## BANKFIRST NEW ACCOUNT FORM

TO OPEN AN ACCOUNT:

Depositor's Signature

Depositor's Signature

Print and complete this form and mail it with your opening deposit to:

BANKFIRST PO BOX 89810 Sioux Falls, SD 57105 For Wire Purposes: ABA # 091409568 Attn: Tammy Chesley OR

Call us to complete the application by phone:

1-800-328-2411

Monday - Friday, 8:30 a.m. - 5:00 p.m. CST

A Subsidiary of Marshall BankFirst Corp.

2600 W. 49th Street, Suite A

Sioux Falls, SD 57105

## Sioux Falls, SD 57105 Attn: Tammy Chesley PLEASE SELECT THE ACCOUNT YOU WOULD LIKE OPENED ■ NATIONAL TREASURY INDEX ACCOUNT □ NATIONAL CD ACCOUNT Initial deposit amount: \$ Amount invested: (Minimum of \$10,000 to open. SEE TERMS IN (Minimum of \$15,000. Maximum opening RATE SHEET) deposit & account balance of \$500,000.) ☐ 3 months ☐ 6 months ☐ 1 year ☐ 18 months 2 years Initial Opening Deposits must be in one of the following forms: 1) personal check, or 2) other financial institution check, or 3) wired funds. We require 30 months ☐ 3 years ☐ 5 years ☐ 4 years that deposits of \$250,000 or more be made by wire transfer. We reserve the right to require any deposit be made with wired funds. Deposits may be held a Interest method minimum of 7 (seven) days. Interest is compounded daily, paid/credited monthly and reported in the year when it is paid/credited to you. ☐ Check (monthly) Credit to CD (monthly) e check \$25,000 ACCOUNT INFORMATION Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You will be asked several questions regarding your identity in order to fulfill this requirement. In some instances we may use outside sources to confirm the information provided. The information you provide is protected by our privacy policy and federal law. \*ALL ACCOUNT HOLDERS MUST BE RESIDENTS & CITIZENS OF THE UNITED STATES.\* ACCOUNT TYPE (please check one) TAXPAYER IDENTIFICATION (please print) Social Security Number Personal **Business/Organization** Tax ID Number ☐ Individual □ Corporation Social Security Number or Tax ID Number □ Partnership (With survivorship) ☐ Unincorporated Association Owner of number (name of individual, business, organization or trust) ☐ Pavable on Death □ Employee Benefit Plan Accounts □ UTMA/UGMA ofit-sharing, pension) (Uniform transfer/gift to minor's account) ☐ Sole Proprietorship Social Security # Mother's Maiden Name or Password ☐ Trust-Dated: (Please include agreement) Driver's License # State Issued Expires ☐ Estate ACCOUNT REGISTRATION (please print) Social Security # Mother's Maiden Name or Password Account Owner Birthdate Driver's License # State Issued Expires Account Owner Birthdate Social Security # Mother's Maiden Name or Password Driver's License # State Issued Expires Account Owner Birthdate Street Address of Account Owner Beneficiary Relationship City State Zip Beneficiary Relationship Home Phone Work Phone Beneficiary Relationship **CERTIFICATION** Read this statement before signing. Under penalties of perjury, I certify (1) that the taxpayer identification number shown on this form is my correct taxpayer identification, and (2) that I am not subject to backup withholding either because 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 because the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US person. NOTICE: Strike out item (2) above if you have been notiied by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return Depositor's Signature BANKFIRST

Date

Date