Dear Customer: In accordance with Section 326 of the USA Patriot Act to help the government fight the funding of terrorism and money laundering activities, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. We will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

INDIVIDUAL CUSTOMER INFORMATION FORM (Please Print)

| Name: (Last) | (First) | | (Middle) | | |
|---|-----------------------|---------------|---------------------|-------|-------------|
| Physical Address: (Street) | (City) | | (State) | (Zip) | |
| Mailing Address: (PO Box) | (City) | | (State) | (Zip) | |
| SSN: | Phone #: | Cell Phone #: | | | |
| E-mail address: | | | | | |
| Birth Date: | Birth Place: | Occupation: | | | |
| Drivers License information (please attach copy) | Mother's Maiden Name: | | | | |
| Employer: | Employer's Phone #: | | | | |
| Previous Bank: | Today's Deposit: \$ | | | | |
| Beneficiary Information: (Name) | (SSN) (Address) | | | | |
| Account Name(s) for this account: If this is a business account, please complete the separate Business Account Information form. | | | | | |
| Previous Addresses for the past 5 years: | | | | | |
| StreetPOBox | City | Sta | ate | Zip | |
| StreetPOBox | City | Sta | ate | Zip | |
| StreetPOBox | City | Sta | ate | Zip | |
| Please list any business/organization accounts on which you have been a signer in the past 5 years: | | | | | |
| NameTitle | Tax ID# | _Tax ID#State | | | |
| NameTitle | Tax ID# | State | Zip | | |
| Are you interested in a Checking Card? (Not available with business accounts) (Please circle) YES NO | | | | | |
| Signature: * Date: | | | | | |
| Last Revised 12/06/06 | | | | | |
| For Bank Use Only: | | | | | |
| ChexSystems Search Completed | Initial: | Address veri | Address verified | | Initial: |
| OFAC Verification Completed | Initial: | Employment | Employment verified | | Initial: |
| Copies of I.D. Verifications Attached | l Initial: | | | | |
| | | | | | |
| Employee's Signature: | | | | Date: | |