



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 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.
- Bring in your old checks to get a free box of Bank Forward checks.
- 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.

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

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

- Yes No
- Homeowner's Insurance
- Automobile or Vehicle
- Life Insurance
- Health Insurance
- Long Term Care Insurance
- MPCl / Crop Hail

Products and services offered through Insure Forward are:
*** NOT A DEPOSIT * NOT FDIC-INSURED * NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY * NOT GUARANTEED BY THE BANK * MAY GO DOWN IN VALUE**

Signature _____

Date _____



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

Yes No

Financial Planning

Investments

Retirement/ 401

Investment Centers of America, Inc.(ICA), member FINRA, SIPC, a Registered Investment Advisor, is not affiliated with Bank Forward or Invest Forward. Securities, advisory services and insurance products offered through ICA and affiliated insurance agencies are

- **Not insured by the FDIC or any other Federal Government agency**
- **Not a deposit or other obligation of, or guaranteed by any bank or their affiliates**
- **Subject to risks, including the possible loss of principal amount invested.**

Signature _____

Date _____



Please have an Invest Forward associate contact me for further information on investment services.

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Best time to contact me: _____

Investment Centers of America, Inc. (ICA), member FINRA/SIPC and a Registered Investment Advisor, is not affiliated with Bank Forward, Insure Forward or Invest Forward. Securities, advisory services, and insurance products offered through ICA and affiliated insurance agencies are *not insured by the FDIC or any other Federal Government Agency *not a deposit or other obligation of, or guaranteed by any bank or its affiliates *subject to risks including the possible loss of principal amount invested.

FOR BANK USE ONLY

Employee: _____ Branch: _____ Date: _____



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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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*)

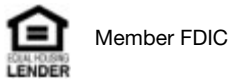
- Social Security
- Railroad Retirement Board
- Supplemental Security Inc.
- Other _____

- 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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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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