



Deposit Account Application

Please note: The primary applicant must be a U.S. Citizen to qualify for this Internet offer.

Account Type: (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Cornerstone Checking | <input type="checkbox"/> Freedom Checking | <input type="checkbox"/> Prime Time I |
| <input type="checkbox"/> Cornerstone Checking Plus | <input type="checkbox"/> Freedom Money Market | <input type="checkbox"/> Prime Time II |
| | | <input type="checkbox"/> Prime Time III |

Please enter the following information about yourself

Legal Name (First Middle Last): _____

Date of Birth(MM/DD/YYYY): _____

Address: _____

City, State: _____

ZIP-Plus4: _____

Email Address: _____

Driver's License State / License #: _____

Driver's License Expiration Date: _____

Occupation:

- Professional/Technical Administrative Sales/Service Clerical/White Collar
 Craftsman/Blue Collar Student Housewife Retired Farmer Military
 Religious Self Employed Other Not Currently Employed

Employer: _____

Please select the type of ownership for the account: (check one)

- Pay-on-death account with the following Beneficiary Information:

Legal Name (First Middle Last): _____

Address: _____

City, State: _____

ZIP-Plus4: _____

If this is to be a joint account, complete the following:

Joint Legal Name (First Middle Last): _____

Date of Birth(MM/DD/YYYY): _____

Joint Address: _____

City, State: _____

ZIP-Plus4: _____

Email Address: _____

Driver's License State / License #: _____

Driver's License Expiration Date: _____

Occupation:

- Professional/Technical Administrative Sales/Service Clerical
 Craftsman Student Housewife Retired Farmer
 Military Religious Self Employed Other Not Currently Employed

Employer: _____

Primary Applicant's Contact Information:

Home Phone #: _____
123.123.1234 format

Business Phone #: _____

Primary Applicant's Mother's
Maiden Name: _____

Deposit Information:

Initial Deposit: \$ _____

Deposit Type: Check Money Order Credit Card Wire Transfer

Fill out the following information only if depositing via credit card.

Card Type: Visa Master Card American Express Discover

Card Number: _____

Name (First Middle Last): _____

Card Valid Through: _____

Account Owner's SSN: _____ ***Joint Owner's SSN:*** _____

I verify that:

Social Security Number(s): The Social Security Number shown above is my correct Social Security 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 failure to report all interest of dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

= Required Field

I verify that: (continued)

- Exempt Recipients:** I am an exempt recipient under the Internal Revenue Service Regulations.
- Nonresident Aliens:** I am not a United States person, or if I am an individual, I am neither a citizen nor a resident of the United States.
- As a condition of acceptance of my checking account with CornerBank, N.A.® , I authorize you (CornerBank, N.A.®) to obtain a copy of my current credit report and subsequent reports for the purpose of an update, renewal or extension of credit, or opening of deposit accounts.
- I certify under penalties of perjury the statements checked in this section are true.

Additional Products/Services

I wish to apply for the following additional products/services:

- Overdraft Protection ATM Card VISA Check card

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- I agree to the terms stated on the above pages of this form and acknowledge receipt of a completed copy on today's date. I also acknowledge the terms of the following disclosures:

Privacy Notice
Electronic Funds Transfer Agreement and Disclosures
Funds Availability Policy Disclosure
Truth In Savings Disclosure
Deposit Account Agreement and Disclosure
Miscellaneous Fees and Charges
U.S.A. Patriot Act Customer Identification Program

These disclosures contain information that is pertinent to how we service your banking needs on a daily basis, such as direct deposits, "stop payment" instructions, personal information privacy and more. You are encouraged to either print them out for your personal files or save them as a HTML document to your hard drive. Disclosures can be accessed on the CornerBank web site at <http://www.cornerbanks.com>.

Important Steps to Finalize Your Application

Thank you for applying for a CornerBank checking account. We will process your application once you have completed these important final steps:

1. Application Form

- A. Please verify that all the information has been entered correctly.
- B. You must print this form and return the original signed form to us.
- C. Sign and date the application in the space provided. The application must be signed by all owners of the account.
- D. Mail the signed, dated application, along with copies of the requested documents (see "Forms of Identification") to:

= Required Field

CornerBank, N.A.
Attn: Internet Banking Support
900 Main, PO. Box 545
Winfield, KS 67156

2. **Forms of Identification** - You will also need to send us photocopies of two forms of identification for each joint owner, including one photo ID (e.i. driver's license), plus a copy of your Social Security card(s).
3. **Deposit** - Depending upon the deposit method you selected above, please do one the following:

Check / Money Order

Enclose the initial deposit check with the copy of this form and your forms of identification.

Credit Card

We will charge your credit card for the amount of your initial deposit as indicated on your application.

Wire

If you choose to make your initial deposit by wire, please first fax this form to us. Fax: (620) 221-0867

The ABA number for the wire is 101101109 for CornerBank, N.A., ATTN: Internet Banking Dept.

Your account cannot be opened until we receive the deposit.

4. We will confirm your application by e-mail within 5 working days after receipt of your signed application. After reviewing your application, additional documents may be requested to continue processing.
5. Upon approval of your application, we will forward to you a new account packet containing information about your new account and other bank services.

Signatures:

Applicant Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____



Call us at:
620-221-1650 or 800-408-9273
Bankline:
620-221-0974 or 800-408-9324

