

Association Deposit Account Application

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, 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 the Bank will ask for your name, address, date of birth and other information that will allow the Bank to identify you. The Bank may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

COMPLETE THE INFORMATION

Association Name _____ Association Tax ID Number _____

Association Entity Address (Please use the physical address and add the PO Box if needed) _____

Contact Legal Name _____ Contact Phone _____ Email Address _____

Name and Address of Management Company _____

Management Company Contact Name _____ Management Company Phone _____ Management Company Email Address _____

Type of Organization: Cooperative Condo Housing Association

Authorized Signors:

- | | | | | |
|----|------------|-------|---------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Date of Birth | Last 4 Digits of SSN |
| 2. | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Date of Birth | Last 4 Digits of SSN |
| 3. | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Date of Birth | Last 4 Digits of SSN |
| 4. | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Date of Birth | Last 4 Digits of SSN |

Please select the type of account you want to utilize:

Money Market Plus Deposit Account Other _____

Certificate of Deposit TERM: _____

\$ _____
Initial Deposit Amount

ATTACH IMPORTANT DOCUMENTS

Please include a copy of your Articles of Incorporation; your Partnership Agreement, Trust Agreement, or other formation documentation; and your Declaration or By Laws or like documentation (U.S. Government recognition) with this application. Also include a copy of your assigned Tax Identification Number (TIN) and Certificate of Good Standing.

RETURN COMPLETED APPLICATION

EMAIL to: deposit_services@ncb.coop OR FAX to: (937) 393-9629 OR MAIL to: NCB
Attn: Deposit Services Office
599G Harry Sauner Road
Hillsboro, OH 45133

Do not send sensitive financial information, such as social security numbers, bank account numbers, or any other similarly sensitive information about yourself or your business, by email without first encrypting it. If you need assistance with encryption, please contact NCB directly.