

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 Information 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 Information 2

Name	LEANNA OSBORNE
Relationship to Account (Owner and/or Signer, etc.)	AUTHORIZED SIGNER
Address	
Mailing Address (if different)	
Home Phone	
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.	

Internal Use	revised savings	1612381	nkp
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Account Title & Address

CITY OF MUSCATINE
CLARK HOUSE DEPOSIT ACCOUNT
215 SYCAMORE CITY HALL
MUSCATINE, IA 52761

Ownership of Account

The specified ownership will remain the same for all accounts.

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation - For Profit |
| <input type="checkbox"/> Joint with Survivorship
(not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Joint with No Survivorship
(as tenants in common) | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Sole Proprietorship |
| | <input type="checkbox"/> Limited Liability Company |

☐ Trust-Separate Agreement Dated:☒ 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 above.)

- ☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) 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 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 document and the following:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions | <input checked="" type="checkbox"/> Privacy |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input checked="" type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> |

[x] *Yoma A. Lush*

[x] LeAnna Osborn LeAnna McCullough

[X] *Guss Mnday*

$$[X]$$

☐ 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)

Information 3

Relationship to
Account (Owner
and/or Signer, etc.)

GREG MANDSAGER
AUTHORIZED SIGNER

Address

Mailing Address
(if different)

Home Phone

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 Information 4

Name

Relationship to
Account (Owner
and/or Signer, etc.)

Address

Mailing Address
(if different)

Home Phone

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.

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 42-6005008

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X Greg A. Mandsager (Date)

Non-Individual Owner Information

Name CITY OF MUSCATINE

EIN 42-6005008

Phone 264-1550

Mobile Phone NA

E-Mail NA

Type of Entity MUNICIPALITY

State/Country & Date
of Organization IOWA 12-04-09

Nature of
Business CITY

Address 215 SYCAMORE CITY HALL MUS IA

Mailing Address
(if different) SAME

Authorization/
Resolution Date 12-04-09

Previous
Financial Inst. CB

Account Description	Account #	Initial Deposit/Source
REVISED SAVINGS	1612381	\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> NA
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)
☐ _____ ☐ _____
☐ _____ ☐ _____

Other Terms/Information

REMOVED A J JOHNSON AND MICHELLE
BENSKIN ADDING LEANNA OSBORNE
AND GREG MANDSAGER

Account Agreement

Date: 12-4-09

Institution Name & Address

COMMUNITY BANK
MUSCATINE WILTON
563-263-1122 563-732-2077
COLUMBUS JUNCTION WAPELLO
319-728-2226 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 Information 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 Information 2

Name	LEANNA OSBORN
Relationship to Account (Owner and/or Signer, etc.)	AUTHORIZED SIGNER
Address	
Mailing Address (if different)	
Home Phone	
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.	

Internal Use REVISED SAVINGS 1612365 NKP

Account Title & Address

CITY OF MUSCATINE
SUNSET PARK DEPOSIT ACCOUNT
215 SYCAMORE ST CITY HALL
MUSCATINE, IA 52761

Ownership of Account

The specified ownership will remain the 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: _____

☒ 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 above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) 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 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 document and the following:

- ☒ Terms and Conditions ☒ Privacy
☒ Electronic Fund Transfers ☒ Truth in Savings
☐ Substitute Checks ☒ Funds Availability
☐ Common Features ☐

[X] Nancy A Lueck
[X] Leanna Osborn Leanna McCullough
[X] Gregg Munday
[X]

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

Owner/Signer Information 3

Name	GREG MANDSAGER
Relationship to Account (Owner and/or Signer, etc.)	AUTHORIZED SIGNER
Address	
Mailing Address (if different)	
Home Phone	
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 Information 4

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
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.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 42-6005008

☒ Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

☒ Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X Gary A. Lueck (Date)

Non-Individual Owner Information

Name	CITY OF MUSCATINE
EIN	42-6005008
Phone	264-1550
Mobile Phone	NA
E-Mail	NA
Type of Entity	MUNICIPALITY
State/Country & Date of Organization	IOWA 12-04-09
Nature of Business	CITY
Address	215 SYCAMORE CITY HALL MUS IA
Mailing Address (if different)	SAME
Authorization/Resolution Date	12-04-09
Previous Financial Inst.	CB

Account Description	Account #	Initial Deposit/Source
REVISED SAVINGS	1612365	\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

REMOVED A J JOHNSON AND MICHELLE
BENSKIN ADDING LEANNA OSBORNE
AND GREG MANDSAGER