Purpose of Account Consumer Business Type of Account Applying for _ Who Recommended Us to You? __ ATM CASH CARD REQUEST FOR INSTITUTION USE (Caution: For security reasons do not select your SSN, Date of Birth or other separately discoverable number as the PIN.) Number of Cards Requested __ Checking Account No. _ Account No. Number of Cards Received Savings Account No. Approved By _____ Declined By _____ **OWNERSHIP OF ACCOUNT** Not all forms of ownership may be allowed in your state. Check with your financial institution. **TYPE OF ACCOUNT** ☐ Joint - With Survivorship Individual ☐ Joint - No Survivorship (and not as tenants in common) (as tenants in common) Checking Savings Пср Money Revocable Trust or Pav-On-Death Beneficiary Name ___ Address Now Name ___ Address Initial Deposit \$ _____ Unincorporated Nonbusiness Association of Individuals Cash Check No. _____ ☐ Sole Proprietorship Partnership Limited Liability Company ☐ Corporation: ☐ For Profit ☐ Not For Profit Additional Information _____ Business_ County and State of Organization: _ Separate Authorization Received Yes No Facsimile Signature Yes No INDIVIDUAL APPLICANT INFORMATION Name (Last, First, Middle) Home Telephone No. Drivers Lic. No. / Passport No. Birth Date Social Security No. Do You Own Present Address (Street, City, State & Zip) County How Long or Rent Permanent Address County How Long Employer How Long Position/Title Address Telephone No. How Long Previous Employer (If Current Employer is Less Than _____ Years) Position/Title Address Telephone No. Name and Address of Nearest Relative Not Living With You Telephone No. Relationship JOINT APPLICANT INFORMATION Name (Last, First, Middle) Relationship Birth Date Telephone No. Drivers License No. Social Security No. Address (Street, City, State & Zip) **Employer** How Long Address Position Telephone No. Name and Address of Nearest Relative Not Living With You. Relationship Telephone No. © 1992 Bankers Systems, Inc., St. Cloud, MN Form NAAP 5/4/99 (page 1 of 2) _____

NEW ACCOUNT APPLICATION

F	INANCIAL INSTITU	JTION RELATIONSHIPS			
Name of Financial Institution and Address			Тур	Type of Account	
	BANK OR OTH	ER CREDIT CARDS			
Company		Account No.	Credit Limit	Balance	
В	ACKUP WITHHOL	DING CERTIFICATIONS			
☐ TAXPAYER I.D. NUMBER - My correct taxpayer	r identification number	· is:			
APPLIED-FOR TAXPAYER I.D. NUMBER - A tareceive a taxpayer identification number to the appror deliver an application in the near future). I unders required to withhold 31 percent of all reportable payr	opriate Internal Rever tand that if I do not pr	nue Service Center or Social ovide a taxpayer identification	l Security Administration (n number to the payor witl	Office (or I intend to mail	
EXEMPT RECIPIENTS - I am an exempt recipie	ent under the Internal	Revenue Service Regulation	s. (See below.)		
BACKUP WITHHOLDING - I am not subject to as a result of a failure to report all interest or dividence			en notified that I am subje that I am no longer subject	ct to backup withholding ct to backup withholding.	
NONRESIDENT ALIENS - A separate certificati		•	6		
SIGNATURE: By signing below I certify under pen					
Payone Exampt from Packup Withholding		_ DATE			
Payees Exempt from Backup Withholding Payees specifically exempted from backup withholdi	ng on ALL interest ar	nd dividend payments include	e the following:		
 A financial institution. An organization exempt from tax under section 501(a), or an individual retirement plan. The United States or any agency or instrumentality thereof. A State, the District of Columbia, a possession of the United States, or any subdivision or instrumentality thereof. A foreign government, a political subdivision of a foreign government, or any agency or instrumentality thereof. An international organization or any agency or instrumentality thereof. 	section 584(a). • A futures commission the Commodity Future. • An entity registere Investment Company. • A foreign central bar. • A middleman knowr nity as a nominee Comporate Secretarie. Payments of interesting individuals. Note: Yaman Note	nk of issue. In the investment communior listed in the most recent the American Society of s. St not generally subject to	business and you have rect taxpayer identificate Payments of tax-exe exempt interest dividen Payments described in nonresident aliens. Payments on tax-free section 1451. Payments made by cert	ds under section 852). In section 6049(b)(5) to covenant bonds under ain foreign organizations. It subject to backup withholds regulations under sec-	
	SIGN	IATURES			
The undersigned acknowledge(s) receipt of a co		to the terms of the followir			
I certify that everything I have stated in this applies approved. By signing below I authorize you prepare a credit report on me. I also authorize that I must update credit information at your required.	olication and on any to check my credit a you to answer ques	attachments is correct. You account and employment tions others may ask you	ou may keep this applic history and/or have a c	redit reporting agency	
Applicant's Signature	 Date	Additional Authorized S	Signatories		
, applicant o digitator					
Joint Applicant's Signature	Date	Signature		Relationship/Title	
Joint Applicant's Signature	Date	Signature		Relationship/Title	

Date

Joint Applicant's Signature