



Liberty
Bay
Bank

Personal Account Switch Kit

It is our goal at Liberty Bay Bank to make it as simple as possible for you to transfer over your personal accounts. For added convenience, we have included all of the required forms in this switch kit.

Simply follow these steps:

Step 1 - About You

Complete the Consumer Account Application and bring it with you to the Bank along with your driver's license, trust documents (if applicable), and power of attorney (if applicable).

Step 2 - Visit Liberty Bay Bank

A Professional Banker will review your documents and assist you in selecting the accounts and services that are right for you.

Step 3 - Direct Deposits

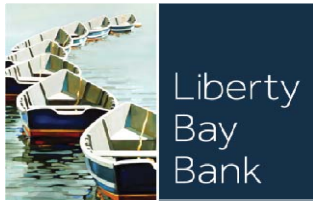
Complete the enclosed Direct Deposit Change Form and provide copies to your Employer, Pension Plan Administrator, and/or Social Security Administration Office.

Step 4 - Automatic Payments

Complete the enclosed Automatic Payment Transfer Form. Mail a copy of this form, along with a cancelled check from your new LBB account, to every business and merchant who debits your account for payment.

Step 5 - Don't Forget

Close your old accounts. Check with your former bank and make sure that sufficient funds remain in the account to cover any outstanding transactions. Once you are certain that everything has cleared, we have created a letter to assist in the process of closing your old accounts.



Personal Accounts

	Essential Checking	Interest Checking ¹	Student Checking ²	Essential Plus Checking ³
Minimum Opening Deposit	\$100.00	\$100.00	\$100.00	\$100.00
Interest Bearing	No	Yes	No	No
Tiered Rates	No	Yes	No	No
Monthly Service Fee	\$5.00	\$10.00	No	No
Minimum Average Balance Required to Waive Service Fee	\$100.00 or Direct Deposit	\$5,000.00	N/A	N/A
Transaction Fees	N/A	N/A	N/A	N/A
Domestic ATM Charges	Waived	Waived	Waived	Waived
On-line Banking and Bill Pay	Included	Included	Included	Included
E-Statements, Check Images & Notices	Included ⁴	Included ⁴	Included ⁴	Included ⁴
Additional Benefits	Unlimited Check Writing	Unlimited Check Writing	Unlimited Check Writing	Unlimited Check Writing, 2 boxes of LBB checks free each year

¹ Interest Checking - Tier 1 - \$0.01-\$4,999.99, Tier 2 - \$5,000.00-\$9,999.99, Tier 3 - \$10,000.00-\$24,999.99, Tier 4 - \$25,000.00 and up.

² Students under the age of 18 must have a legal guardian joint on the account. Students over 18 must provide proof of continued education.

³ Individual must be 55 or older.

⁴ Must be registered for online banking to access e-statements and notices.

	Essential Savings	Money Market	Student Savings ¹	Essential Plus Savings ²
Minimum Opening Deposit	\$100.00	\$100.00	\$100.00	\$100.00
Interest Bearing	Yes	Yes	Yes	Yes
Tiered Rates	No	Yes ³	No	No
Monthly Service Fee	\$5.00	\$10.00	No	No
Minimum Average Balance Required to Waive Service Fee	\$500.00	\$10,000.00	N/A	N/A
Transaction Fees	Limit of 6*, then \$7.50 per item	Limit of 6*, then \$7.50 per item	Limit of 6*, then \$7.50 per item	Limit of 6*, then \$7.50 per item
Domestic ATM Charges	Waived	Waived	Waived	Waived
On-line Banking and Bill Pay	Included	Included	Included	Included
E-Statements, Check Images & Notices	Included ⁴	Included ⁴	Included ⁴	Included ⁴
Additional Benefits	Unlimited In-House Withdrawals	Unlimited In-House Withdrawals	Unlimited In-House Withdrawals	Unlimited In-House Withdrawals

¹ Students under the age of 18 must have a legal guardian joint on the account. Students over 18 must provide proof of continued education.

² Individual must be 55 or older.

³ Money Market - Tier 1 - \$0.01-\$9,999.99, Tier 2 - \$10,000.00-\$24,999.99, Tier 3 - \$25,000.00-\$74,999.99, Tier 4 - \$75,000.00 - \$149,999, Tier 5 - \$150,000 - \$499,999, Tier 6 - \$500,000 and up.

⁴ Must be registered for online banking to access e-statements and notices.

*No more than six transfers may be made by check, draft, debit card or similar order to a third party.

Certificate of Deposit			
Terms	90 - 364 Day	12 - 35 Month	36 + Month
Minimum deposit of \$2,500. A penalty for early withdrawal. Jumbo CDs minimum deposit of \$100,000.			



2017.10.24



Date _____

Account Number(s) _____

Account Type:

- Essential Checking
- Liberty Bay Checking
- Student Checking
- Essentials Plus Checking
- Safe Deposit Box

- Liberty Bay Money Market
- Liberty Bay Savings
- Student Savings
- Essentials Plus Savings
- Certificate of Deposit term: _____
- IRA/SEP/H.S.A apy: _____

Account Services:

- Visa Debit Card
- Online Banking
- Bill Pay Account
- Credit Card
- Overdraft Protection
- Other _____

Consumer Account Application

Customer Name (First, Middle, Last)	TIN
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Physical Address

Mailing Address

Identification #	Issue Date	Expiration Date	Type
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Primary Phone	Cell Phone or Work Phone	Date of Birth
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Email Address	Password for Identification Verification	Liberty Bay Bank Shareholder (Y/N)
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Occupation (Business name & Title)	Mother's Maiden Name	City, State of Birth
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Payable on Death Beneficiary (Optional)

POD #1 Name:	Phone:	DOB:	TIN
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Address:

POD #2 Name:	Phone:	DOB:	TIN
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Address:

"to better understand your needs..."

What is the expected activity for this account? (ex. Payroll ACH, ATM, Wires, Cashier's Checks)

Average monthly balance?	Average \$ amount of each Cash Deposit?	Average \$ amount of each Cash Withdrawal?
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# of ACHs per month?	Average \$ amount of each ACH?	ACHs Origination: <input type="checkbox"/> U.S. <input type="checkbox"/> Non - U.S.
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# of Wires per month?	Average \$ amount of each Wire?	<input type="checkbox"/> Incoming <input type="checkbox"/> U.S. <input type="checkbox"/> Non - U.S. <input type="checkbox"/> Outgoing
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# of Cashiers Checks per month?	Average \$ amount of each Cashiers Check?	Why did you choose Liberty Bay Bank?
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- - - Bank Use Only - - -

Source of funds?	Total dollar amount of new account(s)	BSA-Risk Code
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ChexSystems/OFAC
 Online Access
 Checks Ordered
 OD Protection

Uploaded/Completed By _____ Date _____

New Account Audit Record

Customer Name	Date of Birth	ChexSystems/OFAC	Comments:
TIN/SSN	MMN	Copy of ID	
Beneficiary Name	Place of Birth	BSA Boxes completed	
TIN/SSN	Occupation	How funded & total	
Address/Phone	Account Number(s)	Sig Card Signed	

Audited By _____ Date _____



Date _____

Account Number(s) _____

Account Type:

- Essential Checking
- Liberty Bay Checking
- Student Checking
- Essentials Plus Checking
- Safe Deposit Box

- Liberty Bay Money Market
- Liberty Bay Savings
- Student Savings
- Essentials Plus Savings
- Certificate of Deposit term: _____
- IRA/SEP/H.S.A apy: _____

Account Services:

- Visa Debit Card
- Online Banking
- Bill Pay Account
- Credit Card
- Overdraft Protection
- Other _____

Consumer Account Application

Customer Name (First, Middle, Last)	TIN
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Physical Address

Mailing Address

Identification #	Issue Date	Expiration Date	Type
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Primary Phone	Cell Phone or Work Phone	Date of Birth
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Email Address	Password for Identification Verification	Liberty Bay Bank Shareholder (Y/N)
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Occupation (Business name & Title)	Mother's Maiden Name	City, State of Birth
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Payable on Death Beneficiary (Optional)

POD #1 Name:	Phone:	DOB:	TIN
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Address:

POD #2 Name:	Phone:	DOB:	TIN
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Address:

"to better understand your needs..."

What is the expected activity for this account? (ex. Payroll ACH, ATM, Wires, Cashier's Checks)

Average monthly balance?	Average \$ amount of each Cash Deposit?	Average \$ amount of each Cash Withdrawal?
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# of ACHs per month?	Average \$ amount of each ACH?	ACHs Origination: <input type="checkbox"/> U.S. <input type="checkbox"/> Non - U.S.
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# of Wires per month?	Average \$ amount of each Wire?	<input type="checkbox"/> Incoming <input type="checkbox"/> U.S. <input type="checkbox"/> Non - U.S. <input type="checkbox"/> Outgoing
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# of Cashiers Checks per month?	Average \$ amount of each Cashiers Check?	Why did you choose Liberty Bay Bank?
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- - - Bank Use Only - - -

Source of funds?	Total dollar amount of new account(s)	BSA-Risk Code
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ChexSystems/OFAC
 Online Access
 Checks Ordered
 OD Protection

Uploaded/Completed By _____ Date _____

New Account Audit Record

Customer Name	Date of Birth	ChexSystems/OFAC	Comments:
TIN/SSN	MMN	Copy of ID	
Beneficiary Name	Place of Birth	BSA Boxes completed	
TIN/SSN	Occupation	How funded & total	
Address/Phone	Account Number(s)	Sig Card Signed	

Audited By _____ Date _____

Direct Deposit Change Request – Non Government

Please submit to any company/employer that automatically deposits money into your bank account.

Date: _____

To: _____
Name of Company/Organization

Address: _____

To Whom It May Concern;

I am closing my bank account from which you are authorized to make direct deposits. Please credit my new bank account for future deposits as instructed below:

New Bank Account Information/Authorization

Account Type: Checking Savings

Effective: Immediately Beginning ____/____/____

New Account #: _____ Routing #: 125108984

Accountholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please contact me if you have any questions regarding this request.

Thank you,

Signature

Date

Print Name

Automatic Payment Change Request

Please include a canceled check and submit to every company/organization that automatically debits your old bank account for payments.

Date: _____

To: _____
Name of Company/Organization

Account #: _____

To Whom It May Concern;

I am closing my bank account from which you are authorized to deduct automatic payments. Please debit my new bank account for future payments as instructed below:

Account Type: Checking Savings
Effective: Immediately Beginning ____/____/____

New Bank Account Information/Authorization

Account #: _____ Routing #: 125108984

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please contact me if you have any questions regarding this request.

Thank you,

Signature of Authorized Signer

Date

Printed Name of Authorized Signer

Request to Close Account

Date: _____

To: _____
Name of Financial Institution

Attn: Customer Service Department

RE: Account #: _____

Please close my account(s) with your financial institution. To my knowledge there are no outstanding checks that need to clear against the balance and all automatic deposits and withdrawals have been stopped.

Please send me the remaining balance in the form of a cashier's check to the address on file.

Please contact me if you have any questions regarding this request.

Thank you,

Authorized Signer

Date

Printed Name of Authorized Signer

Phone Number