

Your Future Begins Today
with **RG BANK!**



Main Office:
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CONSUMER DEPOSIT ACCOUNT APPLICATION

USA PATRIOT ACT NOTICE: Important information about opening an account. To help the government fight the funding of terrorism and money laundering activities, the federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

Applicant Information

| | | | | | |
|--|-----------------------|---|---|----------------------------|-------------|
| Owner Name: | | Preferred Name | | Date of Birth: | |
| DBA: | | Cell Phone No. – Home Phone No. <input type="checkbox"/> same | | Email Address: | |
| Physical Address: | | City: | | State: | Zip: |
| Mailing Address: | | City: | | State: | Zip: |
| Birth Place: | | Mother's Maiden Name: | | SSN: | |
| Authentication Phrase – (a phrase used as a multi-factor authentication to help secure your acct) | | | | Authentication Hint | |
| ID Number: | Issuing State: | ID Type | Date Issued: | Date Expires: | |
| Current Employer: | | Job Title/Position | | Work Phone Number: | |
| What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien | | | Have you banked with RG BANK in the past? <input type="checkbox"/> No <input type="checkbox"/> Current Customer <input type="checkbox"/> In the past / Est. When: _____ | | |

Co Applicant Information

| | | | | | |
|--|-----------------------|--|---------------------|----------------------------|----------------------------|
| Co-Owner Name: | | Preferred Name | | Date of Birth: | |
| Cell Phone No. | | Home Phone No. Same <input type="checkbox"/> | | Email Address: | |
| Physical Address: | | City: | | State: | Zip: |
| Mailing Address: | | City: | | State: | Zip: |
| Birth Place: | | Mother's Maiden Name: | | SSN: | |
| Authentication Phrase – (a phrase used as a multi-factor authentication to help secure your acct) | | | | Authentication Hint | |
| ID Number: n/a <input type="checkbox"/> Minor | Issuing State: | ID Type: | Date Issued: | Date Expires: | |
| Current Employer: | | Job Title/Position | | Work Phone Number: | |
| E-mail Address | | Authentication Phrase | | | Authentication Hint |
| What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien | | Have you banked with RG Bank in the past? <input type="checkbox"/> No <input type="checkbox"/> Current Customer <input checked="" type="checkbox"/> In the past / Est. When: _____ | | | |

Account Services Questionnaire:

| | | |
|--|---|---|
| Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> MMDA | Purpose of this account: | How will the account be funded? (Source of funds) |
| Are you a frequent traveler? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where do you travel? _____ | Do you plan to make cash deposits of \$3,000 or more? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you plan to make cash withdrawals of \$3,000 or more? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Do you expect to use this account for any of the following? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check all that apply) <input type="checkbox"/> Check deposits of more than \$3,000 <input type="checkbox"/> Direct deposits – Source(s): _____ <input type="checkbox"/> Mobile/Remote Deposit Capture - estimated monthly amount \$ _____ <input type="checkbox"/> Incoming Wires – Source: _____ <input type="checkbox"/> Outgoing Wires – Destination: _____ <input type="checkbox"/> Foreign Wires | | |
| Is more than one signature required for withdrawals on this account? <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ | For checking accounts, are you interested in overdraft protection services? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | |
| Is this account for any Senior Political figure or a member of the family? <input type="checkbox"/> No <input type="checkbox"/> Yes | Will this account be used for marijuana, hemp, CBD, or any related activity? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Payable on Death Designation (Beneficiary)

| | | |
|--|-------------------------------------|--------------------|
| Would you like to have a POD (Payable on Death) on this account? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete the following: Per RG BANK policy, a designated POD must be at least 18 years old to be named a POD on an account. If more than one POD is designated and no distribution percentages are indicated, the PODs will be deemed to own equal share percentages. | | |
| POD: | DOB: | SSN: |
| Mailing Address: | Relationship to Acct Holder: | Percentage: |
| POD: | DOB: | SSN: |
| Mailing Address: | Relationship to Acct Holder: | Percentage: |
| POD: | DOB: | SSN: |
| Mailing Address: | Relationship to Acct Holder: | Percentage: |

DEBIT CARD APPLICATION

I would like to apply for a debit card through my account at RG Bank . I agree that if I use my debit card or checking account, I will be subject to the terms and charges specified in the Account Agreement and Disclosures, which have been provided to me. I understand that this offer is for a Debit Card(s), which will automatically pay for purchases and cash advances, directly from my checking account. Such payments and cash advances are subject to the available balance of my checking account and any overdraft protection I may have. I certify that I am 18 years of age or older and that the information provided in my application is accurate.

Please note: Debit Cards typically arrive in the mail within 7-10 business days.

| | |
|------------------------------|-------------|
| | |
| <i>Signature of Owner</i> | <i>Date</i> |
| | |
| <i>Signature of Co-Owner</i> | <i>Date</i> |

Last 6 digits of card: _____

Last 6 digits of card: _____

Applicant Acknowledgement:

| | |
|---|-------------|
| To the best of my knowledge, the information provided in this application is true and correct. I hereby authorize RG Bank to obtain any account verification information relating to this application from any source, including a consumer reporting agency. | |
| | |
| <i>Signature of Owner</i> | <i>Date</i> |
| | |
| <i>Signature of Co-Owner</i> | <i>Date</i> |