



NEW BUSINESS ACCOUNT APPLICATION

Once application is complete, please submit to a Personal Banker at any of our locations.

BUSINESS INFORMATION

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, tax ID number and other information that will allow us to identify you. We may also ask to see and copy your current driver's license or other identifying documents. In all cases, protection of our customer's identity and confidentiality is Community Bank's pledge to you.

Type of account applying for (check all that apply)

| | | | |
|-------------------------|---------------------|---------------------------|----|
| Small Business Checking | Non-Profit Checking | Business Prestige Savings | CD |
|-------------------------|---------------------|---------------------------|----|

How did you hear about us

Business Name

Length of time in business | Federal Tax ID Number

Current Address (No P.O. Boxes)

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Mailing Address (if different)

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Business Phone Number

Email

Do you have existing accounts with Community Bank? Yes No

Type of Organization

| | | | | |
|-------------|------------|-------------|-----|-----------------|
| Corporation | Non-Profit | Partnership | LLC | Sole Proprietor |
|-------------|------------|-------------|-----|-----------------|

Passcode

In handling my account:

| | | |
|--|----------|------|
| Contact me at: | Business | Cell |
| Send Statements / other communications to: | Business | Home |

AUTHORIZED SIGNER INFORMATION

Full Name (First, Middle, Last)

Position with Company

Date of Birth | Social Security Number

Current Address (No P.O. Boxes)

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Mailing Address (if different)

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Home Number | Cell Number

Email

Driver's License Number

| | | |
|-------|------------|----------|
| State | Issue Date | Exp Date |
|-------|------------|----------|

AUTHORIZED SIGNER 2 INFORMATION

Full Name (First, Middle, Last)

Position with Company



AUTHORIZED SIGNER 2 INFORMATION CONTINUED

| | | | |
|---------------------------------|------------|------------------------|--|
| Date of Birth | | Social Security Number | |
| Current Address (No P.O. Boxes) | | | |
| City | State | Zip | |
| Mailing Address (if different) | | | |
| City | State | Zip | |
| Home Number | | Cell Number | |
| Email | | | |
| Driver's License Number | | | |
| State | Issue Date | Exp Date | |

AUTHORIZED SIGNER 3 INFORMATION

| | | | |
|---------------------------------|------------|------------------------|--|
| Full Name (First, Middle, Last) | | | |
| Position with Company | | | |
| Date of Birth | | Social Security Number | |
| Current Address (No P.O. Boxes) | | | |
| City | State | Zip | |
| Mailing Address (if different) | | | |
| City | State | Zip | |
| Home Number | | Cell Number | |
| Email | | | |
| Driver's License Number | | | |
| State | Issue Date | Exp Date | |

DEPOSIT ACCOUNT INFORMATION

| | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------------|
| Nature of Business | | Amount of first deposit | |
| Does business have multiple locations | Yes | No | |
| Do you anticipate regular cash deposits or withdrawals | Yes | No | |
| Do you anticipate wire transfers: | | | |
| Domestic | Yes | No | |
| International | Yes | No | |
| Estimated account activity - monthly volume for all accounts, please insure percentage total of 100% | | | |
| Total Deposits: \$ _____ | | Total Withdrawals \$ _____ | |
| _____ % cash | _____ % cash | _____ % cash | _____ % cash |
| _____ % checks | _____ % checks | _____ % checks | _____ % checks |
| _____ % currency exchange | _____ % currency exchange | _____ % currency exchange | _____ % currency exchange |
| _____ % ACH | _____ % ACH | _____ % ACH | _____ % ACH |
| _____ % purchase cashier's checks | _____ % purchase cashier's checks | _____ % purchase cashier's checks | _____ % purchase cashier's checks |
| _____ % domestic wire transfers | _____ % domestic wire transfers | _____ % domestic wire transfers | _____ % domestic wire transfers |
| _____ % foreign wire transfers | _____ % foreign wire transfers | _____ % foreign wire transfers | _____ % foreign wire transfers |
| 100% | 100% | 100% | 100% |

DEPOSIT ACCOUNT INFORMATION CONTINUED

| |
|--|
| Documents needed to identify business |
| Sole Proprietor: Certificate of assumed name from the State of Minnesota |
| Corporation: Articles of Incorporation and Certificate of Good Standing from the State of Minnesota |
| Limited Liability Company: Articles of Organization and Certificate of Good Standing from the State of Minnesota |
| Partnership: Partnership Agreement and Certificate of Good Standing from the State of Minnesota |

I (we) certify that all information provided above is correct. I (we) also certify under penalty that the tax id number(s) or social security number(s) provided above is/are correct and that I am not (we are not) subject to backup withholding under the internal revenue code. I (we) understand that additional information may be required prior to approval of the new account. I (we) further agree to return any access device for obtaining funds from any type of account upon demand by Community Bank.

| | |
|------------------------|------|
| Signature of Applicant | Date |
| Signature of Applicant | Date |
| Signature of Applicant | Date |

| | | | | |
|--|---|--|---|--|
| 951 Madison Ave Mankato, MN 56001 507-625-1551 | 300 St. Andrews Dr Mankato, MN 56001 507-385-4444 | 203 East Maine St P.O. Box 368 Amboy, MN 56010 507-674-3300 | 405 Parkway Ave Eagle Lake, MN 56024 507-257-5120 | 201 E Main St P.O. Box 307 Vernon Center, MN 56090 507-549-3679 |
|--|---|--|---|--|

