



New Account Form

ACCOUNT NUMBER

DATE

EXISTING PORT #

PREMIER
ADVANTAGE PROMO

ACCOUNT TITLE:

ACCOUNT TYPE

- 18 - Secure Checking

2 - Simple, Senior, Student

1 - 1st Checking

16-Simple Business Checking

11 - Business Checking

19 - HSA

17 Business with Interest

10 IOLTA
- CD - Certificate of Deposit

5 - Money Market

2S - Regular

M - Minor

4 - Christmas Club

9 Business Savings

Emergency Contact Information

Name

Phone

Address

ACCOUNT OWNERSHIP

- I - Individual

JWROS - Joint with Survivorship (not as Tenants in Common)

JNS - Joint No Survivorship (Tenants in Common)

PROP - Sole Proprietorship

C - Corporation

NFP - Not for Profit

PP - Partnership

LLC - Limited Liability Company

TRUST - SEPARATE AGREEMENT:

REVOCABLE TRUST OR

PAY-ON-DEATH

DESIGNATION AS DEFINED IN THIS AGREEMENT

Name & Address
of Beneficiaries:

	Primary Account Owner	Joint Account	Joint Account
NAME			
TAXPAYER ID #			
ADDRESS			
CITY			
STATE			
ZIP CODE			
BIRTH DATE			
EMAIL ADDRESS			
HOME PHONE			
BUSINESS PHONE			
PREVIOUS BANK			
Driver's License Info	LICENSE NUMBER	STATENUMBER	STATENUMBER
	ISSUE DATE		
	EXPIRE DATE		
Employer Info	NAME & Occupation		
	ADDRESS		

PLEASE READ AND SIGN BELOW. We rely on every statement you have made in this document. You certify that all statements are correct and authorize us to check your credit record and statements made to us on this document. You agree that this document will remain our property and accept the terms of any agreement covering the accounts you open with us, including those set forth on page 2. YOU FURTHER CERTIFY UNDER PENALTY OF PERJURY THAT THE SOCIAL SECURITY NUMBERS/TAXPAYER IDENTIFICATION NUMBERS PROVIDED BY YOU TO US ARE CORRECT AND THAT YOU ARE NOT SUBJECT TO BACKUP WITHHOLDING UNDER THE INTERNAL REVENUE CODE. You understand that any 24-Hour Banking Card issued to you is the property of 1st National Bank and must be surrendered upon demand. You agree not to carry your secret code with your card and that it is your responsibility to maintain the confidentiality of your secret code to prevent unauthorized use. All correspondence and statements will be mailed to Primary Account owner's address. Anyone who signs this document or a signature card agrees to the statements above. Primary Account owner and Joint Account owner will be jointly and severally responsible for any account opened in both names regardless of any designation as to survivorship rights or the absence of such designation.

The undersigned also acknowledge(s) receipt of these disclosures: Funds Availability, Electronic Funds Transfer, Truth-in-Savings and Privacy. One signature is required for withdrawal unless otherwise noted on this document. THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNATURES

Chexsystems

BRANCH

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Name & Address
of Beneficiaries:

	Primary Account Owner	Joint Account	Joint Account
NAME			
TAXPAYER ID #			
ADDRESS			
CITY			
STATE			
ZIP CODE			
BIRTH DATE			
EMAIL ADDRESS			
HOME PHONE			
BUSINESS PHONE			
PREVIOUS BANK			
Driver's License Info	LICENSE NUMBER	STATENUMBER	STATENUMBER
	ISSUE DATE		
	EXPIRE DATE		
Employer Info	NAME & Occupation		
	ADDRESS		

PLEASE READ AND SIGN BELOW. We rely on every statement you have made in this document. You certify that all statements are correct and authorize us to check your credit record and statements made to us on this document. You agree that this document will remain our property and accept the terms of any agreement covering the accounts you open with us, including those set forth on page 2. YOU FURTHER CERTIFY UNDER PENALTY OF PERJURY THAT THE SOCIAL SECURITY NUMBERS/TAXPAYER IDENTIFICATION NUMBERS PROVIDED BY YOU TO US ARE CORRECT AND THAT YOU ARE NOT SUBJECT TO BACKUP WITHHOLDING UNDER THE INTERNAL REVENUE CODE. You understand that any 24-Hour Banking Card issued to you is the property of 1st National Bank and must be surrendered upon demand. You agree not to carry your secret code with your card and that it is your responsibility to maintain the confidentiality of your secret code to prevent unauthorized use. All correspondence and statements will be mailed to Primary Account owner's address. Anyone who signs this document or a signature card agrees to the statements above. Primary Account owner and Joint Account owner will be jointly and severally responsible for any account opened in both names regardless of any designation as to survivorship rights or the absence of such designation.

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Chexsystems

BRANCH

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DATE

YOUR DEPOSIT ACCOUNT TERMS AND CONDITIONS

AGREEMENT - These terms govern the operation of this account unless varied or supplemented in writing. Unless it would be inconsistent to do so, words and phrases used in this document should be construed so that the singular includes the plural and the plural includes the singular. As used in this form, the words "we," "our," or "us" mean the financial institution and the words "you" or "your" mean the account holder(s). This account may not be transferred or assigned without our written consent.

Page 1 will show whether this account is a consumer or business account. A consumer is a natural person who holds an account primarily for personal, family or household purposes.

LIABILITY - Each of you agrees, for yourself (and the person or entity you represent if you sign as a representative of another) to the terms of this account and the schedule of charges that may be imposed. You authorize us to deduct these charges as accrued directly from the account balance. You also agree to pay additional reasonable charges we may impose for services you request which are not contemplated by this agreement. Each of you also agrees to be jointly and severally liable for any account deficit resulting from charges or overdrafts, whether caused by you or another authorized to withdraw from this account, and the costs we incur to collect the deficit including, to the extent permitted by law, our reasonable attorney's fees.

DEPOSITS - Any items, other than cash, accepted for deposit (including items drawn "on us") will be given provisional credit only until collection is final (and actual credit for deposits of, or payable in, foreign currency will be at the exchange rate in effect on final collection in U.S. dollars). Unless otherwise disclosed, interest on non-consumer accounts will be paid only on collected funds, subject to minimum balance or other limitations, if any. We are not responsible for transactions initiated by mail or outside depository until we actually record them. All transactions received after our "daily cut-off time" on a business day we are open, or received on a day in which we are not open for business, will be treated and recorded as if initiated on the next following business day that we are open.

WITHDRAWALS - Unless otherwise clearly indicated on the account records, any one of you who signs this form including authorized signers, may withdraw or transfer all or any part of the account balance at any time on forms approved by us. Each of you (until we receive written notice to the contrary) authorizes each other person signing this form to endorse any item payable to you or your order for deposit to this account or any other transaction with us. We may charge against your account a check, even though payment was made before the date of the check, unless you have given us written notice of the postdating. The fact that we may honor withdrawal requests which overdraw the finally collected account balance does not obligate us to do so, unless required by law. Withdrawals will first be made from collected funds, and we may, unless prohibited by law or our written policy, refuse any withdrawal request against uncollected funds, even if our general practice is to the contrary. We reserve the right to refuse any withdrawal or transfer request which is attempted by any method not specifically permitted, which is for an amount less than any minimum withdrawal requirement, or which exceeds any frequency limitation. Even if we honor a nonconforming request, repeated abuse of the stated limitations (if any) may eventually force us to close this account. We will use the date a transaction is completed by us (as opposed to the day you initiate it) to apply the frequency limitations. On interest-bearing accounts other than time deposits, we reserve the right to require at least seven days' written notice before any withdrawal or transfer. Withdrawals from a time deposit prior to maturity or prior to the expiration of any notice period may be restricted and may be subject to penalty. See your notice of penalties for early withdrawal.

ACH AND WIRE TRANSFERS - This agreement is subject to Article 4A of the Uniform Commercial Code in the state in which you have your account with us. If you originate a fund transfer for which Fedwire is used, and you identify by name and number a beneficiary financial institution may rely on the identifying number to make payment. We may rely on the number even if it identifies a financial institution, person or account other than the one named. You agree to be bound by automated clearing house association rules. These rules provide, among other things, that payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the Uniform Commercial Code. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your account and the party originating such payment will not be considered to have paid the amount so credited. If we receive a credit to an account you have with us by wire of ACH, we are not required to give you any notice of the payment order or credit.

OWNERSHIP OF ACCOUNT AND BENEFICIARY DESIGNATION - You intend these rules to apply to this account depending on the form of ownership and beneficiary designation, if any, specified on page 1. We make no representations as to the appropriateness or effect of the ownership and beneficiary designations, except as they determine to whom we pay the account funds. **Ownership** - For all personal deposit accounts including checking, savings and Certificates of Deposit, unless otherwise requested and indicated on the account opening form, anyone who signs a signature card shall be deemed an owner or co-owner of the account.

Multiple Account Owners - Where one or more persons sign such account(s), the account shall be deemed a joint owner with rights of survivorship. **Individual Account** - is owned by one person. **Joint Account - With Survivorship (And Not As Tenant In Common)** - is owned by two or more persons. Each of you intend that upon your death the balance in the account (subject to any previous pledge to which we have consented) will belong to the survivor(s). If two or more of you survive, you will own the balance in the account as joint tenants with survivorship and not as tenants in common. **Joint Account - No Survivorship (As Tenants In Common)** - is owned by two or more persons, but none of you intend (merely by opening this account) to create any right of survivorship in any other person. We encourage you to agree and tell us in writing of the percentage of the deposit contributed by each of you. This information will not, however, affect the "number of signatures" necessary for withdrawal. **Revocable Trust or Pay-On-Death Account** - if two or more of you create such an account, you own the account jointly with survivorship. Beneficiaries acquire the right to withdraw only if: (1) all persons creating the account die, and (2) the beneficiary is then living. If two or more beneficiaries are named and survive the death of all persons creating the account, such beneficiaries will own this account in equal shares, without right of survivorship. The person(s) creating either of these account types reserves the right to: (1) change beneficiaries, (2) change account types, and (3) withdraw all or part of the deposit at any time. **Corporate, Partnership, Limited Liability Company and other Organizational Accounts** - We will usually require a separate authorization form designating the person permitted and conditions required for withdrawal from any account in the name of a legal entity such as a partnership, corporation, or other organization. We will honor such authorization according to its terms until it is amended or terminated in writing by the governing body of such organization.

STOP-PAYMENTS - A stop-payment order must be given in the manner required by law and must be received in time to give us a reasonable opportunity to act on it before our stop-payment cut-off time. Our stop-payment cut-off time is one hour after the opening of the next banking day after the banking day on which we receive the item. Additional limitations on our obligation to stop-payment are provided by law. A stop-payment order must precisely identify the number, date and amount of the item, and the payee. We will honor a stop-payment request by the person who signed the particular item, and, by any other person, even though such other person did not sign the item, if such other person has an equal or greater right to withdraw from this account than the person who signed the item in question. A release of the stop-payment request may be made only by the person who initiated the stop-payment.

AMENDMENTS AND TERMINATION - We may change any term of this agreement. Rules governing changes in interest rates have been provided separately. For other changes we will give you reasonable notice in writing or by any other method permitted by law. We may also close this account at any time upon reasonable notice to you and tender of the account balance personally or by mail. Notice from us to any one of you is notice to all of you.

STATEMENTS - You must examine your statement of account with "reasonable promptness." If you discover (or reasonably should have discovered) any unauthorized payments or alterations, you must promptly notify us of the relevant facts. If you fail to do either of these duties, you will have to either share the loss with us, or bear the loss entirely yourself (depending on whether we exercised ordinary care and, if not, whether we substantially contributed to the loss). The loss could be not only with respect to items on the statement but other items forged or altered by the same wrongdoer. You agree that the time you have to examine your statement and report to us will depend on the circumstances, but that such time will not, in any circumstance, exceed a total of 30 days from when the statement is first made available to you.

You further agree that if you fail to report any unauthorized signatures, alterations, forgeries or any other errors in your account within 60 days of when we make the statement available, you cannot assert a claim against us on any items in that statement, and the loss will be entirely yours. This 60 day limitation is without regard to whether we exercised ordinary care. The limitation in this paragraph is in addition to that contained in the first paragraph of this section.

DIRECT DEPOSITS - If, in connection with a direct deposit plan, we deposit any amount in this account which should have been returned to the Federal Government for any reason, you authorize us to deduct the amount of our liability to the Federal Government from this account or from any other account you have with us, without prior notice and at any time, except as prohibited by law. We may also use any other legal remedy to recover the amount of our liability.

TEMPORARY ACCOUNT AGREEMENT - If this option is selected, we may restrict or prohibit further use of this account if you fail to comply with the requirements we have imposed within a reasonable time.

SET-OFF - You each agree that we may (without prior notice and when permitted by law) set off the funds in this account any due and payable debt owed to us now or in the future, by any of you having the right of withdrawal, to the extent of such persons' or legal entity's right to withdraw. If the debt arises from a note, "any due and payable debt" includes the total amount of which we are entitled to demand payment under the terms of the note at the time we set off, including any balance the due date for which we properly accelerate under the note. This right of set-off does not apply to this account if: (a) it is an Individual Retirement Account or other tax-deferred retirement account, or (b) the debt is created by a consumer credit transaction under a credit card plan, or (c) the debtor's right of withdrawal arises only in a representative capacity. We will not be liable for the dishonor of any check when the dishonor occurs because we set off a debt against this account. You agree to hold us harmless from any claim arising as a result of our exercise of our right of set-off.

FACSIMILE SIGNATURES - You authorize us, at any time, to charge you for all checks, drafts, or other orders, for the payment of money, that are drawn on us regardless of by whom or by what means the facsimile signature(s) may have been affixed so long as they resemble the facsimile signature specimen on page 1 of this agreement, or that are filed separately with us, and contain the required number of signatures for this purpose.

AUTHORIZED SIGNER (Individual Accounts Only) - An authorized signer is someone you designate to conduct transactions on your behalf, but does not have any ownership or rights at death unless named as a Pay-on-Death or Revocable Trust beneficiary.

UNCLAIMED FUNDS - Any money or right to money you have in this account or matured time deposit will become unclaimed funds under Ohio Revised Code Chapter 169 if, according to our records, for five years you do not make a deposit or withdrawal, correspond with us regarding this account, transact business with us or otherwise indicate an interest or knowledge of the funds.

Account Holder Information

E-Mail Address: _____ **Phone:** _____

11

By checking the box above and signing below, I am certifying that I have read, understood, and agree with the enclosed e-statement agreement.

11

11

Please send to the following alternate e-mail address below:

11

Password (Last 4 of social):

11

7

Rush Card

7

7

7

Owners / Signers to order cards for:

11

Business customers, please see www.deluxe.com to order your checks.

--	--

Names on Checks:

10

Check description: _____

7

Check Starting #: _____

Date: _____



1160 E. Main Street, P.O. Box 119, Lebanon, Ohio 45036
www.bankwith1st.com

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

➤ **What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

➤ **What fees will I be charged if 1st National Bank pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to \$38 for Simple Checking and \$36 for all other accounts each time we pay an overdraft.
- Also, if your account is overdrawn for 5 or more consecutive calendar days, we will charge an additional \$10 per day.
- There is a limit of \$190 for SimpleChecking and \$180 for all other accounts per day on the total fees we can charge you for overdrawing your account.

➤ **What if I want 1st National Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions call 513-932-3221, visit our website at www.bankwith1st.com or check the appropriate box and sign the bottom of the "Additional Products Sign-Up Sheet," (the front page of this packet) and present it at a branch or mail it to: PO Box 119, Lebanon, OH 45036.

- *ODP: By checking the box to opt-in and signing below, I am certifying that I would like 1st National Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions. I have read, understood, and agree to the enclosed overdraft protection terms and conditions. I understand that expressing my interest in this service does not mean that I qualify and that I will receive a separate written notice from 1st National Bank if I qualify for ODP.*

Opt-In

Opt-Out

Name: _____

Date: _____



Bank your best.™

Electronic Statement and Disclosure Agreement

Please complete the following to receive your 1st National Bank statements, notices, and disclosures associated with your account electronically, instead of by U.S. Mail.

Account Holder Name: _____

Account Type (CK SV CD LN): _____

Account Number: _____

Account Number: _____

E-Mail Address: _____

Daytime Phone: _____

Last Four of Social Security Number: _____

Your checking account password is the last four digits of your social security number. Your savings account, CD, and loan password is the first five characters of your email address and the last four digits of the social security number of the primary account-holder, and can also be found on your 1st Online account.

ATTENTION:

You will receive a welcome email from us. Please be sure that your email will accept mail from "ImageOperator@bankwith1st.com" so that it doesn't go into your spam folder. Checking account statements will be emailed to you with images of checks written. All other account types will be located on 1st Online.

TERMS OF AGREEMENT

Upon receipt of your consent, in addition to any account disclosures, we will provide notification of statements to you on a monthly basis to a working email address that you have provided us. You will be required to use a password to view the electronic checking account statements. **Your checking account password is the last four digits of your social security number. Your savings account, CD, and loan password is the first five characters of your email address and the last four digits of the social security number of the primary account-holder, and can also be found on your 1st Online account.** It is your sole responsibility to protect your password from unauthorized persons. You agree that it is your responsibility to ensure that the electronic statements cannot be intercepted or viewed by others. You understand that you have no expectation of privacy if the statements are transmitted to an email address owned by your employer. You further agree to release 1st National Bank from any liability if the information is intercepted or viewed by unauthorized parties at your employer or other email address selected by you.

By accepting the terms of this agreement, you hereby authorize 1st National Bank to provide account disclosures and periodic account statements to you electronically either by email or on 1st Online. Your authorization means that we can provide you with these documents electronically to a working email address provided by you. You are responsible for notifying us of any email address changes. Notification of any email changes should be received ten (10) days before the end of your normal statement cycle. You may notify us by email and internetbanking@bankwith1st.com, or by calling 513-932-3221 or 888-932-3221. If your electronic mail is returned as undeliverable, an attempt will be made to contact you. If contact cannot be made, a paper copy of your disclosures or statement will be sent by U.S. mail and an "undeliverable eStatement" fee of **\$5.00** will appear on a subsequent statement.

You have the right to withdraw your consent to receive electronic disclosures and periodic statements at any time. To withdraw your consent, you must notify us via email at internetbanking@bankwith1st.com, or in writing to our Account Services Department, P.O. Box 119, Lebanon, OH 45036. The withdrawal of your consent should be received at least ten (10) days before the end of your normal statement cycle.

Your disclosures and statements will come to you in a PDF format and can be saved to your PC. You must have Adobe reader software on your PC to open the file. If you do not have the software, you can download it free at www.adobe.com, and select "Get Adobe Reader."

All electronic disclosures and statements shall be in full compliance with applicable laws and regulations. The provisions in this agreement are part of (and in supplement to) 1st National Bank's Terms and Conditions for Depository Accounts and are subject to all provisions in the Terms and Conditions for Depository Accounts. Each 1st National Bank account that you designate to be included within the eStatement service and Statements program is also governed by the terms and conditions otherwise applicable personal or business fee schedules, credit or deposit agreements, our Privacy Policy or other written disclosures.

By signing my name below, I agree with the above listed terms of agreement.

Customer Signature

Date

1st National Bank Customer Sheet

Account Holder Name(s): _____

Date(s) of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Account: _____

Additional Accounts: _____ Port: _____

E-Mail Address(es): _____

Phone Number(s): _____

Services Currently Used

<input type="checkbox"/> Checking	<input type="checkbox"/> Virtual Wallet	Unsecured Credit Card
<input type="checkbox"/> Savings	<input type="checkbox"/> Mobile Banking	Other
<input type="checkbox"/> Online Banking	<input type="checkbox"/> Mortgage	_____
<input type="checkbox"/> Billpay	<input type="checkbox"/> HELOC	_____
<input type="checkbox"/> Debit Card(s)	<input type="checkbox"/> Checking Plus (DDL)	_____
<input type="checkbox"/> ATM Card(s)	<input type="checkbox"/> Secured Credit Card	_____

Investments

Which of the following strategies do you use to invest in your future?

<input type="checkbox"/> CD's	<input type="checkbox"/> Pension Plan
<input type="checkbox"/> IRA's	<input type="checkbox"/> Education Savings Plan (i.e. 529 Plans)
<input type="checkbox"/> 401(k)	

Lending

Are you looking to:

<input type="checkbox"/> Buy a new home
<input type="checkbox"/> Make improvements on your home
<input type="checkbox"/> Refinance
<input type="checkbox"/> Access the Equity you have in your home
<input type="checkbox"/> Eliminate or consolidate outstanding bills or debt
<input type="checkbox"/> Buy a car

For Homeowners

How much do you think your house is worth?

How much is your first mortgage?

What's the current rate on your first mortgage?

Occupation

What is your occupation? _____

Where are you currently employed? _____

Availability

When is the best time for us to contact you?

- ☐ Morning
- ☐ Afternoon
- ☐ Evenings

Contact Preferences

How do you prefer to be contacted?

- | | |
|------------------------------------|--------------------------|
| <input type="checkbox"/> By phone | Preferred number: _____ |
| <input type="checkbox"/> By e-mail | Preferred e-mail: _____ |
| <input type="checkbox"/> By mail | Preferred Address: _____ |



For Direct Deposit, automatic withdrawals
and other electronic transactions

ACH Specification Sheet

P.O. Box 119
Lebanon, Ohio 45036

www.Bankwith1st.com

The following information should be given to those companies you authorize to electronically deposit to, or withdraw from, your account.

Name on Account: _____

Routing Transit Number/ABA Number

Your Account Number

If you have questions, or require further information, please call 513.932.3221