



MAKE THE SWITCH

Ready to simplify the financial side of your life? Just open a checking account at Bank Forward, and print and complete the forms you need below. If it's too much trouble, stop by and we'll help you with all the details! *Please make additional copies of forms as needed.*

NEW CONSUMER ACCOUNT PROCEDURES

It's easy to find an account with the conveniences you want to make purchases, pay bills, and manage your money. Your Personal Banker will help you select the account that is right for you. Please stop by any branch of Bank Forward to fill out an application for a new account.

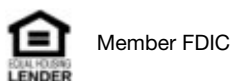
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

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 will also ask to see your driver's license or other identifying documents.

CLOSURE CHECK LIST

Before closing your existing account, review the check list and make sure the following have been completed.

- All checks, ATM, and check card transactions have cleared existing account.
- All automatic withdrawals and deposits have been switched to your Bank Forward checking account or Check Card.
- Destroy or return your old ATM or check card.





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CUSTOMER PREFERENCE LIST

Please indicate accounts and services that you currently use or are interested in.

- | | | |
|--|---|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Check Card | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> ATM Card | <input type="checkbox"/> Telephone Banking |
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Visa Credit Card | <input type="checkbox"/> Overdraft Protection |
| <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Home Loans | <input type="checkbox"/> Refinance Home Mortgage |
| <input type="checkbox"/> Personal Loans | <input type="checkbox"/> Home Equity Line | <input type="checkbox"/> IRA (Individual Retirement Account) |
| <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> On Line Bill Pay |

Invest Forward offers brokerage services through Investment Centers of America. May we refer your name and interest to an investment representative?

Yes No

Financial Planning Investments Retirement/ 401

Securities and annuities available through Investment Centers of America, Inc. are not insured by the FDIC or any federal government agency, have no financial institution guarantee, are not a deposit and may lose value. Investment Centers of America, Inc is an independent, registered broker/dealer, Member SIPC.

IPS Inc., a full service insurance agency owned by Bank Forward, and our affiliate, Insure Forward, offer the following. May we refer your name and interest to an agent?

Yes No

Homeowner's Insurance Life Insurance Long Term Care Insurance
 Automobile or Vehicle MPCl / Crop Hail

Signature _____

Date _____

IPS Inc and Insure Forward products are not insured by the FDIC. Insure Forward is an independent agency and a member of Professional Insurance Agents of North Dakota.



MAKE THE SWITCH

COMPANY DIRECT DEPOSIT FORM

Complete this form and submit to your employer's payroll department. Your employer may have another form for you to complete. You may be asked for a voided check or deposit slip. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.

Employee Name _____

Social Security Number _____

I authorize _____ to automatically deposit my net wage payment each pay period to my Bank Forward checking account:

Bank Forward ABA Routing Number 091310864

Checking Account Number

Savings Account Number

Employee Signature _____

Date _____



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MAKE THE SWITCH

DIRECT DEPOSIT FOR SOCIAL SECURITY/RETIREMENT/FEDERAL GOVERNMENT

Employee Name _____

Social Security No. _____

Address _____

City & State _____ Zip _____

Phone No. _____ Representative Payee: Yes No

Type of Benefits (*Check One*)

- Social Security
- Supplemental Security Inc.
- Railroad Retirement Board
- Other _____

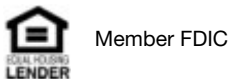
Bank Forward ABA Routing Number **091310864**

- Checking Account
- Savings Account

Signature _____

Date _____

Bank Forward set up your Government Direct Deposit for you when you give the completed form to your personal banker. If you choose to mail the form, please complete Direct Deposit form 1199 at account opening.





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AUTOMATIC TRANSFER FORM

Name _____

Customer Account No. _____

Address _____

City State Zip _____

Phone _____

Company Name _____

Address _____

Co. Phone _____

I have a new account number and ask that you make a note of it for my future automatic payment withdrawals.

Bank ABA Routing Number 091310864

Checking Account

Savings Account

Signature _____

Date _____

Verify with company if voided check or deposit slip is needed.



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MAKE THE SWITCH

AUTOMATIC TRANSFER FORM – Debit Card Automatic Payments

Name _____

Customer Account No. _____

Address _____

City State Zip _____

Phone _____

Company Name _____

Address _____

Co. Phone _____

I have a new debit card and ask that you make a note of it for my future automatic payment withdrawals.

Debit Card Number - - -

Expiration Date /

Signature _____

Date _____



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MAKE THE SWITCH

AUTHORIZATION TO CLOSE AND/OR TRANSFER ACCOUNTS

Name _____

Customer Account No. _____

Address _____

City State Zip _____

Social Security Number, Phone _____

Name and Address of Previous Financial Institution:

Types of Accounts:

Checking Account #: _____

Savings Account #: _____

Money Market Account #: _____

Certificate of Deposit #: _____

Transmit the funds to the following address:

Bank Forward
Attn: Personal Banking Dept.
PO Box 635
Valley City ND 58072-0635

Please remove \$ _____ from my checking account # _____

Please remove the entire balance from my _____ account # _____

At maturity, please redeem my certificate of deposit # _____

Other _____

Customer Signature _____

Date _____



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