

Empty box for account information.

OWNERSHIP OF ACCOUNT - CONSUMER

- Individual, Personal Agency, Joint, Trust, Payable on Death options.

SAVINGS BANK JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP G.S. §54C-165. We, the undersigned, understand that by establishing a joint account...

SAVINGS BANK PAYABLE ON DEATH ACCOUNT G.S. §54C-166(a). I/we, the undersigned, understand that by establishing a Payable on Death account...

SAVINGS BANK PERSONAL AGENCY ACCOUNT G.S. §54C-167. I, the undersigned, understand that by establishing a personal agency account...

I, the undersigned, agree this personal agency will continue if I subsequently become incapacitated or mentally incompetent...

OWNERSHIP OF ACCOUNT - NONCONSUMER PURPOSE. Sole Proprietorship, Partnership, Corporation options.

Account details: DATE OPENED, INITIAL DEPOSIT, HOME TELEPHONE, BUSINESS PHONE, DRIVER'S LICENSE, E-MAIL, EMPLOYER, MOTHER'S MAIDEN NAME.

ACCOUNT NUMBER

TYPE OF ACCOUNT: NEW, EXISTING, CHECKING, SAVINGS, MONEY MARKET, CERTIFICATE OF DEPOSIT, NOW.

ACCOUNT OWNER(S) NAME & ADDRESS

BACKUP WITHHOLDING CERTIFICATIONS

TIN: Taxpayer I.D. Number, Backup Withholding, Exempt Recipients. SIGNATURE: I certify under penalties of perjury the statements checked in this section...

Number of signatures required for withdrawal. FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form.

- Terms & Conditions, Truth in Savings, Funds Availability, Electronic Fund Transfers, Privacy, Substitute Checks, Common Features.

(1): [X] I.D. # D.O.B.

(2): [X] I.D. # D.O.B.

(3): [X] I.D. # D.O.B.

(4): [X] I.D. # D.O.B.