

NEW MARKET BANK

NEW NON - CONSUMER APPLICATION

APPLICANT INFORMATION

Important information about procedures for opening a new account as required by the USA PATRIOT ACT. To help the government fight the funding of terrorism and money laundering activities, Federal law 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, 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.

MEMBER FDIC

Type of account you applying for: Checking Money Market Savings Loan CD

How did you hear about us: Website Newspaper Bank Customer Name:

Business Name:

DBA Name:

TIN or EIN:

Number of Years in Business:

Current Address (No PO Boxes):

Street

City

State

Zip

Mailing Address (if different):

Street or PO Box

City

State

Zip

Business Phone:

Cell Phone:

Fax:

Email:

OTHER APPLICATION INFORMATION (Please check at least one box for each)

Do you intend to use this account for illegal online gambling? Yes No

Do you have a Privately Owned ATM? Yes No

Do you anticipate regular cash deposits or withdrawals? Yes No

Do you Cash checks for customers or Employees? Yes No

Do you anticipate depositing any international checks? (including Canadian Checks)

Yes No

Do you anticipate sending or receiving wire transfers more than once a month? Yes No

International Wires? Yes No

Do you plan on purchasing more than 10 Travel/Gift Cards per month?

Yes No

Do you plan on purchasing more than 6 Cashier's Checks or Money Order's per year?

Yes No

If you have multiple accounts will you be Transferring Funds Regularly between any of these accounts?

Yes No N/A

DOCUMENTS COMMONLY NEEDED TO IDENTIFY A BUSINESS:

Note: All business accounts with a Tax ID Number (TIN) will need to provide verification at account opening

- Sole Proprietorship: Certificate of Assumed Name (if applicable) from the State of Minnesota
- Partnership: Partnership Agreement and Certificate of Assumed Name (if applicable) from the State of Minnesota
- Limited Liability Company: Articles and Certificate of Organization from the State of Minnesota
- Corporation: Articles and Certificate of Incorporation from the State of Minnesota

List the nature of the services your business provides:

(i.e.: Convenience store, car dealership, landscaping company, etc)

Check the applicable business type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Estate | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Corporation (Inc) | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Association | <input type="checkbox"/> Non-Profit Corporation (Inc) | <input type="checkbox"/> Limited Liability Corporation (LLC) |
| | <input type="checkbox"/> Organization | <input type="checkbox"/> Other: _____ |

I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I understand if the information requested is not provided within 30 days, my account may be closed.

Signature of Applicant:

Date: