



TYPE OF ACCOUNT:

INDIVIDUAL JOINT CUSTODIAL/MINOR POD OTHER _____

Primary Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Citizenship Status: US Citizen Resident Alien Non-Resident Alien * OTHER _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____ City, State, ZIP: _____

Mailing Address: _____ City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Driver's License #: _____ Issuing State: _____ Issue Date: _____ Expiration Date: _____

Employer Name: _____ Work Phone: _____ Occupation: _____

Secondary Applicant Information

JOINT AUTHORIZED SIGNER CUSTODIAL/MINOR POD POWER OF ATTORNEY (DOCUMENTATION NEEDED)

First Name: _____ Middle Initial: _____ Last Name: _____

Citizenship Status: US Citizen Resident Alien Non-Resident Alien * OTHER _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____ City, State, ZIP: _____

Mailing Address: _____ City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Driver's License #: _____ Issuing State: _____ Issue Date: _____ Expiration Date: _____

Employer Name: _____ Work Phone: _____ Occupation: _____

Beneficiary Information

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____



| E-Services | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Primary Applicant | Secondary Applicant |
| E-Statements Receive your bank statement online and eliminate paper statements. | <input type="checkbox"/> | <input type="checkbox"/> |
| Bill Payment Easy and convenient. Email address required. Regular account charges apply. | <input type="checkbox"/> | <input type="checkbox"/> |
| Online Banking and Mobile Banking Access account balances, transfer money, and conduct common banking tasks online or on your mobile device. Message and data charges may apply. | <input type="checkbox"/> | <input type="checkbox"/> |

| Anticipated Account Activity | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deposits: <input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All | Do you have a relationship with a Marijuana Related Business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the nature of your relationship with the MRB. _____ |
| Withdrawals: <input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All | |
| ATM Activity: <input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Foreign <input type="checkbox"/> None <input type="checkbox"/> All | |

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING ACCOUNTS:

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, THE USA PATRIOT ACT REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON THAT OPENS AN ACCOUNT. FEDERAL LAW REQUIRES US TO OBTAIN SUFFICIENT INFORMATION TO VERIFY YOUR IDENTITY. WHEN YOU OPEN AN ACCOUNT WE WILL ASK FOR YOUR NAME, PHYSICAL AND MAILING ADDRESS, DATE OF BIRTH, TAXPAYER IDENTIFICATION NUMBER AND OTHER INFORMATION NEEDED TO IDENTIFY YOU. WE WILL ASK TO SEE YOUR DRIVER'S LICENSE AND OTHER FORMS OF IDENTIFICATION TO FULFILL THIS REQUIREMENT. IN SOME INSTANCES, WE MAY USE OUTSIDE SOURCES TO CONFIRM THE INFORMATION. OUR PRIVACY POLICY AND FEDERAL LAW PROTECT THE INFORMATION YOU PROVIDE. IF OUR INSTITUTION IS NOT ABLE TO VERIFY THE IDENTITY OF THE OWNER(S) OF THIS ACCOUNT WITHIN A REASONABLE TIME, IT MAY, AT ANY TIME, IN ITS SOLE DISCRETION, WITHOUT PROVIDING ADVANCE NOTICE, CLOSE THE ACCOUNT.

Application Agreement

I CERTIFY THAT THE INFORMATION COMPLETED ON THIS APPLICATION AND ON ANY ATTACHMENTS IS CURRENT AND ACCURATE. I AUTHORIZE GENERATIONS BANK TO VERIFY THE INFORMATION AND TO OBTAIN FURTHER INFORMATION CONCERNING MY CREDIT HISTORY AND STANDING, DEPOSIT ACCOUNTS MAINTAINED AT OTHER INSTITUTIONS, AND EMPLOYMENT HISTORY. I ALSO UNDERSTAND THAT GENERATIONS BANK WILL RETAIN THIS ACCOUNT APPLICATION WHETHER OR NOT THIS ACCOUNT IS APPROVED AND OPENED.

TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION – Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person, and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Primary Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____

| FOR OFFICIAL USE ONLY | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Opening Information | | | |
| <input type="checkbox"/> Primary Applicant EFunds/ChexSystems | <input type="checkbox"/> Secondary Applicant EFunds/ChexSystems | <input type="checkbox"/> Opened | <input type="checkbox"/> Declined |
| <input type="checkbox"/> In person, all parties present | <input type="checkbox"/> In person, not all parties present | <input type="checkbox"/> Other _____ | |
| Amount of Deposit: \$ _____ | Source of Funds: | <input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Loan Proceeds <input type="checkbox"/> Local Check <input type="checkbox"/> Foreign Check _____ | |
| Branch: _____ | Employee: _____ | Date: _____ | |
| Bank Services | | | |
| <input type="checkbox"/> Harland Check Company <input type="checkbox"/> Debit Card <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Telephone Banker <input type="checkbox"/> Night Drop Service <input type="checkbox"/> Other _____ <input type="checkbox"/> Online Banking | | | |

* Additional information is required for a Non-Resident Alien (NRA). Complete the NRA Information Sheet.

Non-Resident Alien Information

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Tax ID Number: _____ Date of Birth: _____

Tax ID Status: Certified Exempt

Tax Country: _____ Tax Province: _____
(If Canada)

Citizen Country: _____ Foreign Tax ID: _____

Additional Documentation:

- W-8

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|--|-------------------------------------|--|
| Addl Info 3 – Form W-8 Information | | | | | |
| NRA Indicator <input type="checkbox"/> I – Individual W-8BEN <input type="checkbox"/> E – Entity W-8BEN-E <input type="checkbox"/> O – Other W-8 Forms | | | | | |
| Certification (Issue) Date: _____ Expiration Date (System Calculated) – W-8 is good for 3 years | | | | | |
| <input type="checkbox"/> Reprint W-8BEN Notice (Check if NRA Indicator is I) | | | | | |
| <input type="checkbox"/> US Owners Documented (Only if NRA Indicator is E or O) <input type="checkbox"/> IRS FFI List – Verification Date (Only if NRA Indicator is E or O) _____ | | | | | |
| <input type="checkbox"/> Recipient GIIN (Only if NRA Indicator is E or O) | | | | | |
| Addl Info 3 – Form 1042-S Information | | | | | |
| Tax Country | | Tax Province (If Canada) | | Citizen Country | |
| Chapter 3 Status (if Entity) | | Chapter 4 Status (if Entity) | | Foreign Tax ID (used on the IRS W8) | |
| Processed By | | | | | |
| Branch: | Employee: | | | Date: | |