

# NON-CONSUMER ACCOUNT APPLICATION

New Customer     Present Customer     Former Customer

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

CUSTOMER INFORMATION (*required fields)	<b>TYPE OF ACCOUNT</b>		<b>ACCOUNT NUMBER</b>			
	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CERTIFICATE OF DEPOSIT Terms: _____ Months Auto Renew: Y   N    Amount of C.D. \$ _____ Interest: Check One <input type="checkbox"/> Mail by Check <input type="checkbox"/> Added to Balance <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit to Another Account _____		_____ _____ _____			
	*FULL NAME OF BUSINESS/ORGANIZATION			*FEIN		
	*MAILING ADDRESS			E-MAIL ADDRESS		
	*CITY	*STATE	*ZIP CODE	*COUNTY	HOW LONG AT THIS ADDRESS?	
	*PHONE NO.	FAX NO.		NATURE OF BUSINESS		
	*PHYSICAL STREET ADDRESS			STATE OF ORGANIZATION		
	TYPE OF ORGANIZATION <input type="checkbox"/> Corporation – If Corporation, please check <input type="checkbox"/> Profit or <input type="checkbox"/> Not for Profit <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Joint Venture <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Association <input type="checkbox"/> Decedent's Estate <input type="checkbox"/> Guardianship Estate <input type="checkbox"/> Formal Trust					
	AUTH SIGNER NO. 1	*AUTHORIZED SIGNER #1 NAME		*S.S.N.		*D.O.B.
		*MAILING ADDRESS				HOME PHONE NO.
*CITY		*STATE	*ZIP CODE	*COUNTY	CELL PHONE NO.	
AUTH SIGNER NO. 2	*AUTHORIZED SIGNER #2 NAME		*S.S.N.		*D.O.B.	
	*MAILING ADDRESS				HOME PHONE NO.	
	*CITY	*STATE	*ZIP CODE	*COUNTY	CELL PHONE NO.	

Please complete Authorized Signer Sections on the reverse side of this application.

<b>AUTH SIGNER NO. 3</b>	*AUTHORIZED SIGNER #3 NAME			*S.S.N.		*D.O.B.		
	*MAILING ADDRESS					HOME PHONE NO.		
	*CITY		*STATE	*ZIP CODE	*COUNTY		CELL PHONE NO.	

<b>AUTH SIGNER NO. 4</b>	*AUTHORIZED SIGNER #4 NAME			*S.S.N.		*D.O.B.		
	*MAILING ADDRESS					HOME PHONE NO.		
	*CITY		*STATE	*ZIP CODE	*COUNTY		CELL PHONE NO.	

<b>ACCOUNT INFO (FOR BANK USE ONLY)</b>	TYPE OF ACCOUNT		AMOUNT OF DEPOSIT		<input type="checkbox"/> Cash <input type="checkbox"/> Loan Proceeds <input type="checkbox"/> Transfer – Acct. No. _____ <input type="checkbox"/> Check drawn on _____		
	<input type="checkbox"/> Joint tenants in common <input type="checkbox"/> Trust <input type="checkbox"/> Joint-w/rights of survivorship <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Guardian						
	OWNERSHIP CODE		09-Minor	49-Other Pers .	55-State & Pol Sub	65-Svgs. & Loan	
	00-individual		10-Estate	51-Business	56-Non Profit	66-Stock Broker	
	02-Joint		11-Senior Citizen	52-Partnership	58-Muni. Govt.	70-Tax Exempt (non-pers.)	
	06-Trustee		12-Funeral	53-Corporation	59-Co. Govt.	80-Trust	
07 Guardian		21-Tax Exempt (pers)	54-U.S. Govt.	60-Bank	90-Other Non Pers.		
Customer Code		Location		Class		Date Opened	Officer
1 - Officer    4 - Employee		-Eminence		00-DDA			
2 - Director    9 - Stockholder		-Winona		01-Supernow			
		-Birch Tree		02-MMA			
Type of Account		01 – Individual, Partnership & Corporation		07 – Other Banks		13-Trust Banks	
		03 – U.S. Government		09 – All Other			
		05 – State & Political Sub.		11 – Accounts This Bank			
Cycle		1 – A-B	4 – G-H-I	7 – N-O	10 – T-U	50 – Holds	60 – A-L Direct Deposits
		2 – C-D	5 – J-K	8 – P-Q-R	11 – V –W	31 – Business	61 – M-Z Direct Deposits
		3 – E-F	6 – L-Mc-M	9 – S	12 – X-Y-Z	20 – Super Now & MMDA	90-Savings
Account Classification – Select One				F – Non-resident alien			
A – Domestic corporation (includes LLCs, limited partnerships & charitable entities)				G – Politically exposed person			
B – Cash intensive business				H – Deposit Broker			
C – Non-bank financial institution				I – Foreign Corporation			
D – Non governmental organization				J – Foreign financial institution			
E – Professional service provider							

The information provided herein is correct to the best of my/our knowledge.

Authorized Signer #1 \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signer #2 \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signer #3 \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signer #4 \_\_\_\_\_ Date \_\_\_\_\_

\*Please note: Federal regulation requires that the Bank have on file verification of customer's identification. Please attach a copy of your driver's license or other photo identification if request.