

**ACCOUNT OPENING OR UPON REQUEST TRUTH IN SAVINGS ACT
ACCOUNT DISCLOSURES**

1. Given to (Name): _____ . Date: __ / __ / __

2. Account type: **Personal Checking Deposit Account**

3. Minimum balance requirement:

You must deposit \$1,000.00 to open this account. A minimum balance fee will be imposed every month if the average daily balance for the month falls below \$1,000.00.

4. Balance computation method:

We use the average daily balance method to impose the minimum balance fee on your account. The average daily balance is calculated by adding the principal in the account for each day of the period and dividing that figure by the number of days in the period.

5. Fees and Transaction Limitations:

See the accompanying Products and Services brochure for additional fees or transaction limitations and other fees that may be assessed against your account.

I acknowledge receipt of a completed copy of this Account Disclosure on __ / __ / __ .

Customer Signature
(Not Required if "Upon Request")