



Application Options:

- Complete and mail the application below-along with a check to: Marathon Bank P.O. Box 1666 Wausau, WI 54402-1666

Questions:

- Call a New Account Representative at: 844-864-7330

Product Selection:

Ownership type:

- Single Party account Joint Account Trust P.O.D. (If an ownership type is Trust or POD, please contact us for further instructions)

Account Type:

Certificate of Deposit

- Term: 6 months 12 months 18 months 30 months 48 months 72 months

Deposit Amount: \$

CD Interest Options:

Interest Payment Frequency:

- Monthly - (Must be paid monthly via check or direct deposit) Quarterly - (Quarterly not available for 6 month term) At maturity - (6 month term only)

Interest Payment Method:

- Add to Principal By Check Credit to MarathonBank Account

- Credit to External Account (Voided Check/Bank Letter Attached)

Marathon Bank Acct#: _____

Primary Account Holder - Personal Information:

LAST NAME FIRST NAME MIDDLE INITIAL

PHYSICAL ADDRESS (P.O. BOX NOT ACCEPTED) UNIT NUMBER

MAILING ADDRESS

HOME/CELL PHONE NUMBER WORK PHONE NUMBER

DATE OF BIRTH SOCIAL SECURITY NUMBER

KEY WORD (UNIQUE ACCOUNT IDENTIFIER)

NAME OF EMPLOYER OCCUPATION

TYPE OF GOVERNMENT ISSUED ID ISSUE DATE

GOVERNMENT ISSUED ID NUMBER

STATE OF ISSUANCE EXPIRATION DATE

Joint Account Holder - Personal Information (if applicable):

LAST NAME FIRST NAME MIDDLE INITIAL

PHYSICAL ADDRESS (P.O. BOX NOT ACCEPTED) UNIT NUMBER

MAILING ADDRESS

HOME/CELL PHONE NUMBER WORK PHONE NUMBER

DATE OF BIRTH SOCIAL SECURITY NUMBER

KEY WORD (UNIQUE ACCOUNT IDENTIFIER)

NAME OF EMPLOYER OCCUPATION

TYPE OF GOVERNMENT ISSUED ID ISSUE DATE

GOVERNMENT ISSUED ID NUMBER

STATE OF ISSUANCE EXPIRATION DATE

Account Certification & Agreement:

I/we certify that (a) everything stated on this application is true and correct to the best of my/our knowledge and (b) I/we are at least 18 years of age. I/we authorize Marathon Bank to conduct a verification of any information I/we have provided in this application, including but not limited to verification by a consumer reporting agency.

I/we acknowledge that, if this account is approved, the account will be governed by the terms and conditions of the Marathon Bank Deposit Account Agreement, and other applicable documents, such as the Truth in Savings Account Disclosure, Privacy Policy, and Funds Availability Policy and any amendments and changes thereto, with copies of these documents to be mailed to me/us separately.

- Under penalty of perjury, I certify by my signature below that: 1. The number shown on this form is my correct taxpayer identification number 2. I am not subject to backup withholding because a. I am exempt from backup withholding, or b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c. The IRS notified me that I am no longer subject to backup withholding and 3. I am a U.S. person (including a U.S. resident alien)

Certification Instructions: 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 IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRIMARY ACCOUNT HOLDER'S SIGNATURE DATE

JOINT ACCOUNT SIGNATURE DATE