

# Consumer Account Application

WELLS  
FARGO

Bank Name:	WELLS FARGO BANK, N.A.		Store Name:	THOMASVILLE MAIN			
Banker Name:	STEPHANIE T. VARNER		Officer/Portfolio Number:	[REDACTED]	Date:	10/07/2014	
Banker Phone:	[REDACTED]	Store Number:	10329	Banker AU:	0067237	Banker MAC:	D0133-010

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## New Account Information

Product Name:	PMA Premier Checking	Account Number:	[REDACTED]	Product:	DDA
Purpose of Account:	Personal/Household	Minor:		COID:	338
Product Name:	Wells Fargo High Yield Savings	Account Number:	[REDACTED]	Product:	DDA
Purpose of Account:	Personal/Household	Minor:		COID:	338
New Account Kit:	Printed	Checking/Savings Bonus Offer Available:	NO		

## Related Customers

Customer Name:	[REDACTED]	Account Relationship:	Sole Owner
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## Statement Mailing Information

Customer(s) Listed on Statement:	[REDACTED]	Statement Mailing Address:	[REDACTED]		
		Address Line 2:			
		City:	[REDACTED]	State:	[REDACTED]
		ZIP/Postal Code:	[REDACTED]	Country:	[REDACTED]



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**Customer 1 Information**

Customer Name: [REDACTED]		Street Address: [REDACTED]	
Customer Number (ECN): [REDACTED]		Address Line 2: [REDACTED]	
Account Relationship: Sole Owner		Address Line 3: [REDACTED]	
Taxpayer Identification Number (TIN): [REDACTED] TIN Type: SSN		Date of Birth: [REDACTED] City: [REDACTED] State: [REDACTED]	
Primary ID Type: DLIC Primary ID Description: [REDACTED]		ZIP/Postal Code: [REDACTED] Country: [REDACTED] Time at this address: Year(s) Month(s)	
Primary ID St/Ctry/Prov: [REDACTED] Primary ID Issue Date: [REDACTED] Primary ID Expiration Date: [REDACTED]		Directional Address: (Document when no physical residence, business or alternate street address.)	
Secondary ID Type: [REDACTED] Secondary ID Description: [REDACTED]		[REDACTED]	
Secondary ID State/Country: [REDACTED] Secondary ID Issue Date: [REDACTED] Secondary ID Expiration Date: [REDACTED]		Previous Street Address: [REDACTED]	
Home Phone: [REDACTED] Business Phone: [REDACTED]		City: [REDACTED] State: [REDACTED]	
Current Employer: Unemployed		ZIP/Postal Code: [REDACTED] Country: [REDACTED] Time at this address: Year(s) Month(s)	
Check Reporting: NO RECORD		Country of Citizenship: US	

**Request for Taxpayer Identification Number and Certification**

(Substitute Form W-9)

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payment other than interest and dividends).  
 I am subject to backup withholding  I am exempt from backup withholding
- I am a U.S. citizen or other U.S. person.
- I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Tax Responsible Customer Name: [REDACTED]	Taxpayer Identification Number (TIN): [REDACTED]
TIN Certification Signature [REDACTED]	<input type="checkbox"/> Submit manually <input type="checkbox"/> Signature not required Date: 10/07/2014

**Customer Signatures**

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open or maintain the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. **I have received a copy of the applicable account agreement and the privacy policy (each may be amended from time to time) and agree to be bound by their terms.** I also agree to the terms of the dispute resolution program described in the foregoing agreements. **Under the dispute resolution program, our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.**



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Customer 1 Name

Customer 1 Signature

Signature field with a small 'signature' label on the left and a large black redaction box covering the signature area.

- Submit manually
- Signature not required

Date:

10/07/2014



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