

COMMERCIAL ONLINEBANKING AND CASH MANAGEMENT APPLICATION

THE FOLLOWING SERVICES WILL BE AVAILABLE:

- Internet Banking
- Cash Management: Wire Transfer & ACH Payments

ACCOUNT HOLDER INFORMATION

| | |
|----------------------------|-------------------------|
| Company Name | |
| Mailing Address: | |
| City | State Zip Code |
| Physical Address: | |
| City | State Zip Code |
| Tax Identification Number: | Social Security Number: |
| Phone Number: | Date: |
| Contact Person: | Title: |

ACCOUNTS DESIGNATED FOR INTERNET ACCESS

Please write the account number of each account you wish to access through the Internet Banking system. You may also add a descriptive name for your use (i.e., Operating, Payroll, and Money Market).

INTERNET BANKING SYSTEM ADMINISTRATOR

Please designate a system administrator who will be given full access to all accounts listed above. The system administrator will have full administrative rights and will designate what level of access will be given to each user. You may assign these administrative rights to more than one user.

| System Administrator | SSN | Email Address |
|----------------------|-----|---------------|
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INTERNET BANKING SYSTEM USERS

Please list all persons who will be given access to the Internet Banking system. Your system administrator(s) will assign each user the appropriate level of access.

| User Name | SSN | Email Address |
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SERVICE AGREEMENT

By signing below:

1. I/We will be bound by the terms and conditions of the financial institution's Depository Agreement which the financial institution may amend from time to time.
2. I/we understand that the passwords issued can be used to withdraw funds from the account(s) and that I/we must safeguard all passwords. I/we authorize the financial institution and its agents to follow any instructions transmitted by use of these passwords, and agree to be bound thereby.
3. I/we authorize the financial institution to disclose information about any of my financial institution accounts to third parties (including Payees) in order to complete transactions using Internet banking. I/we also authorize my Payees to disclose to the financial institution and/or its agents information regarding my account(s) with such Payees in order to complete transactions using Internet banking, including resolving questions regarding such transactions.

PRIMARY ACCOUNT:

Charge our Citizens Security Bank Account # _____ for all fees incurred and any and all ACH Return items.

I/We understand that the information provided on the Customer Application will be used to establish Commercial OnlineBanking and Cash Management Services for our business use.

I/We authorize Citizens Security Bank to establish these services using information as so stated in this form.

I/We also authorize Citizens Security Bank to verify all information, including account ownership and account numbers prior to activating these services.

By signing this application I/We acknowledge that I/We have also read and agreed to the Terms and Conditions of the CSB OnlineBanking and Cash Management Agreement.

| Signature of Authorized Signer(s) | Title | Date |
|--|--------------|-------------|
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I/we, by signature above, certify that everything that has been stated in this application and on any attachments is correct. The financial institution is authorized to retain this application whether or not it is approved. By completing and submitting this form, I/we accept the Terms and Conditions of CSB Commercial OnlineBanking and Cash Management Agreement, Wire Transfer Service Agreement and the ACH Origination Agreement. I/we understand that a user ID and temporary password will be issued to me/us within 48 hours of receipt of this application. I/we must change the temporary password(s) to private password(s) the first time I/we log on to the Internet Banking system.

CSB COMMERCIAL ONLINE BANKING AND CASH MANAGEMENT AGREEMENT/RESOLUTION

Resolved, that the individuals appointed to the following offices of this Corporation _____ are hereby authorized to enter into any agreement with Citizens Security Bank relating to the electronic transfer of funds of this Corporation through Citizens Security Bank's OnlineBanking and/or Cash Management Services, and are further authorized to designate the individuals as Authorized Representative who shall be empowered to order such transfers in accordance with such agreements or to otherwise act in accordance with such agreement.

| Title | Indicate Yes or No |
|----------------|--------------------|
| President | Yes No |
| Vice President | Yes No |
| Treasurer | Yes No |
| Other: | Yes No |

Any one of the above may act alone.

Any two of the above must act together.

Further Resolved, that the Secretary of this Corporation is hereby authorized to certify to Citizens Security Bank the names of the present officers of the Corporation and other persons authorized to sign for it and the offices respectively held by them, together with specimens of their signatures, and in case of any changes of any holder of any such office, the fact of such change and the names of the new officers respectively held by them, together with specimens of their signatures.

The authority conferred herein shall continue in full force and effect until written notice of its revocation shall be received by said Bank at its _____ Office, _____, Guam.

I, _____, Secretary of _____, hereby certify that the foregoing is a true copy of Resolution duly and legally adopted by the Board of Directors of said Corporation at a meeting of said Board duly called and held on _____, 20____, and that said Resolution have not been revoked and are in full force and effect.

I further certify that the office referred to in the foregoing Resolutions is now held by the following individuals, whose signatures appear after their respective names.

| Title | Name | Signature |
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|-------------|
| Date |
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| President is to sign if Secretary is authorized to enter into funds Transfer agreement under the above resolution. |
| Secretary: |
| President: |