DELTA TRUST NET SAVINGS ACCOUNT APPLICATION FORM

Personal Information

Please fill in all boxes (MM DD YYYY)

Social Security # ☐☐☐ ☐☐ ☐☐☐☐ Birth Date ☐☐ ☐☐ ☐☐☐☐

First Name ☐☐☐☐☐☐☐☐ MI ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Address *(Required)* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PO Box ☐☐☐☐☐☐☐☐ City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip ☐☐☐☐☐ **Preferred Mailing Method** ☐ Street Address ☐ PO Box

Home # ☐☐☐ ☐☐☐ ☐☐☐☐ Bus. # ☐☐☐ ☐☐☐ ☐☐☐☐

Form of Identification

As an existing Delta Trust & Bank customer, you need not provide any forms of identification for this account.

Delta Trust Net Savings Account Options

☐ I would like to order 30 free non-duplicate checks. Additional orders of 30 checks can be purchased for $13.45 per box (Please include a separate check for ordering checks.)

☐ I would like a free ATM MasterCard issued in my name for my account.

Joint Delta Trust Net Savings Account Personal Information

Please fill out the following personal information if your spouse or another third party will be listed as a joint accountholder.

I (accountholder) hereby designate the following as an additional authorized signer on my Delta Trust Net Savings Account.

Spouse/Other First ☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Social Security # ☐☐☐ ☐☐ ☐☐☐☐ Birth Date ☐☐ ☐☐ ☐☐☐☐

Street Address *(Required)* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PO Box ☐☐☐☐☐☐☐☐☐ City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip ☐☐☐☐☐ Home # ☐☐☐ ☐☐☐ ☐☐☐☐

Joint Delta Trust Net Savings Account Personal Information Continued

Form of Identification State Abbreviation

☐ Driver's License ☐ State ID ☐☐ **ID#** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Issue Date _____ Exp. Date _____

Second ATM Card Option

☐ I would like a second FREE ATM MasterCard issued, for the POA listed on the previous page, for my account to be used for normal distributions only.

I hereby request a second ATM card (to be furnished without fees) for the individual shown above to which I have designated my Power of Attorney in reference to this Net Savings Account with Delta Trust & Bank. By designating the individual as my Power of Attorney in this account, I understand and agree that my (POA) may enact all such transactions (such as deposits, withdrawals, and transfers), agreements, and orders as I have the legal right to undertake with the same account. Further, my POA may give instructions to Delta Trust & Bank, access all records, and conduct such business pertaining to the account as is within banking regulations, guidelines, and practices. In this regard, I agree to hold Delta Trust & Bank safe and harmless from all such actions and any consequences from such actions; in such manner indemnifying Delta Trust & Bank against any claims or losses that might be pursued against the institution arising out of Delta Trust & Bank's reliance on the appointment of the individual who I appointed as my POA in this matter. I agree and state that this appointment will remain in full force and effect to such time that I or my legal representative shall deliver or have delivered a notice of revocation of the POA to Delta Trust & Bank and a reasonable amount of time has passed to allow Delta Trust & Bank to take action upon the demands of such notice as is common in prudent business practices.

Authorized Signer/Power of Attorney (POA)

The Accountholder may want his/her spouse and/or another third party through power of attorney to write checks or use his/her ATM card.

I (accountholder) hereby designate the following as an additional authorized signer on my Delta Trust Net Savings Account.

Spouse/Other First ☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Social Security # ☐☐☐ ☐☐ ☐☐☐☐ Birth Date ☐☐ ☐☐ ☐☐☐☐

Street Address *(Required)* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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State ☐☐ Zip ☐☐☐☐☐ Home # ☐☐☐ ☐☐☐ ☐☐☐☐

Signatures *Important: Please read before signing.*

By signing this document, you acknowledge that you have opened the type of account designated above and all information provided is accurate and correct.

*** Please keep a copy of this application for your personal records and for reference by your designated beneficiary(ies) and/or POA.**

_____ _____

Accountholder Signature **Date** **Authorized Signer/POA Signature** **Date**

DELTA TRUST
Delta Trust & Bank

Member FDIC