

Master Account Information

Name Treasurer of Virginia VIDA+ Savers Reserve Account		Account Number	
Address Post Office Box 1879		City Richmond	State VA
		ZIP Code 23218-1879	

Client Account Information VIDA APPLICANTS MUST COMPLETE THIS SECTION

Client Type (check one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Commercial <input type="checkbox"/> Public Funds		Account Type (check one) <input checked="" type="checkbox"/> Interest Bearing <input type="checkbox"/> Non-Interest Bearing		Account Number (bank use only)	
Client Name			Client Taxpayer ID Number		
Address		City	State	ZIP Code	

CERTIFICATION - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or that 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. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS - You must cross out item (2) above if you were notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

Client Signature VIDA APPLICANT	Date
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LIMITED POWER OF ATTORNEY - I, the undersigned, do hereby appoint the Master Account Holder identified above as my attorney-in-fact and AGENT to act for me for the limited purpose of conducting Banking Transactions, including, but not limited to, the power to make, endorse, execute and deliver checks and drafts relating to accounts or deposits with Wachovia Bank, National Association ("WBNA") where the Master Account is maintained and similar institutions on my behalf, with full power to act in my name to the same extent as if I were personally present.

I hereby ratify and confirm all previous acts of my said AGENT with the same force and effect as if said acts had been done after the delivery of this Limited Power of Attorney. In consideration of WBNA acting in reliance hereon, I agree for myself and my legal representative to indemnify WBNA and save it harmless from all expenses, losses or damages (including attorneys' fees at trial and on appeal) that it may sustain by relying upon the apparent authority of this Limited Power of Attorney after its termination by operation of law or otherwise, but before notice and satisfactory proof of such termination is received by WBNA and such of its departments, branches and correspondents as may be concerned. I also agree that any action taken by my AGENT purporting to be pursuant to this Limited Power of Attorney shall be binding upon myself, my estate and my personal representatives and heirs so long as such action is taken before WBNA receives notice of revocation of this Limited Power of Attorney, written notice and satisfactory proof of my death, written notice of my incompetency, the pendency of a court proceeding to determine my competency or court appointment of a guardian of my person or property.

Client Signature VIDA CUSTODIAN	Date
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SIGNATURE CARD - I, the undersigned, acting as agent for the client described above agree that WBNA will recognize the signatures below in the payment of funds or in the transaction of other business for the account. I agree to the terms and conditions of the WBNA Depositor's Agreement and Disclosures for Commercial Accounts and any Addendum or terms printed below for this account and authorize WBNA to establish this account. I hereby acknowledge receipt of a Depositor's Agreement and Disclosures for Commercial Accounts and Schedule of Fees previously received or with this account opening.

Master Account Holder Signature VIDA CUSTODIAN	Date
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Addendum to the Deposit Agreement and Disclosures for Commercial Accounts

If you wish to establish a Client Fund Manager Relationship, your Master Account and each Client account in your Client Fund Manager relationship are subject to the following:

- A. The Bank is not acting as escrow agent or in any other fiduciary capacity with respect to your Master account or Client accounts.
- B. Your Master account is a non interest-bearing Commercial Checking account established in your name for the purpose of linking it to related Client accounts.
- C. Each Client account will be a separate interest-bearing Client Money Market Account or non interest bearing Client Checking Account opened by you in the name of a party or parties to be designated by you at the time these accounts are opened.
- D. You are required to provide us with the name and taxpayer identification number of the party in whose name the Client account is being opened.
- E. Each deposit must be accompanied by a deposit ticket which indicates your Client's name and account number. You authorize us to accept deposits for credit to Client accounts as designated by you.
- F. Withdrawals from a Client account can only be made by first transferring funds to the Master account.
- G. Before you close your Master account, you must transfer any balances remaining in your Client accounts to the Master account.
- H. Except as stated above, the terms of your Deposit Agreement and Disclosures remain in effect.

Mail to:

- Image Processing and
- Retain Copy For Files