

Date: 10/13/2006 Term: 3 Month Number: CD49993939008

**CERTIFICATE OF DEPOSIT COPY**

Account Number: CD49993939008

**CERTIFICATE OF DEPOSIT SIGNATURE CARD**

Amount of Deposit: \*\*\*One hundred seventy nine thousand seven hundred eleven and \$179,711.52

This Time Deposit is Issued to: \_\_\_\_\_ Issuer: STERLING SAVINGS BANK  
1261 AUBURN WAY N  
AUBURN, WA 98002-4148

ELANA LAHAM  
TRADITIONAL IRA  
STERLING SAVINGS BANK TRUSTEE  
7104 LINDSEY AVE SE APT 207  
AUBURN, WA 98092

By [Signature]

Not Negotiable - Not Transferable - Additional terms are below.

**Additional Terms and Disclosures**

This form contains the terms for your time deposit. It is also the Truth-in-Savings disclosure for those depositors entitled to one. There are additional terms and disclosures on page two of this form, some of which explain or expand on those below. You should keep one copy of this form.

**Maturity Date:** This account matures 01/13/2007  
(See below for renewal information.)

**Rate Information:** The interest rate for this account is 03.600% with an annual percentage yield of 03.65%. This rate will be paid until the maturity date specified above. Interest begins to accrue no later than the business day we receive credit for the deposit of non-cash items (for example, checks).

Interest will be compounded Monthly  
Interest will be credited monthly to this acct

- The annual percentage yield assumes that interest remains on deposit until maturity. A withdrawal of interest will reduce earnings.
- If you close your account before interest is credited, you will not receive the accrued interest.

The **NUMBER OF ENDORSEMENTS** needed for withdrawal or any other purpose is: 1

**Minimum Balance Requirement:** You must make a minimum deposit to open this account of \$ 5,000.00

You must maintain this minimum balance on a daily basis to earn the annual percentage yield disclosed.

**Withdrawals of Interest:** Interest  accrued  credited during a term can be withdrawn: Anytime

**Early Withdrawal Penalty:** If we consent to a request for a withdrawal that is otherwise not permitted you may have to pay a penalty. The penalty will be an amount equal to: 90 days

\_\_\_\_\_ interest on the amount withdrawn.

- Renewal Policy:**
- Single Maturity:** If checked, this account will not automatically renew. Interest  will  will not accrue after maturity.
  - Automatic Renewal:** If checked, this account will automatically renew on the maturity date. (see page two for terms) Interest  will  will not accrue after final maturity.

**ACCOUNT OWNERSHIP:** You have requested and intend the type of account marked below.

- Single Account
- Joint Account - With Survivorship (and not as tenants in common or community property)
- Joint Account - No Survivorship (as tenants in common)
- Community Property Account
- Trust: Separate Agreement Dated \_\_\_\_\_
- \_\_\_\_\_

Revocable Trust or  Pay on Death Designation as defined in this agreement (Beneficiaries' names and addresses)

**BACKUP WITHHOLDING CERTIFICATIONS**

**Taxpayer I.D. Number** - The taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

**Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

**Backup Withholding** - 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 longer subject to backup withholding.

**SIGNATURE** - I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

DATE 10/13/06

SIGNATURES: I AGREE TO THE TERMS STATED ON PAGE ONE AND PAGE TWO.

X \_\_\_\_\_  
X \_\_\_\_\_  
10/13/06

# IRA Contribution Instructions

for Traditional and SIMPLE IRAs

*Successful TRANSFER  
IRA FROM US BANK  
to Sterling Bank*  
(Custodian's/Trustee's name, address, and phone number above)

## 1 IRA OWNER INFORMATION

NAME AND ADDRESS		
Name	Street address	City, State, and Zip Code
Elana Laham	7104 Lindsey Ave SE Apt 207	Auburn WA 98092
IRA ACCOUNT NUMBER		DAYTIME PHONE NUMBER
49993939008		253-657-4136

## 2 TRADITIONAL IRA CONTRIBUTION (See Additional Information included with this form.)

A. ACCOUNT NUMBER	B. CONTRIBUTION DATE	C. TAX YEAR
49993939008	10-13-2006	2006
D. Contribution Type and Amount:		
<input type="checkbox"/> Regular/Spousal	\$	
<input type="checkbox"/> Traditional IRA Catch-up (age 50 and older)	\$	
<input checked="" type="checkbox"/> Rollover from a Traditional IRA or SIMPLE IRA	\$ 179,711.52	
<input type="checkbox"/> Rollover from an Eligible Retirement Plan	\$	
<input type="checkbox"/> Direct Rollover from an Eligible Retirement Plan	\$	
<input type="checkbox"/> Transfer from a Traditional IRA or SIMPLE IRA	\$	
<input type="checkbox"/> Simplified Employee Pension (SEP) Plan	\$	
<input type="checkbox"/> Recharacterization	\$	

## 3 SIMPLE IRA CONTRIBUTION (See Additional Information included with this form.)

A. ACCOUNT NUMBER	B. CONTRIBUTION DATE	C. TAX YEAR	D. INITIAL CONTRIBUTION DATE
E. Contribution Type and Amount:			
<input type="checkbox"/> Employer Contribution	\$		
<input type="checkbox"/> Rollover from a SIMPLE IRA	\$		
<input type="checkbox"/> Transfer from a SIMPLE IRA	\$		
<input type="checkbox"/> Recharacterization	\$		

## 4 EMPLOYER INFORMATION (For SEP or SIMPLE contributions.)

NAME AND ADDRESS			TAXPAYER IDENTIFICATION NUMBER
Name	Street address	City, State, and Zip Code	
			DAYTIME PHONE NUMBER

## 5 SIGNATURES

I certify that the information provided by me is accurate, and I instruct the custodian/trustee to complete my contribution as set forth herein. My designation of the tax year for my contribution or my election to treat a contribution as a rollover is irrevocable. I have not received any tax or legal advice from the custodian/trustee. I assume sole responsibility for all tax consequences associated with my contributions, determining my eligibility, and ensuring that such contributions are in compliance. I will seek the advice of my tax or legal professional when appropriate. I hold the custodian/trustee harmless against any and all claims and situations arising from this contribution transaction.

\_\_\_\_\_ 10-13-06 \_\_\_\_\_ 10/13/06  
 Signature of IRA Owner/Employer Date Signature of Custodian/Trustee Date