Consumer Account Application

Plains Commerce Bank

MEMBER FDIC — EQUAL HOUSING LENDER

To open your new account with us, fill in this form, print, sign and bring to your nearest Plains Commerce Bank to meet with one of our knowledgeable Retail or Business Bankers.

Name (First, MI, Last)	Name (First, MI, Last)
DBA (Doing Business As)	DBA (Doing Business As)
Physical Address	Physical Address
Mailing Address	Mailing Address
Security Code/Password *(optional)*	Security Code/Password *(optional)*
SSN/TIN	SSN/TIN
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Date of Birth	Date of Birth
DL State Issued	DL State Issued
DL Number	DL Number
Expiration Date	Expiration Date
Employer	Employer
E-mail	E-mail

I/We certify that everything I/we have stated in this application and on any attachments is correct. Plains Commerce Bank (Bank) may keep this application whether or not it is approved. By signing below, I authorize Bank to check my credit and answer questions other may ask Bank about my credit record with the Bank.

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 we may ask for your name, address, date of birth and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

Will the account be cash intensive?   Yes   No

     If yes, will cash be in excess of $3,000 in and/or out?   Yes   No

Will this account use wire transfers?   Yes   No

     If yes, how often?

Are you a money services business?   Yes   No

Is your business organization in any way involved in Internet gambling activities?   Yes   No

Will you engage as an exchanger in virtual currency or in the marijuana business?   Yes   No

Signature	Date	Signature	Date

Authorized Signers:

1)

Name (First, MI, Last)

Physical Address

Mailing Address

SSN/TIN   Date of Birth

DL State Issued   DL Number   Expiration Date

Phone (Home/Cell/Work)

E-mail

2)

Name (First, MI, Last)

Physical Address

Mailing Address

SSN/TIN   Date of Birth

DL State Issued   DL Number   Expiration Date

Phone (Home/Cell/Work)

E-mail

3)

Name (First, MI, Last)

Physical Address

Mailing Address

SSN/TIN   Date of Birth

DL State Issued   DL Number   Expiration Date

Phone (Home/Cell/Work)

E-mail