

THE CALLAWAY BANK
 5 E 5TH STREET
 P O BOX 10, FULTON, MISSOURI 65251

ACCOUNT OWNER(S) NAME & ADDRESS

ACCOUNT NUMBER PORTFOLIO NUMBER

TYPE OF ACCOUNT
 NEW
 CHECKING
 MONEY MARKET
 NOW
 EXISTING
 SAVINGS
 CERTIFICATE OF DEPOSIT

This is your:
 Permanent account agreement.

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE

INDIVIDUAL _____

JOINT - WITH SURVIVORSHIP (AND NOT AS A TENANCY BY THE ENTIRETY OR AS TENANTS IN COMMON)

HUSBAND AND WIFE AS A TENANCY BY THE ENTIRETY

TRUST - SEPARATE AGREEMENT:

TRUST OR PAY-ON-DEATH BENEFICIARIES - NOT SUBJECT TO THE NONPROBATE TRANSFERS LAW OF MISSOURI.

REGISTRATION IN BENEFICIARY FORM - THIS ACCOUNT IS SUBJECT TO THE NONPROBATE TRANSFERS LAW OF MISSOURI. NOTE: ALL OWNERS SIGN THE SIGNATURE BLOCK.

TRANSFER ON DEATH TO: BENEFICIARIES NO LDPS

1. % _____
 SSN _____ Date of Birth _____

2. % _____
 SSN _____ Date of Birth _____

3. % _____
 SSN _____ Date of Birth _____

4. _____
 SSN _____ Date of Birth _____

5. _____
 SSN _____ Date of Birth _____

6. _____
 SSN _____ Date of Birth _____

 Witness Dated

BACKUP WITHHOLDING CERTIFICATIONS

TIN: _____

TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

ELECTRONICALLY SIGNED _____
 (Date)

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

Deposit Account Funds Availability Truth in Savings
 Electronic Fund Transfers Privacy Substitute Checks
 Terms and Conditions

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

SOLE PROPRIETORSHIP

CORPORATION: FOR PROFIT NOT FOR PROFIT

PARTNERSHIP

BUSINESS:
 COUNTY & STATE OF ORGANIZATION: _____
 NAICS CODE: _____

DATE OPENED _____ BY ONLINE

OR DATE CHANGED _____ BY _____

DESCRIBE CHANGE _____

HOME TELEPHONE # _____

BUSINESS PHONE # _____

DRIVER'S LICENSE # _____

E-MAIL _____

EMPLOYER _____

SECURITY QUESTION/ANSWER _____

INTERNAL USE ONLY

Chex/OFAC _____
 OR
 Exist Cust _____
 OR Other _____
 ID Scanned _____

Chex/OFAC _____
 OR
 Exist Cust _____
 OR Other _____
 ID Scanned _____

Chex/OFAC _____
 OR
 Exist Cust _____
 OR Other _____
 ID Scanned _____

Chex/OFAC _____
 OR
 Exist Cust _____
 OR Other _____
 ID Scanned _____

Chex/OFAC _____
 OR
 Exist Cust _____
 OR Other _____
 ID Scanned _____

(1): ELECTRONICALLY SIGNED
 I.D. # _____ D.O.B. _____
 Authorized Signer (Individual Accounts Only)

(2): _____
 I.D. # _____ D.O.B. _____
 Authorized Signer (Individual Accounts Only)

(3): _____
 I.D. # _____ D.O.B. _____
 Authorized Signer (Individual Accounts Only)

(4): _____
 I.D. # _____ D.O.B. _____
 Authorized Signer (Individual Accounts Only)

 I.D. # _____ D.O.B. _____
 Authorized Signer (Individual Accounts Only)