



MIDWESTSM Community Bank

FACTS WHAT DOES MIDWEST COMMUNITY BANK/BLUELEAF LENDING, LLC DO WITH YOUR PERSONAL INFORMATION?

Why? Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What? The types of personal information we collect and share depend on the product or service you have with us. This information can include:
 * Social Security number and income
 * Account Balances and payment history
 * Credit history and credit score
 When you are *no longer* our customer, we continue to share your information as described in this notice.

How? All financial companies need to share **customers'** personal information to run their everyday business. In the section below, we list the reasons financial companies can share their **customers'** personal information; the reasons **Midwest Community Bank** chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information: Does Midwest Community Bank choose to share? Can you limit this sharing?

For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes- information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes- information about your creditworthiness	Yes	No
For nonaffiliates to market to you	No	We don't share

Questions? Call 815-235-6137 or go to www.mwbonline.com

Who is providing this notice? Midwest Community Bank and its subsidiary, Blueleaf Lending, LLC

What we do

<p>How does Midwest Community Bank protect my personal information?</p>	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p>
<p>How does Midwest Community Bank collect my personal information?</p>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> * Open an account or deposit money * Apply for a loan or give us your income information * Use your credit card or debit card
<p>Why can't I limit all sharing?</p>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> * sharing for affiliates' everyday business purposes - information about your creditworthiness * affiliates from using your information to market to you * sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions

<p>Affiliates</p>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> * Our affiliate includes our subsidiary, Blueleaf Lending, LLC
<p>Nonaffiliates</p>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> * Midwest Community Bank does not share with nonaffiliates so they can market to you
<p>Joint marketing</p>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> * Midwest Community Bank does not jointly market

Other important information

Empty box for other important information



Midwest Community Bank
PO Box 689
Freeport, IL 61032-0689

IRA FACT SHEET

Date _____ IRA Certificate # _____ IRA # _____

PERSONAL INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ DOB: _____ Home Phone: _____

EMPLOYMENT INFORMATION

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

CONTRIBUTION INFORMATION:

Amount of Contribution: _____ Tax Year _____

ROLLOVER/TRANSFER INFORMATION:

QRP/Bank Name: _____ Amount of Deposit: _____ Date: _____

Is this account to be commingled with IRA Deposits? Yes No

BENEFICIARY INFORMATION:

Primary Beneficiary(ies)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ DOB: _____ Home Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ DOB: _____ Home Phone: _____

Signature of IRA Owner: _____ Date: _____

SECONDARY BENEFICIARIES:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ DOB: _____ Home Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ DOB: _____ Home Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ DOB: _____ Home Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ DOB: _____ Home Phone: _____



APPLICATION INFORMATION FORM (PATRIOT ACT)



Banks Name and Address: **Midwest Community Bank, 510 Park Crest Drive, Freeport, IL 61032**

Application Number:	Completed By:
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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 every customer. When applying for an account, applicants will be asked for their name, address, date of birth, and other information that will allow bank personnel to identify them. Applicants will also be asked to show their driver's license or other identifying documents.

COMPLETION OF THIS FORM IS REQUIRED IN ORDER TO COMPLY WITH THE PATRIOT ACT.

Required Information:

Applicant Name:	SS#	DOB:
Applicant Current Physical Address:		
Applicant Mailing Address (if different):	Applicant Work#	
Applicant Employer:		
Applicant Home #	Applicant Mother's Maiden Name:	

Co-Applicant is: Secondary Owner Authorized Signer Beneficiary

Co-Applicant Name:	SS#	DOB:
Co-Applicant Current Physical Address:		
Co-Applicant Mailing Address (if different):	Co-Applicant Work#	
Co-Applicant Employer:		
Co-Applicant Home #	Co Applicant Mother's Maiden Name:	

Method of Identification for Applicant (Only One Form of Verification Is Required)

- Unexpired Driver's License # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Pass port # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Military ID: _____ Place of Issue _____ Issue Date _____ Exp Date _____
- State ID # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Green Card # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Immigration Card # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Government ID (Visa)# _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Other Document: _____ Place of Issue _____ Issue Date _____ Exp Date _____

Method of Identification for Co-Applicant (Only One Form of Verification Is Required)

- Unexpired Driver's License # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Pass port # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Military ID: _____ Place of Issue _____ Issue Date _____ Exp Date _____
- State ID # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Green Card # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Immigration Card # _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Government ID (Visa)# _____ Place of Issue _____ Issue Date _____ Exp Date _____
- Other Document: _____ Place of Issue _____ Issue Date _____ Exp Date _____

The undersigned hereby certifies to the Lender that all information stated and furnished in this application is true and accurate, and that the Lender may use this information to verify my credit, and agrees that this application is/shall remain the property of Lender.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____