

SSN \_\_\_\_\_  
 TIN \_\_\_\_\_

COMPANY CODE 10840000  
 Loan Amount \_\_\_\_\_  
 \_\_\_\_\_  
 CONTRACT # \_\_\_\_\_

**FIRSTNET  
 Wesbanco Bank, Inc.  
 ALLOTMENT SAVINGS ACCOUNT APPLICATION AND TRANSFER AUTHORIZATION**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING 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 apply for an account with WesBanco, 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.

ID Type	Issued By	Number	Issue Date	Expiration Date

**Agent Attestation**

By signing below I certify I have reviewed the document referenced above Signature	Agent Name
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In consideration of the opening and maintenance of a savings account by Wesbanco Bank, Inc. the depositor agrees that this account shall be subject to the bank's rules and regulations covering allotment savings account interest rates, statements and maintenance of this type account. Accounts inactive for 180 days may be assessed a dormant service charge.

Undersigned hereby authorizes Wesbanco Bank, Inc. (the Bank) to deduct from said account and transfer each month the amount of \$ \_\_\_\_\_ or any lesser amount if the first amount is not available to Firstnet. The Bank will mail Electronic Funds Transfer disclosure, rules and regulations regarding this account. **Monthly statements and other disclosures will be made available to you at [firstnetbillpay.com](http://firstnetbillpay.com). The owners of the accounts, by signing below consent to receive all required statements and disclosures, for example change-in-terms notices, Regulation E notice, error resolution procedures, electronically from the Bank. The Bank will send an enrollment email to the address that you provide with your account application, and you must complete the online enrollment process and acknowledge this consent. If the email address provided is invalid, returned, or the online enrollment is not completed, you will receive all account statements, notices, and disclosures through regular mail.**

Under penalties of perjury, I certify that (1) the TIN provided on this form is true, correct and complete, and (2) that I am not subject to backup withholding either because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS: You must cross out item (a) above if the IRS notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

**X** \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**TYPE OR PRINT CLEARLY**

ACCOUNT HOLDER NAME (LAST, FIRST, MI)	<b>TYPE OF DEPOSITOR ACCOUNT</b> <input checked="" type="checkbox"/> ALLLOTMENT SAVINGS	
MAILING ADDRESS (street, route, P.O. Box, APO/FPO)	DEPOSITOR ACCOUNT NUMBER (SSAN plus Company Code)	
PHYSICAL STREET ADDRESS	TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER	<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed Salary/Mil. Civilian Pay
AREA CODE	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _
Email Address	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _
	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _
SSN	DATE OF BIRTH	<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _ (specify)
		<b>MONTHLY DEPOSIT</b> AMOUNT

**BANK COPY**

Firstnet Customer Service  
 PO Box 988,  
 Radcliff, KY 40159-0988  
 1-800-351-1911  
 Fax 270-351-1239  
 Routing Number: 083901825