in demand or time accounts, or for negotiation or collection, any and all checks, drafts, certificates of deposit or any other payment instrument payable to the Entity, which endorsement may be in writing, by stamp or otherwise, with or without signature of the person so endorsing, it being understood that on such items all prior endorsements are guaranteed by the Entity, irrespective of the lack of a guarantee by the Entity; and

FURTHER RESOLVED, that any of the individuals listed below (a "Designated Representative") is hereby authorized to open or close any deposit account with BB&T and to authorize those persons ("Authorized Signers") who may execute a BB&T signature card on behalf of the Entity and transact business on such account:

Designated Representative (Signature)	Printed/Typed Name	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FURTHER RESOLVED, that BB&T be and is hereby authorized and directed to honor, pay and charge any of the accounts of the Entity, without inquiry to or responsibility for the application of the proceeds thereof, all checks, drafts, or other orders for the payment, withdrawal or transfer of money in the accounts of or to the credit of the Entity, and to honor any authorization for the transfer of funds between different accounts whether oral, by phone or electronic means without inquiry as to the circumstances related thereto and for whatever purpose or to whomever payable, including requests for conversion into cash as well as for deduction from and payment of cash out of any deposit, and whether or not payable to, endorsed or negotiated by or for the credit of any person signing same or any other officer, agent or employee of the Entity, when signed or endorsed by an original or facsimile signature of any ONE Authorized Signer; and

FOR BANK USE ONLY

Prepared By _____

Date _____

Center _____

Bank No. _____ State _____

Forward to:
Centralized Document Scanning Operations
M/C 100-99-15-11

FURTHER RESOLVED, that BB&T be and is hereby authorized to honor, receive, or pay any items bearing the signature of any one Authorized Signer even though payment may create an overdraft or even though such items may be drawn or endorsed to the order of such signer for exchange or cashing, or in payment of the individual obligation of such signer, or for deposit to such Authorized Signer's personal account and BB&T shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any such item or the application or disposition of such item or the proceeds thereof; and

FURTHER RESOLVED, that the Entity assumes full responsibility and holds harmless BB&T for any and all payments made or any other action taken by BB&T in reliance upon the signatures, including facsimiles thereof, of any Authorized Signer regardless whether or not the use of the facsimile signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile signature may have been affixed if such signature reasonably resembles the specimen or facsimile signature of the Authorized Signer; and

FURTHER RESOLVED, that any Designated Representative, or person authorized in writing by a Designated Representative, is authorized to act on behalf of the Entity as follows: obtain information on accounts; appoint, remove or change Authorized Signers; deliver any night depository agreement; enter into any agreement for cash management services; lease a safe deposit box; enter into an agreement for deposit access device; enter into an agreement for credit cards; or enter into other agreements concerning the deposit accounts at BB&T; and

FURTHER RESOLVED, that any and all prior resolutions executed on behalf of the Entity are hereby revoked and that the foregoing resolutions shall remain in full force and effect until the Entity officially notifies BB&T to the contrary in writing. BB&T may conclusively presume that this Resolution and Agreement for Deposit Account and any signature cards executed pursuant hereto are in effect and that persons identified herein are properly authorized to act on behalf of the Entity. The Entity, as changes to the Designated Representatives and/or Authorized Signers are made, will immediately report and certify such changes to BB&T through submission of a new Resolution and Agreement for Deposit Account and/or signature card, as applicable. BB&T shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from the signature of any Designated Representative so certified, or refusing to honor any signature not so certified; and

FURTHER RESOLVED, that all transactions by any officer, employee or agent of the Entity on its behalf and in its name prior to the delivery of this Resolution and Agreement for Deposit Account are hereby ratified and approved.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal, if any, of this Entity,
this _____ day of _____, Year _____.

For Corporations including Non-Profit:

 _____ (Seal)
Secretary/Assistant Secretary

(Corporate Seal)

For All Other Entities:

_____ (Seal)

_____ (Seal)

_____ (Seal)

(Proprietor, Authorized Partner, Authorized Manager, or other Authorized Person)

BB&T SIGNATURE CARD (VIRGINIA)

NAME AND ADDRESS OF DEPOSITOR(S) Peninsula Airport Commission 900 Bland Blvd. Newport News, 23602			
ACCOUNT NUMBER 8015	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE

Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Primary Account Holder)

Type of ID _____ Issued By VA ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

TIN CERTIFICATION
 Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Applies to accounts maintained outside the U.S.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
- ☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

_____ SSN/TIN/EIN	Robert S. Coleman Printed Name	_____ DATE
_____ SSN/TIN/EIN	E. Renee Ford Printed Name	_____ DATE

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER 8015	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

*Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

TIN CERTIFICATION

Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Applies to accounts maintained outside the U.S.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN George E. Wallace Printed Name _____ DATE

SSN/TIN/EIN Sanford B. Warner Printed Name _____ DATE

SSN/TIN/EIN _____ Printed Name _____ DATE

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

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ACCOUNT NUMBER 8015	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

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☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

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Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

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Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN _____ Printed Name Walter L. Jubien Jr. _____ DATE _____

SSN/TIN/EIN _____ Printed Name Stephen M. Mallon _____ DATE _____

SSN/TIN/EIN _____ Printed Name Sharon P. Scott _____ DATE _____

BB&T SIGNATURE CARD (VIRGINIA)

NAME AND ADDRESS OF DEPOSITOR(S) Peninsula Airport Commission 900 Bland Blvd. Newport News, 23602			
ACCOUNT NUMBER ██████████ 7981	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE

Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Primary Account Holder)

Type of ID _____ Issued By VA ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

TIN CERTIFICATION
Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Applies to accounts maintained outside the U.S.)

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Check one only if applicable:

☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.

☐ Depositor is exempt as a **non-resident alien** and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts
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Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

	Robert S. Coleman	
SSN/TIN/EIN	Printed Name	DATE
	E. Renee Ford	
SSN/TIN/EIN	Printed Name	DATE

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER [REDACTED] 7981	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)			
Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____ Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____	
Address as listed on ID _____	Work Phone Number (____) _____		
IDENTIFICATION (Secondary Account Holder)			
Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____ Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____	
Address as listed on ID _____	Work Phone Number (____) _____		
IDENTIFICATION (Secondary Account Holder)			
Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____ Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____	
Address as listed on ID _____	Work Phone Number (____) _____		

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Check one only if applicable:

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☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

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Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN _____	George E. Wallace Printed Name	DATE _____
SSN/TIN/EIN _____	Sanford B. Warner Printed Name	DATE _____
SSN/TIN/EIN _____	Printed Name	DATE _____

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

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ACCOUNT NUMBER 981	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

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Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

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Address as listed on ID _____ Work Phone Number (____) _____

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☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

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Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN _____ Printed Name Walter L. Jubien Jr. _____ DATE _____

SSN/TIN/EIN _____ Printed Name Stephen M. Mallon _____ DATE _____

SSN/TIN/EIN _____ Printed Name Sharon P. Scott _____ DATE _____

BB&T SIGNATURE CARD (VIRGINIA)

NAME AND ADDRESS OF DEPOSITOR(S) Peninsula Airport Commission 900 Bland Blvd. Newport News, 23602			
ACCOUNT NUMBER 8007	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE

Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Primary Account Holder)

Type of ID _____ Issued By VA ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

TIN CERTIFICATION

Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Applies to accounts maintained outside the U.S.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
- ☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 80 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

	Robert S. Coleman	
SSN/TIN/EIN	Printed Name	DATE
	E. Renee Ford	
SSN/TIN/EIN	Printed Name	DATE

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER 8007	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____	Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____	
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____		
Address as listed on ID _____	Work Phone Number (____) _____			

Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____	Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____	
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____		
Address as listed on ID _____	Work Phone Number (____) _____			

Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____	Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____	
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____		
Address as listed on ID _____	Work Phone Number (____) _____			

TIN CERTIFICATION

Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Applies to accounts maintained outside the U.S.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
- ☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN _____	George E. Wallace Printed Name	DATE _____
SSN/TIN/EIN _____	Sanford B. Warner Printed Name	DATE _____
SSN/TIN/EIN _____	Printed Name	DATE _____

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER [REDACTED] 3007	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)			
Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____ Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____	
Address as listed on ID _____	Work Phone Number (____) _____		
IDENTIFICATION (Secondary Account Holder)			
Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____ Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____	
Address as listed on ID _____	Work Phone Number (____) _____		
IDENTIFICATION (Secondary Account Holder)			
Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____ Date of Birth _____
Second Type of ID _____	Issued By _____	ID Number _____	Expiration Date _____
Employer _____	Cell Phone Number (____) _____	Home Phone Number (____) _____	
Address as listed on ID _____	Work Phone Number (____) _____		

TIN CERTIFICATION
Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct, (Applies to accounts maintained outside the U.S.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN _____	Printed Name Walter L. Jubien Jr.	DATE _____
SSN/TIN/EIN _____	Printed Name Stephen M. Mallon	DATE _____
SSN/TIN/EIN _____	Printed Name Sharon P. Scott	DATE _____

BB&T SIGNATURE CARD (VIRGINIA)

NAME AND ADDRESS OF DEPOSITOR(S)

Peninsula Airport Commission
900 Bland Blvd.
Newport News, 23602

ACCOUNT NUMBER
81120

OWNERSHIP DESIGNATION
Political Subdivision

ACCOUNT OPENING DATE

REVISED CARD DATE

Opened/Updated By

Approved By

Branch Location

IDENTIFICATION (Primary Account Holder)

Type of ID _____ Issued By VA ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

TIN CERTIFICATION

Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Applies to accounts maintained outside the U.S.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN Printed Name DATE

Robert S. Coleman

SSN/TIN/EIN Printed Name DATE

E. Renee Ford

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER 8120	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____
 Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
 Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____
 Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____
 Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
 Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____
 Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____
 Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
 Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____
 Address as listed on ID _____ Work Phone Number (____) _____

TIN CERTIFICATION

Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) 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. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Applies to accounts maintained outside the U.S.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

 SSN/TIN/EIN George E. Wallace _____
 Printed Name DATE

 SSN/TIN/EIN Sanford B. Warner _____
 Printed Name DATE

 SSN/TIN/EIN Printed Name DATE

BB&T SIGNATURE CARD ADDENDUM (VIRGINIA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER 3120	OWNERSHIP DESIGNATION Political Subdivision	ACCOUNT OPENING DATE	REVISED CARD DATE
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Opened/Updated By _____ Approved By _____ Branch Location _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION (Secondary Account Holder)

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

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- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.
- ☐ Depositor is exempt as a non-resident alien and has completed a Form W-8 (required for interest bearing accounts only). Each non-resident alien depositor must complete a separate W-8.

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

BY MY SIGNATURE, I HEREBY CERTIFY THAT: (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Service Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" or "Institutional Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references, and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

SSN/TIN/EIN _____ Printed Name Walter L. Jubien Jr. _____ DATE _____

SSN/TIN/EIN _____ Printed Name Stephen M. Mallon _____ DATE _____

SSN/TIN/EIN _____ Printed Name Sharon P. Scott _____ DATE _____

AUTHORIZATION RESOLUTION

By:

EVB (Referred to in this document as Financial Institution) and Peninsula Airport Commission

I, _____, certify that I am _____ (title) of the above named ☐ Corporation ☐ Unincorporated Association ☐ Partnership ☐ Limited Liability Company ☒ Other Political Subdivision organized under the laws of VIRGINIA, Federal Employer I.D. Number 54-6000626, engaged in business under the trade name Peninsula Airport Commission, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the ☐ Board of Directors ☒ Members duly and properly called and held on _____ (date).

These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Robert S. Coleman, Commissioner</u>	_____	_____
B. <u>E. Renee Ford, Director of Finance</u>	_____	_____
C. <u>Walter L. Jubien, Jr. Commissioner</u>	_____	_____
D. <u>Stephen M. Mallon, Commissioner</u>	_____	_____
E. <u>Sharon P. Scott, Commissioner</u>	_____	_____
F. <u>George E. Wallace, Commissioner</u>	_____	_____
G. <u>Sanford B. Wanner, Interim Executive Director</u>	_____	_____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power.

Indicate A,B,C, D,E and or F	Description of Power
<u>A,C,D,E,F</u>	1. Exercise all of the powers listed on this resolution.
<u>A,C,D,E,F</u>	2. Open any deposit of share account(s) in the name of the <u>Peninsula Airport Commission</u> .
<u>A,B,C,D,E,F,G</u>	3. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.
<u>A,C,D,E,F</u>	4. Borrow money on behalf and in the name of the <u>Peninsula Airport Commission</u> , sign, execute and deliver promissory notes or other evidences of indebtedness.
<u>A,C,D,E,F</u>	5. Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payments of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment
<u>N/A</u>	6. Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.
<u>N/A</u>	7. Other _____

LIMITATIONS ON POWERS The following are the express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated N/A. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY: I further certify that the ☐ Board of Directors ☒ Managers or Designated Members of Peninsula Airport Commission have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

In Witness Whereof, I have subscribed my name to this document on _____ (date).

Signature of Certifying Officer/Member

Signature of Other Authorized Officer/Member1*

(Note: In the case the Certifying individual is designated by the resolutions as one of the signings officer (members), this certificate must also be signed by a second officer/member.



Deposit Account Resolution and Authorization for Business Entities

I. Business Entity Account Information

Name

Peninsula Airport Commission

Business Type

Other

Governed By

Board of Commissioners

Taxpayer ID Number

54-6000626

Date Resolution and Authorization Adopted

Account Number(s)

The undersigned in Section IX or X hereby certify to SunTrust Bank ("Bank") that the above named Business Entity is organized and existing under the laws of the State of VIRGINIA and has been registered in the manner prescribed by law and is currently in full compliance with all requirements relating to its organization and continued existence under applicable law.

These resolutions and authorizations apply to the above referenced deposit account(s) (hereinafter "Account") currently open with the Bank and any additional Accounts opened in the future in the name of the Business Entity. For purposes of this resolution and authorization, Accounts will include any certificates of deposit in the name of the Business Entity. These resolutions and authorizations shall remain in full force and effect until written notice in a form acceptable to the Bank of their rescission or modification certified by the appropriate authorized individual(s) applicable to the Business Entity has been received by Bank and the Bank has had a reasonable time to act on said change. Receipt of such notice shall not affect any action taken by Bank prior thereto and Bank shall be held harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the acts or instructions of any individual so certified or authorized in these resolutions to sign by delegation of authority in accordance herewith or refusing to honor any signature not so certified or authorized.

II. Authority to sign, act, give instructions, access information, use Bank's services, perform transactions, enter into agreements and delegate authority on behalf of Business Entity. Resolved, that Bank be and is hereby designated a depository for the Business Entity; that any one of the individuals or entities named in Section III below is an "Authorized Signer" and is authorized to act, give instructions, access information, use Bank's services, and perform transactions on behalf of Business Entity with respect to any Accounts of Business Entity with Bank or services provided to Business Entity by the Bank, to enter into on behalf of the Business Entity any of Bank's agreements including checking, savings, certificates of deposit, wire or electronic funds transfer, night deposit, cash management or other treasury management services agreements, or foreign exchange and other over-the-counter foreign currency transactions, agreements and transfers, and to delegate to any other individual or entity his or her authority to act, give instructions, access information, use Bank's services, perform transactions, and enter into agreements on behalf of the Business Entity, including agreements that delegate his or her authority to other individuals or entities with respect to the Business Entity's Accounts or Bank's services; that the Business Entity shall be bound by the terms and conditions of all such agreements and Bank's Rules and Regulations for Deposit Accounts related thereto, all as now existing or as amended from time to time; and that any Authorized Signer named in Section III, is authorized on behalf of this Business Entity to sign and to endorse for deposit, negotiation or collection, any and all checks, drafts, certificates of deposit, savings certificates, items or other instruments or written orders for the payment of money payable by or to the order of this Business Entity. Signatures and endorsements, if any, may be in writing, by stamp, or otherwise affixed, with or without designation or signature of the person so endorsing, it being understood that all prior endorsements on such items are guaranteed by this Business Entity, regardless of the lack of an express guarantee in the endorsement of this Business Entity.

Further Resolved, Bank is hereby directed to honor, pay and charge to the Accounts of this Business Entity, without inquiry as to the circumstances of the issuance or application of the proceeds of, any checks, drafts, items or other written orders on any of this Business Entity's Accounts with Bank, whether payable to, endorsed or negotiated by or for the credit of any person signing the same or any other of the Authorized Signers named in Section III when signed by any of the Authorized Signers named in Section III.

III. Officers/Owner/General Partners/Members/Managers/Governors authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate authority on behalf of the Business Entity

The full name, title, and signature of each person authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate his or her authority on behalf of the Business Entity as described in the resolutions set forth in this document is immediately below. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity is entered in the column headed "Name", applicable title of General Partner, Member or Manager is entered in the column headed "Title", and the name of the individual signing on behalf of that entity and individual's title or position are entered in the column headed "Signature" and the individual signs directly underneath his/her name and title. The individual must provide a resolution on that entity reflecting the individual's authority.]

User ID

Account Number

Name	Title	Signature
<u>Robert S. Coleman</u>	<u>Commissioner</u>	<u></u>
<u>Sanford B. Wanner</u>	<u>Executive Director</u>	<u></u>
<u>Walter L. Jubien Jr.</u>	<u>Commissioner</u>	<u></u>
<u>Shephen M. Mallon</u>	<u>Commissioner</u>	<u></u>
<u>Sharon P. Scott</u>	<u>Commissioner</u>	<u></u>
<u>George E. Wallace</u>	<u>Commissioner</u>	<u></u>

IV. Facsimile Signatures (Complete this section only if machine or facsimile stamped signatures are to be used on items.) Further Resolved, that Bank is hereby requested, authorized and directed to honor any check, draft, item or other written order on any of this Business Entity's Accounts with Bank when bearing or purporting to bear the following authorized machine or facsimile signature of any of the above named individuals whose signatures are reproduced below, regardless of by whom or by what means the actual or purported machine or facsimile signatures may have been affixed. The Business Entity shall indemnify and hold the Bank harmless from any and all claims, expenses, losses, damages and costs, including attorneys' fees, resulting from, or growing out of the Bank's honoring the facsimile signature of any of the following individuals, its refusal to honor any facsimile signature of an individual not named below, or resulting from the unauthorized use of the instrument used to provide the facsimile signatures by persons other than authorized individuals.

Name of Authorized Signer Listed in Section III	Machine/Facsimile Stamped Signature of Authorized Signer
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V. Additional Signatories on Business Entity's Accounts. Further resolved, the following individual(s) are authorized as additional signatories only to sign and to endorse for deposit or collection any checks, drafts, or other instruments or written orders for the payment of money payable to the order of the Business Entity and to sign checks, drafts, items or other written orders, and initiate wire or funds transfers and execute Bank's Funds Transfer Authorization wire request and disclosure form on any of the Business Entity's Accounts with Bank. [Instruction: If an additional signatory is not authorized to sign on all Accounts, specify the Account Number applicable to the signatory as indicated below.] **Refer to the Signature Card(s) on the Account(s) for signatures of the Additional Signatories.**

Additional Signatory's Name	Position with Entity	Specific Deposit Account Number(s) Applicable to Signatory (Complete only if signatory is <u>not</u> authorized on all accounts)
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VI. Qualification Certification for Public Fund, Organization, Political Organization, Homeowners and Condominium Owners Association or Corporation Not Operated for Profit to earn interest on a checking account (NOW Account)

Mark this section with an "X" only if Business Entity is eligible to earn interest on a checking account.

☒ I/We further certify that the above named Business Entity is eligible to earn interest on a checking account (referred to as a Negotiable Order of Withdrawal or NOW Account) in compliance with Regulation D of the Federal Reserve Act (12CFR 204) as a Public Fund or a Non-Profit Organization that is operated primarily for Religious, Philanthropic, Charitable, Educational, Political or other similar purposes under one of the following sections: Organization – Section 501 (C) (3) through (13), and (19) of the Internal Revenue Code (26 USC (IRC 1954) 501 (C) (3) – (13) and (19). Political Organization – Section 527 of the Internal Revenue Code (26 USC (IRC 1954) 527). Homeowners and Condominium Owners Associations – Section 528 of the Internal Revenue Code (26 USC (IRC 1954) 528).

VII. Power to Act. The undersigned certifies that there are no limits to the undersigned's powers to adopt this Authorization and to attest that the resolutions stated herein are accurate and that this Deposit Account Resolution and Authorization is in conformity with the provisions of the organizational instruments, which include the Business Entity's charter, bylaws, operating agreement, partnership agreement, shareholders' agreement or similar agreements by which the Business Entity or the undersigned party may be bound and does not violate the provisions thereof.

VIII. Prior Acts. All previous acts of or on behalf of the Business Entity as provided for above are hereby approved and ratified.

IX. Certification—Corporation or Professional Corporation. I, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions and authorizations are in full force and effect and have not been amended or rescinded.

User ID	<u></u>	Account Number	<u></u>
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In witness whereof, I have hereunto subscribed my name and affixed the seal of the Corporation this _____ of _____.

(Affix Seal here, if available)

Authorized Signature

George E. Wallace, Chairman

Name and Title of President, Secretary, Assistant Secretary or
Other Officer as designated in the Corporation's Bylaws

X. Certification—Limited Liability Company, Partnership, Public Fund, Sole Proprietorship, Unincorporated Organization or Association, or Other Entity. I/We, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions are in full force and effect and have not been amended or rescinded. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity and the word "By" are entered in the column headed "Signature"; the individual signing on behalf of that entity signs directly below the name of the entity; and the name of the individual and individual's title or position are entered in the column headed "Title". The individual must provide a resolution on that entity reflecting the individual's authority.]

Name and Title

Signature

Date

Robert S. Coleman, Commissioner

Walter L. Jubien, Jr., Commissioner

Stephen M. Mallon, Commissioner

Sharon P. Scott, Commissioner

George E. Wallace, Commissioner

Signature Requirement instructions

The following signatures are required to complete and certify the Deposit Account Resolution and Authorization to be correct:

- **Corporations:** Corporate Officers authorized to act on behalf of the corporation named in Section III should include the **President and Secretary** and any other applicable corporate officers, such as Vice President or Treasurer. The **President, Secretary, Assistant Secretary, or other corporate officer as designated in the bylaws of the corporation** is required to **certify** the Deposit Account Resolution and Authorization under Section IX.
- **Limited Liability Companies:** Section III and X require the signatures of all **members/managers/board members**, unless the Operating Agreement authorizes one or more members/managers/board members to conduct banking business, in which case the signatures of all such authorized members/managers/board members are sufficient.
- **Public Fund Entities:** Section III requires the signatures of individuals authorized to sign on behalf of the Public Fund Entity as **designated** by the **governing unit**, e.g., Board of County Commissioners, Mayor, Secretary of State, etc. The individual(s) authorized to **represent the governing unit** is required to certify the Deposit Account Resolution and Authorization under Section X.
- **Partnerships:** Section III and X require the signatures of **all General Partners**, unless the Partnership Agreement designates one or more partners to conduct banking business and perform banking transactions. In such cases, the designated general partner(s) are named in Section III as the **General Partners** authorized to act on behalf of the entity and these same General Partners will certify the Deposit Account Resolution and Authorization under Section X.
- **Sole Proprietorships:** Section III and X require the signature of the proprietor (owner) or in the case of a spousal proprietorship, the signatures of the husband and wife who own the Business Entity.
- **Unincorporated Organizations or Associations:** Section III requires the signatures of the **Officers or Positions** designated in the Organization or Association's bylaws or charter as authorized to act on behalf of the organization or association. The **President or Secretary** of the organization or association (or other individual designated to do so) is required to certify the Deposit Account Resolution and Authorization under Section X.

Bank Use Only

Bank Number 175	Cost Center Number	Cost Center Name Commercial	
Prepared By Lisa Perkins		Phone Number 757-624-5455	Date
Account Number(s)			
Verification Method			

User ID

Account Number

- Locations with DCOR scanning software submit with cover sheet via local scanner
- Locations without DCOR scanning software send to Output Review, FL-Orlando-7021