

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

ACCOUNT OWNER(S) NAME & ADDRESS

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

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 _____

ACCOUNT NUMBER _____ PORTFOLIO NUMBER _____

NEW EXISTING

TYPE OF ACCOUNT

CHECKING SAVINGS

MONEY MARKET CERTIFICATE OF DEPOSIT

NOW _____

This is your:

Permanent account agreement.

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
- _____

INTERNAL USE ONLY

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

(1): ELECTRONICALLY SIGNED
I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

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

(2): _____
I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

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

(3): _____
I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

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

(4): _____
I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

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

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)