

**EXHIBIT 58**  
**FILED UNDER SEAL**

**CHASE**  
JPMorgan Chase Bank

**PERSONAL SIGNATURE CARD AND APPLICATION**  
**BRANCH COPY**

**Account Title** [REDACTED]  
(Accounts with multiple owners are joint, payable to either owner or the survivor.)  
**Account #** [REDACTED] 0-01  
**Account Type** CHASE EXTRA SAVINGS ACCOUNT  
**Account Arr.** INDIVIDUAL  
**SS#/TIN** [REDACTED]  
**Date Opened** 02/19/2004  
  
**Opened By** PHILLIP WALTERS  
**Deposit Amt** \$0.01

**Primary Customer Information**

**Home Ph** (000)000-0000  
**Maiden Name** [REDACTED]  
**Birth Date** [REDACTED] **SS#/TIN** [REDACTED]

**This Account Is Not Transferable**

Please activate Check Coverage for the account listed above. I/we authorize you to integrate and use as the "Protecting Account(s)" the account(s) identified above on this application. I/we agree to the terms and conditions as contained in the Deposit Account Agreement and Disclosures. I/we agree that I/we have reviewed the information contained in this Personal Signature Card and Application and find it accurate on this date. In the payment of funds and in the transaction of all other business relative to this account, I/we agree that you are authorized to rely upon the signature(s) written below and on the reverse side. I/we have received and agree to the terms and conditions of the Deposit Account Agreement and Disclosures currently in effect and as may be amended for the type of account and services I/we selected above. If I/we do not have a Chase Banking Card, I/we will be issued one/two and all eligible accounts will be linked to it/them. **These linked accounts, whether singly or jointly owned, can be accessed by the Chase Banking Card or by telephone.** During the review of my/our application, you may obtain a consumer report on me/us and if the application is approved, you may at any time in the future obtain additional consumer reports to review my/our account. I/we have the right to ask for the name and address of the consumer reporting agency which gave the consumer report.

<b>Primary Applicant Signature</b> <input checked="" type="checkbox"/> [REDACTED]	<b>Joint Applicant Signature</b> <input checked="" type="checkbox"/> [REDACTED]
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**W9 Certification**

By signing below, I certify under penalties of perjury that: (1) The number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because (a) 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 (b) 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).

- Check here if you are subject to backup withholding for failure to report interest or dividends.
- Check here if you are not a U.S. person (or a U.S. resident alien), and complete the appropriate Form W-8.

<b>Primary Applicant Signature</b> <input checked="" type="checkbox"/> [REDACTED]	<b>Joint Applicant Signature</b> <input checked="" type="checkbox"/> [REDACTED]
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**Check Imaging or No Checks With Statement:** I/we authorize you not to return paid checks with my/our account statements. If I/we selected the Check Imaging option, I/we agree to receive images (front only) of my/our paid checks. I/we agree that the account statement will contain information about each check paid, including check number, dollar amount and date paid, thereby enabling a proper reconciliation of the account. Upon request, photocopies of checks will be provided. You will not retain original checks.

<b>Primary Applicant Signature</b> <input checked="" type="checkbox"/> [REDACTED]	<b>Joint Applicant Signature</b> <input checked="" type="checkbox"/> [REDACTED]
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Check here if there are additional signers on the reverse side of the **BRANCH COPY**.

THE ABOVE INFORMATION AND (NO.) 1 SIGNATURE(S) (PRIMARY AND JOINT, IF APPLICABLE) WERE VERIFIED BY:  
 Print Name: Phillip Walters Initials: PW Dept. No./Br. No.: 743  
 BRANCH COPY-Retain card in branch for one year after account closes. Then send to Pawling for additional retention of five years.

<b>POWER OF ATTORNEY INFORMATION</b>		DATE POWER OF ATTORNEY RECEIVED ____/____/____
POWER OF ATTORNEY NAME		POWER OF ATTORNEY SIGNATURE X
ADDRESS (Street and Number)		
CITY	STATE	ZIP CODE
<b>BENEFICIARY INFORMATION</b>		
<b>ADDITIONAL ACCOUNT SIGNERS - (For Estate and Trust accounts, as needed) - Line out unused Signature boxes</b>		
<b>PRINT NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>
		X
		X
		X
<b>VERIFICATION</b>		
Primary Applicant: ID-1: DL ID#: [REDACTED] St: [REDACTED] Exp: 01/01/2006 ID-2: PP ID#: [REDACTED] St: Exp: 01/30/2013 ChexSystems: Approved Code: 9500 SSN-ST: FL YR: 2004 TU: Override CDE: B FPH: Override Approval By: 		
Joint Applicant: ID-1: ID#: St: Exp: ID-2: ID#: St: Exp: ChexSystems: Code: SSN-ST: YR: TU: CDE: FPH:		
<b>NOTARY INFORMATION (For Worldwide Consumer Bank)</b>		
STATE OF _____ COUNTY OF _____		
SS.: _____		
On the _____ day of _____ before me personally came _____		
to me known, and known to me to be the individual described in, and who executed the foregoing instrument, and he acknowledged to me that he executed the same.		
THE ABOVE INFORMATION AND (NO.) _____ SIGNATURE(S) (POA AND ADDITIONAL SIGNERS) WERE VERIFIED BY: Print Name: _____ Initials: _____ Dept. No./Br. No.: _____		

03-9415 (Stock Order #)

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