



CERTIFICATE OF DEPOSIT ACCOUNT OPENING INSTRUCTIONS

Thank you for your interest in Quaint Oak Bank! Below are instructions to assist you with completing your application. Should you have any questions, please call our office at 866-795-4499.

All Applicants must provide

- Completed application and signature card agreement, signed on page 1 and initialed on page 2 (Be sure to indicate the term of the CD that you are interested in, as well as, the disposition of interest that you are requesting.)
- Valid, unexpired Government issued Photo ID for all depositors

Special Ownership Requirements

- For business customers, business documentation is required. (ie. Corporate Resolutions, Partnership Agreements, Sole Proprietor Designation, Operating Agreement)
- For trust accounts, the legal trust documents are required.
- For Associations, by-laws and most recent meeting minutes are required.
- The tax identification number for the entity is required, with IRS Form SS-4.

SEND COMPLETED DOCUMENTS BY SECURE MESSAGE. Visit quaintoak.com/secure and select customer service as the recipient.

- Complete the External Account Link form (page 3) to authorize the transfer of funds between your current financial institution and Quaint Oak Bank along with a voided check.

Send completed documents by U.S. mail to 501 Knowles Avenue Southampton, PA 18966

- Enclose a check payable to Quaint Oak Bank
- or
- Complete the External Account Link form to authorize the transfer of funds between your current financial institution and Quaint Oak Bank. Please include a voided check.

Send completed documents via fax to 215.364.4650

Upon receipt of your request, a banking office team member will contact you to complete the transaction.

Delaware Valley Office

501 Knowles Avenue, Southampton, PA 18966
O 215.364.4059 F 215.364.4650

Lehigh Valley Office

1710 Union Boulevard, Allentown, PA 18109
O 610.351.9960 F 610.552.0146

Member FDIC  Equal Housing Lender | NMLS 815841

QuaintOak.com



In your best interest.

QUAINT OAK BANK

Our Family of Companies Banking | Real Estate | Mortgage | Insurance

CERTIFICATE OF DEPOSIT APPLICATION

<input type="radio"/> 6 Month <input type="radio"/> 12 Month <input type="radio"/> 18 Month <input type="radio"/> 2 Year <input type="radio"/> 3 Year <input type="radio"/> 4 Year <input type="radio"/> 5 Year <input type="radio"/> _____ <input type="radio"/> Check here if IRA CD			<input type="checkbox"/> Individual <input type="checkbox"/> Joint-Survivorship <input type="checkbox"/> Joint No Survivorship <input type="checkbox"/> Uniform Gift to Minor <input type="checkbox"/> In Trust For <input type="checkbox"/> Legal Trust <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Voluntary Assoc. <input type="checkbox"/> Corporation – For Profit <input type="checkbox"/> Other <input type="checkbox"/> Corporation – Not For Profit				
Interest Disbursement: <input type="checkbox"/> Check or <input type="checkbox"/> Deposit to: <input type="radio"/> External Account <input type="radio"/> Internal Account			Interest Disbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> At Maturity				
Primary Account Holder		Date of Birth	Secondary Account Holder		Date of Birth		
<input type="checkbox"/> Individual <input type="checkbox"/> Minor <input type="checkbox"/> Business Entity			<input type="checkbox"/> Joint <input type="checkbox"/> In Trust For <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer				
Tax ID (SSN/EIN)			Tax ID (SSN/EIN)				
Address (No. & Street)		APT Number	Address (No. & Street)		APT Number		
City	State	Zip	City	State	Zip		
Home Telephone:	Occupation <input type="radio"/> Active <input type="radio"/> Retired		Home Telephone:	Occupation <input type="radio"/> Active <input type="radio"/> Retired			
Mobile Number:	Occupation/Job Title (If retired, prior occupation)		Mobile Number:	Occupation/Job Title (If retired, prior occupation)			
Work Telephone:			Work Telephone:				
Driver's License Information			Driver's License Information				
State	Number	Issue Date	Expiration Date	State	Number	Issue Date	Expiration Date
E-mail Address				E-mail Address			

I/We acknowledge that I/we have received and read your disclosure statement(s) and agree to the terms and conditions of the account. Under penalties of perjury, I/we certify that (1) The numbers shown on this form is my/our correct taxpayer identification number or I/we am/are waiting for a number to be issued to me/us, and (2) I/we am/are not subject to backup withholding because (a), I/we am/are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I/we am/are no longer subject to backup withholding, and (3) I/we am/are a U.S. person (including a U.S. resident alien). (You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.) The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

X _____ X _____
 Date _____ Date _____



In your best interest.

QUAINT OAK BANK

Our Family of Companies Banking | Real Estate | Mortgage | Insurance

SIGNATURE CARD AGREEMENT

The following terms will govern this account. The words "I," "we," "my," "our," "me," and "us" refer to the account holder(s), and the word "you" and "your" refer to the financial institution. This agreement also includes signature cards, transfer authorizations and any other separate written agreements used to establish and maintain an account. This agreement includes all applicable clearing house rules, state and federal laws and regulations and the Uniform Commercial Code. Any changes to this agreement must be in writing or typing on this form or in a separate written agreement. Additional rules governing Electronic Funds Transfers are disclosed on a separate form available from this institution.

Deposits: I (we) understand that if you receive any item other than cash, as collecting bank, you may handle the collection of any such item in accordance with your usual practices. Deposits will be available for withdrawals consistent with the terms of this institutions funds availability policy. If an item is returned, it will be debited back to my (our) account and interest earned (if any) may be adjusted and/or you may charge a fee for "returned deposit item". You are not responsible for transactions initiated by mail until you actually receive them. All deposits received after your cut-off time each business day or on a day that is not a business day or on a day that is not a business day will be handled and recorded on the next business day.

Withdrawals: I (We) agree to use the forms or checks approved by you when making a withdrawal. I (we) understand that you have the right to require prior written notice of my (our) intent to withdraw funds from a savings or NOW account. I (we) agree not to withdraw more than the amount available in the accounts, and you may refuse a withdrawal requested against uncollected funds.

Transfers: I (we) may not transfer this account without your written consent. Any permitted transfer of funds out of this account is not restricted.

Termination: You may terminate this account at any time upon providing me (us) reasonable notice and tendering the account balance by mail to the most recent address listed in your records or personally.

Amendments: You may amend the terms of this agreement at any time by mailing or delivering to me a written notice at least 30 calendar days before the effective date of the change.

Personal Accounts: By signing this agreement. I (we) understand the I (we) may withdraw all or a portion of the collected funds in the account. You may prohibit or restrict withdrawals upon being notified of the death or incompetence of a person with the right of withdrawal from this account until all obligations according to this agreement and the laws have been met.

Joint Account: Each owner is authorized to endorse any item payable to him/her or to his/her order for deposit, cash or other transaction with you. This power will cease upon your receipt of notice of the death or incapacity of the joint tenant or the changing of the ownership or closing of this account. Each of us, as joint tenants, agrees to be jointly and severally liable to you for any overdraft, fees or withdrawals against uncollected funds.

Joint Account with right of survivorship: We agree that any funds placed in or added to the account are intended to be a gift and property of any one of the survivor(s). If more than one of us survives, we shall continue to be joint tenants with the right of survivorship.

Trust Account: I (we) may withdraw funds from the account balance or change my (our) beneficiary (ies) at anytime during my (our) lifetime. This trust can be revoked at any time. If not revoked, it will continue for the life of the person opening the account. I (we) agree to comply with all applicable laws as trustee for the account.

Business Account: According to this agreement, the person(s) permitted to make withdrawals from an account held in the name of any legal entity. (i.e), a partnership, corporation or other type of organization, will be designated in an authorization separate from this agreement. You will honor this authorization until it is terminated or amended in writing by the appropriate governing body of the organization.

Interest: You will pay me (us) interest on the collected balance of my (our) account at the rates and times as set forth from time to time by you for the type of account opened.

Non-Sufficient Funds: If I (we) do not have sufficient collected funds in my (our) account to cover a check or draft, you may charge a Nonsufficient Funds Fee and /or refuse to pay the item at your option.

Set-Off: If I (we) owe you money directly or indirectly, you may use the funds in this account as payment and will be held harmless and indemnified by me (us). My (our) owing you money can include, but is not limited to, a secured or unsecured, absolute or contingent, due or about to become due, and joint or several obligation. Each of us acknowledges your right to offset for the debt of any one of the joint owners of this account if the account is jointly owned.

Statements: I (we) must carefully examine my (our) statement or passbook and report any errors, forgeries, or other discrepancies to you as soon as possible, or within the period of time prescribed by law after the statement date or passbook entry date. If I (we) do not report to you within this time. I (we) waive my (our) right to contest the payment and accept the charges assessed and the account balance reported is correct.

Stop Payments: At my (our) request, you may stop payment on a check drawn against my (our) checking or NOW account provided I (we) meet your conditions to effect such a request. I (we) agree to pay your established service charge for Stop Payments, and understand that you may accept the Stop Payment request from any of the joint owners of the account (if the account is jointly owned) whether or not they were the signers of the check.

Expenses and Charges: If you incur any expenses relative to this account due to garnishment, levy or attachment, you may charge the expense to my (our) account or I (we) will reimburse you for such expense. You may charge my (our) account based on your schedule of charges which may change from time to time (see AMENDMENTS).

Primary Initials: _____

Joint/Custodian/Authorized Signer Initials: _____

BANK USE ONLY

Referred by or Advertisement in:			
Account Number:			
Account Opened By:	OFAC Checked:	Date:	Initials:
Audit Verification Use Only			
Signed Application <input type="checkbox"/>	Current ID <input type="checkbox"/>	CD Agreement Signed (If Applicable) <input type="checkbox"/>	
Initials <input type="checkbox"/>	Experian/OFAC <input type="checkbox"/>	<input type="checkbox"/> DV <input type="checkbox"/> LV	
External Link (If Applicable) <input type="checkbox"/>	Privacy Opt Out <input type="checkbox"/>	Approved by:	Date:
ACH Form Completed (If Applicable) <input type="checkbox"/>			
Overdraft Protection Agreement <input type="checkbox"/>			

Delaware Valley Office

501 Knowles Avenue, Southampton, PA 18966

O 215.364.4059 F 215.364.4650

Lehigh Valley Office

1710 Union Boulevard, Allentown, PA 18109

O 610.351.9960 F 610.552.0146

Member FDIC Equal Housing Lender | NMLS 815841

QuaintOak.com



In your best interest.

QUAINT OAK BANK

Our Family of Companies Banking | Real Estate | Mortgage | Insurance

EXTERNAL ACCOUNT LINK FORM (if applicable)

Complete if transferring funds electronically

Customer Name(s): _____

New Request

Address: _____

Revise Existing

Upon my request made either by email, postal mail, telephone or in person, I authorize Quaint Oak Bank to Transfer funds between my Quaint Oak Bank account(s) and the external account listed below.

I understand that to change my external bank account information, this form will need to be revised prior to the transfer request.

Checking Account or Savings Account Number _____

Financial Institutional Name: _____

Bank Routing No.

--	--	--	--	--	--	--	--	--	--

Please attach a voided check or copy of a voided check to ensure the accuracy of the information above.

Terms and Conditions

I understand and acknowledge the following:

1. I agree to maintain sufficient available balances in my deposit account to cover any withdrawals I have herein or otherwise previously authorized.
2. I authorize Quaint Oak Bank to correct any transaction error made by Quaint Oak Bank to an accountant identified in this Authorization.
3. I am responsible for and hold Quaint Oak Bank harmless from fees charged against my account(s) resulting from this Authorization.
4. If the financial institution indicated above does not honor Quaint Oak Bank's withdrawal for any reason Quaint Oak Bank may require future transfers to be made by check.
5. If the financial institution recalls said ACH transaction for any lawful reason. Quaint Oak Bank will reverse any amount credited to my Quaint Oak Bank account.
6. This authorization will remain in full force and effect until Quaint Oak Bank has received written notification from any owner of the deposit account of its revision or termination at least (3) business days prior to the scheduled transfer.
7. I understand any transfers made to or from to my Bank account could take up to 3 business days to be completed in full.

By Signing below. I acknowledge and agree to the terms on this transfer form and that I have received a copy of this form for my records.

Signature

Date

Delaware Valley Office

501 Knowles Avenue, Southampton, PA 18966
O 215.364.4059 F 215.364.4650

Lehigh Valley Office

1710 Union Boulevard, Allentown, PA 18109
O 610.351.9960 F 610.552.0146

Member FDIC  Equal Housing Lender | NMLS 815841

QuaintOak.com



In your best interest.

QUAINT OAK BANK

Our Family of Companies Banking | Real Estate | Mortgage | Insurance

USA Patriot Act

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING OR CHANGING AN ACCOUNT WITH YOUR FINANCIAL INSTITUTION

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or changes an existing account. This federal requirement applies to all new customers and current customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

What this means to you:

When you open an account or change an existing account, we will ask each person for their name, physical address, mailing address, date of birth, and other information that will allow us to identify them. We will ask to see each person's driver's license and other identifying documents and copy or record information from each document.

Delaware Valley Office

501 Knowles Avenue, Southampton, PA 18966
O 215.364.4059 F 215.364.4650

Lehigh Valley Office

1710 Union Boulevard, Allentown, PA 18109
O 610.351.9960 F 610.552.0146

Member FDIC  Equal Housing Lender | NMLS 815841

QuaintOak.com



In your best interest.

QUAINT OAK BANK

Our Family of Companies Banking | Real Estate | Mortgage | Insurance

CERTIFICATE OF DEPOSIT TRUTH IN SAVINGS DISCLOSURE

Please Read this Important Information along with the Enclosed Certificate of Deposit Maturity Notice

Maturity Date: Your account will mature on the date specified on the enclosed maturity notice. If the account renews, the next maturity date for the renewed certificate is specified on the enclosed notice.

Rate Information: The interest rate and annual percentage yield for your renewed certificate has not yet been determined. Please call us on the maturity date at 215-364-4059 for interest rate information.

Compounding and Crediting Frequency: Interest will be compounded daily and credited monthly. Interest begins to accrue on the business day you deposit any cash or non-cash items (for example a check). The annual percentage yield assumes that interest remains on deposit. A withdrawal of interest will reduce earnings.

Minimum Balance Requirements: You must make a minimum deposit to open this account of \$500. You must maintain a \$500 minimum balance on a daily basis to earn the disclosed annual percentage yield.

Balance Computation Method: We use the daily balance method to calculate the interest on your account. This method applies a daily periodic rate to the principal in the account each day.

Transaction Limitations: You may not make any deposits into your account before maturity. You may not make withdrawals of principal from your account before maturity. You can only withdraw interest credited in the term before maturity without penalty.

Early Withdrawal Penalty: If we consent to a request for a withdrawal that is otherwise not permitted you may have to pay a penalty. If we consent to a withdrawal the entire principal balance must be withdrawn. The penalty will be an amount equal to the following:

<u>Term</u>	<u>Penalty</u>
6 month	90 days of interest on the amount withdrawn plus any accrued interest.
12 month	180 days of interest on the amount withdrawn plus any accrued interest.
18 month	270 days of interest on the amount withdrawn plus any accrued interest.
24 month	365 days of interest on the amount withdrawn plus any accrued interest.
36 month	548 days of interest on the amount withdrawn plus any accrued interest.
48 month	730 days of interest on the amount withdrawn plus any accrued interest.
60 month	913 days of interest on the amount withdrawn plus any accrued interest.

In certain circumstances such as death or incompetence of an owner, the law permits, or in some cases requires, the waiver of the early withdrawal penalty. Other exceptions may also apply, for example, if this is part of an IRA or other tax-deferred savings plan.

Automatically Renewal Time Account: This account will automatically renew at maturity. Each renewal term will be the same as this original one, beginning on the maturity date. You may prevent renewal if you withdraw the funds in the account at maturity (or within the 10 day grace period), or if we receive written notice from you within the grace period. We can prevent renewal if we notify you in writing before a maturity date. If you close your account before interest is credited, you will not receive the accrued interest.

Delaware Valley Office

501 Knowles Avenue, Southampton, PA 18966
O 215.364.4059 F 215.364.4650

Lehigh Valley Office

1710 Union Boulevard, Allentown, PA 18109
O 610.351.9960 F 610.552.0146

Member FDIC  Equal Housing Lender | NMLS 815841

QuaintOak.com