Account Agreement Date: 12-4-09 Institution Name & Address Internal Use revised savings 1612381 nkp Account Title & Address COMMUNITY BANK CITY OF MUSCATINE CLARK HOUSE DEPOSIT ACCOUNT MUSCATINE WILTON 563-263-1122 563-732-2077 215 SYCAMORE CITY HALL COLUMBUS JUNCTION MUSCATINE, IA 52761 **WAPELLO** 319-728-2226 319-523-8390 MEMBER FDIC Ownership of Account IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires The specified ownership will remain the same for all accounts. us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill Individual Corporation - For Profit this requirement. In some instances we may use outside sources to confirm Joint with Survivorship Corporation - Nonprofit the information. The information you provide is protected by our privacy policy and federal law. (not as tenants in common) Partnership Enter Non-Individual Owner Information on page 2. There is additional Joint with No Survivorship Sole Proprietorship Owner/Signer Information space on page 2. (as tenants in common) Limited Liability Company Owner/Signer Information 1 Trust-Separate Agreement Dated: NANCY A LUECK X MUNICIPALITY Relationship to Account (Owner and/or Signer, etc.) Beneficiary Designation AUTHORIZED SIGNER (Check appropriate ownership above.) Revocable Trust Pay-On-Death (POD) Mailing Address (if different) Beneficiary Name(s), Address(es), and SSN(s) (Check appropriate beneficiary designation above.) Home Phone 264-1550 Work Phone Mobile Phone Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) Other ID (Description, Details) If checked, this is a temporary account agreement. Number of signatures required for withdrawal: 1 Employer's Name Signature(s) The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) ancial Inst Owner/Signer Information 2 on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is LEANNA OSBORNE satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this Relationship to Account (Owner AUTHORIZED SIGNER and/or Signer, etc.) document and the following: XTerms and Conditions X Privacy Electronic Fund Transfers Truth in Savings Mailing Address (if different) Substitute Checks Funds Availability Common Features [x Lage Moder] [x Lage Moder] Home Phone Work Phone Mobile Phone Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) Other ID (Description, Details) Employer's Name & Address

Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.) (page 1 of 2)

Name

Address

F-Mail Birth Date SSN/TIN

Previous

Name

Address

E-Mail Birth Date SSN/TIN

Previous Financial Inst.

المند	Information 3	Non-Individual O
	GREC MANDSAGER	Name
ationship to Account (Owner	CKEG TEMPONOBIC	EIN
and/or Signer, etc.)	AUTHORIZED SIGNER	Phone
Address		Mobile Phone
		E-Mail
Mailing Address (if different)		Type of Entity
Home Phone		State/Country & Date of Organization
Work Phone		
Mobile Phone		Nature of Business
E-Mail		
Birth Date		Address
SSN/TIN		-
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Mailing Address (if different)
Other ID (Description, Details)		Authorization/ Resolution Date
Employer's Name & Address		Previous Financial Inst.
Previous		Account Descripti
Financial Inst. Owner/Signer I	nformation 4	
Name		REVISED SAV
Relationship to		-
Account (Owner and/or Signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		-
Work Phone		- 1
Mobile Phone		-
E-Mail		Services Requeste
Birth Date		
SSN/TIN		ATM Debii
Gov't Issued Photo ID Type, Number, State, ssue Date, Exp. Date)		
Other ID Description, Details)		Other Terms/Inform
mployer's Name Address		REMOVED A . BENSKIN ADI
revious inancial Inst.		AND GREG MA
	ding Certifications	I INTO ORLEG TE
	son," certify foreign status separately.)	
	W. C. College Control of the College C	
IN: <u>42-600</u> Taxpayer I.D	05008	A PART OF THE
orrect taxpayer ic	D. Number (TIN) - The number shown above is my dentification number.	
recause I have no result of a failure devenue Service hithholding. Exempt Reci	cholding - I am not subject to backup withholding either been notified that I am subject to backup withholding as to report all interest or dividends, or the Internal has notified me that I am no longer subject to backup ipients - I am an exempt recipient under the Internal	
levenue Service I	Regulations. nalties of perjury the statements checked in this	
ection and that I	am a U.S. person (including a U.S. resident alien).	,
	(Date)	
		1

Non-Individual (Dwner In	formation	BANK BANK BANK BANK	
Name	CIT	Y OF MUSC	ATINE	
EIN		6005008		
Phone	264	-1550		
Mobile Phone	NA	NA		
E-Mail	NA			
Type of Entity	MUN	ICIPALITY		
State/Country & Date of Organization	IOWA 12-04-09			
Nature of Business	CIT	Y		
Address	215	SYCAMORE	CITY HALL MUS IA	
Mailing Address (if different)	SAMI	Ξ		
Authorization/ Resolution Date	12-0	04-09		
Previous Financial Inst.	СВ			
Account Descrip	tion	Account #	Initial Deposit/Source	
REVISED SA	VINGS	1612381	\$ Cash	
			\$ Cash Check	
			\$ Cash	
Services Reques	ted			
☐ ATM ☐ Deb	it/Check	Cards (No. Req	quested:	
			4400104.	
Other Terms/Info	rmation			
REMOVED A BENSKIN AI AND GREG M	DING	LEANNA OS		

Account Agreement

Internal Use

	7	0	,	0	-
Date:	- 1	7	-4-	·U	

REVISED SAVINGS

1612365

NKP

Institution Name & Address

COMMUNITY BANK

MUSCATINE 563-263-1122 WILTON 563-732-2077

COLUMBUS JUNCTION 319-728-2226 WAPELLO 319-523-8390

MEMBER FDIC

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. 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.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer I	nformation 1
Name	NANCY A LUECK
Relationship to Account (Owner and/or Signer, etc.)	AUTHORIZED SIGNER
Address	
Mailing Address (if different)	
Home Phone	264-1550
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Owner/Signer In	nformation 2
Name	_LFANNA_OSBORN
Relationship to Account (Owner and/or Signer, etc.)	AUTHORIZED SIGNER
Address	
Mailing Address (if different)	
Home Phone	THE RESERVE OF THE PROPERTY OF
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Other ID	

Account Thic a Address				
CITY OF MISCATINE				
CITY OF MUSCATINE SUNSET PARK DEPOSIT ACCOUNT				
- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17				
215 SYCAMORE ST CITY	HALL			
MUSCATINE, IA 52761				
	7			
	7 .			
	-			
Ownership of Account				
Ownership of Account				
The specified ownership will remain the	e same for all accounts.			
☐ Individual	Corporation - For Profit			
☐ Joint with Survivorship	Corporation - Nonprofit			
(not as tenants in common)	Partnership			
☐ Joint with No Survivorship	Sole Proprietorship			
(as tenants in common)	Limited Liability Company			
Trust-Separate Agreement Dated:				
	1 1			
X MUNICIPALITY				
Beneficiary Designation				
(Check appropriate ownership above.)				
☐ Revocable Trust	☐ Pay-On-Death (POD)			
Beneficiary Name(s), Address(es),	and SSN(s)			
(Check appropriate beneficiary designation	ation above.)			
	1 -1			
	Tage Mar			
If checked, this is a temporary accou	int agreement.			
Number of signatures required for withdra	awal:1			
Signature(s)				
The undersigned authorize the financial	institution to investigate credit and			
employment history and obtain reports f	rom consumer reporting agency(ies)			
on them as individuals. Except as other	wise provided by law or other			
documents, each of the undersigned is a the account(s), provided the required nu				
satisfied. The undersigned personally ar	nd as, or on behalf of, the account			
owner(s) agree to the terms of, and ackidocument and the following:	nowledge receipt of copy(ies) of, this			
_				
Terms and Conditions Privac				
K Electronic Fund Transfers X Truth				
Substitute Checks				
Common Features				
1 1				
1 James Ch duch				
[x yang a Lune				
[x Lana Osbon Lanna Mc Cullage]				
Lillma Osban	L'Unna Melullow []			
[x Degs Monday]				
[Your - H/m Maa	_			
LXCACAL				
Γ	1			
Lx				

wher/Signer II	nformation 3	Non-Individual C)w
Name	GREC MANDSAGER	Name	T
Relationship to	- GREG TEMPONOER	EIN	Г
Account (Owner and/or Signer, etc.)	AUTHORIZED SIGNER	Phone	
Address		Mobile Phone	Γ
Address		E-Mail	
Mailing Address		Type of Entity	
(if different) Home Phone		State/Country & Date of Organization	
Work Phone			-
Mobile Phone		Nature of Business	
E-Mail			\vdash
Birth Date		Address	
SSN/TIN			-
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Mailing Address (if different)	
Other ID (Description, Details)		Authorization/ Resolution Date	L
Employer's Name		Previous Financial Inst.	
& Address		Account Descrip	tic
Previous Financial Inst. Owner/Signer Ir Name	nformation 4	REVISED SAV	IN
Relationship to Account (Owner and/or Signer, etc.)			-
Address	24. 1		
Mailing Address (if different)			
Home Phone			
Work Phone			
Mobile Phone			***************************************
E-Mail		Services Reques	iε
Birth Date		☐ ATM ☐ De	bit
SSN/TIN			
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			_
Other ID (Description, Details)		Other Terms/Info	rn
Employer's Name & Address		REMOVED A BENSKIN A	
Previous Financial Inst.		AND GREG	
	ding Certifications		
(If not a "U.S. Per	son," certify foreign status separately.)		
	-6005008		
X Taxpayer I.D. Correct taxpayer in	D. Number (TIN) - The number shown above is my dentification number.		
because I have no a result of a failure	nholding - I am not subject to backup withholding either of been notified that I am subject to backup withholding as to report all interest or dividends, or the Internal has notified me that I am no longer subject to backup		
Exempt Rec Revenue Service	ipients - I am an exempt recipient under the Internal Regulations.		
	nalties of perjury the statements checked in this I am a U.S. person (including a U.S. resident alien).	\$ (\$.	
×	(Date)		
The second secon			

Non-Individual Owner Information				
Name	CITY OF MUSCATINE			
EIN	42-6005008			
Phone	264-1550			
Mobile Phone	NA.			
E-Mail	NA.			
Type of Entity		CIPALITY		
State/Country & Date of Organization	IOWA	12-04-09		
Nature of Business	CITY		· .	
Address	215	215 SYCAMORE CITY HALL MUS IA		
Mailing Address (if different)	SAME	E		
Authorization/ Resolution Date	12-0	04-09		
Previous Financial Inst.	СВ			
Account Descrip	tion .	Account #	Initial Deposit/Source	
REVISED SAV	INGS	1612365	\$ Cash	
141			\$ Cash	
			\$ Cash	
Services Reques	sted			
□ ATM □ De	hit/Check	Cards (No. Reque	ested:)	
	DIVOLIGOR	Cards (No. Fleque	esteu	
i i				
Other Terms/Info	ormation	的。我们就是一个人		
REMOVED A J JOHNSON AND MICHELLE BENSKIN ADDING LEANNA OSBORNE AND GREG MANDSAGER				