First Name:

Submitted on:

## Member FDIC | Equal Housing Lender

## Personal Checking/Savings Account Application

Last Name:

Privacy Policy: Our privacy policy protects	the privacy of your per	sonally-identifying information that	you provide us online.		
law requires all financial ins What this means for you: W allow us to identify you. We Security Notice:	equirements: To help to stitutions to obtain, verifulations to obtain, verifulation and accordance may also ask to see your is Application on-line if copy now.	the government fight the funding of fy, and record information that iden bunt, we will ask for your name, addour driver's license or other identify you are using a browser with the land	terrorism and money laundering activities, Federal tifies each person who opens an account. dress, date of birth, and other information that will ying documents.  atest security enhancements. If you don't have the		
memory when you quit you 3. We will contact you with	cy, QUIT your browser r browser the location of our clos Security card and Drive	and restart it again after using this			
First Name Middle Initial Last Name					
Date of Birth		Social Security No.	Your E-mail Address		
Driver's License I	No. D	river's License State	Driver's License Expiration Date		
	Home Phone		Work Phone		
	Address Line 1				
Physical Address Information (required)	Address Line 2				
, , ,	City	State	ZIP Code		

Have you had a transaction account checking/savings at this or another institution within 12 months before making this application? (required)	O Yes				
Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application? (required)	O Yes				
Have you been convicted of a criminal offense because of the use of a check or a similar item within 24 months of making this application? (required)	O Yes		inh of a main and in		
First Name		Joint Account Holder (with r		Last Name	
Date of Birth		Social Security No.		Your E-mail Address	
Driver's License No	o.	Driver's License State		Driver's License Expiration Date	
	Home Phone			Work Phone	
Address Information	Address Line Address Line City	e 2	ate	ZIP Code	
Have you had a transaction account checking/savings at this or another institution within 12 months before making this application? (required)	O Yes				
Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application? (required)	O Yes				

Have you been convict a criminal offense bec	ause	Yes					
of the use of a check of similar item within 24	or						
months of making this		○ No					
application? (required)		11.6					
Checking and Savings	s acco	unt information					
Checking Accounts							
Student		Regular Super NOW 55 Plus					
Available to student to 24 years of age     No monthly service charges	s up	<ul> <li>\$2.50 plus \$.10 per del balance falls below minir statement cycle.</li> <li>\$300 Miniumum daly be service charge</li> </ul>	mum balance during	Interest bearing     \$800 minimum average daily balance to avoid monthly service charges     \$10 monthly service charge if balance falls below the minimum	Must be at least 55 years old to qualify     No monthly service charges		
Savings Accounts							
		Passbook		Money Market			
		Tiered interest account     \$2,500 minimum daily balance to avoid service charges     monthly service charges     \$10 per month service charge if balance falls below     minimum					
			Account Titling Info	ormation			
		☐ Individual					
(required)		O Joint					
		I/We wou	ld like to apply for the	following account(s):			
		I <u> </u>					
		Student Checking (24 years of age and under)					
Checking Accounts		Regular Checking (\$300 minimum balance)					
(required)		55+ Checking (55 years of age and over)					
		None					
Savings Accounts (required)		Passbook Savings					
		Money Market Savings					
		None					
Are you interested in a debit Yes							
card? Checking accounts or	nly	O No					
		Darwin					
		Dassel					
Choose the location y would like to complete							
application (required)		Paynesville					
		☐ Winthrop					

Please upload any supporting documents I.E. Applicants Drivers License, Social Security Card for applicants that dont have drivers licenses.	Please submit this information as an additional attachment.			
By submitting this application, I (each person jointly and severally) apply for the account(s) and Debit card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by Perennial Bank.  I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with Perennial Bank.				
(required)	I/We AGREE with the above statement			