

F&M BANK

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 each person who opens an account. What this means for you: when you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorization to Obtain a Consumer Information Report

By signing below, I certify that the information provided is accurate and hereby authorize F&M Bank to obtain a consumer information report from a consumer reporting agency (e.g. ChexSystems) to use to determine my eligibility for F&M Bank products and services.

Customer Name Christina C. Jaromay	Social Security Number [REDACTED]
Customer Signature	Date 2-12-26

Please visit fmbonline.com/CCPA-Notice-At-Collection for information about how we collect, use and retain personal information.

For Internal Use Only:

ChexSystems QualiFile Response:

APPROVE

REVIEW

Review Approved by (BM or OS): _____ Date _____

Print Name and Initial

Reason for Approval - _____

Review Declined by (BM or OS): _____ Date _____

Print Name and Initial

Reason for Decline - _____

DECLINE

Exception for "Decline" Approved Declined by (EVP): _____ Date _____

Print Name and Initial

If "DECLINE" (Account not opened): Notice of Action Based on Information Contained in Consumer Report provided to customer

Scan this form, ChexSystems QualiFile Response and EVP Exception Request (if applicable) to CIP file and file Originals in Branch file

SIGNATURE CARD
ACCOUNT AGREEMENT

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Account Number: [REDACTED]

Account Owner(s) Name & Address
CITY OF LODI
PO BOX 3006
LODI CA 95241

Agreement Date: 04/26/2023 By: Lisa Engelhardt

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:

TIME DEPOSIT

Checking Savings NOW _____

Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint Account Tenancy in Common Account
- Community Property Account of Spouses
- Joint Account of Spouses With Right of Survivorship
- Trust - Separate Agreement:

Totten Trust or Pay-on-Death Designation as Defined in this Agreement

(Name and Address of Beneficiaries):

Additional Information:

NONE
NONE

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
- LLC (LLC tax classification: C Corp S Corp Partnership)
- C Corporation S Corporation Non-Profit
- Public Funds

Business: CITY OF LODI

(1): JENNELLE L BAKER BECHTHOLD

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): CHRISTINA C JAROMAY

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

(4): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-9)

By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

TIN: 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

**SIGNATURE CARD
ACCOUNT AGREEMENT**

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 01/02/2007 By: Lisa Engelhardt

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
MONEY MARKET-NP

Checking Savings NOW Money Market

Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint Account Tenancy in Common Account
- Community Property Account of Spouses
- Joint Account of Spouses With Right of Survivorship
- Trust - Separate Agreement:

Totten Trust or Pay-on-Death Designation as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
- LLC (LLC tax classification: C Corp S Corp Partnership)
- C Corporation S Corporation Non-Profit
- Public Funds

Business: CITY OF LODI

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

TIN: 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Number: [REDACTED]

Account Owner(s) Name & Address

CITY OF LODI
CENTRAL PLUME
REMEDATION FUND
P O BOX 3006
LODI CA 95241

Revised Date: 02/12/2026
CHANGE ACCOUNT SIGNERS

Additional Information:

NONE
NONE

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features Cust Agrmnt & SOC Bks I&II

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): JENNELLE L BAKER BECHTHOLD

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): CHRISTINA C JAROMAY

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

(4): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

**SIGNATURE CARD
ACCOUNT AGREEMENT**

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 09/14/2004 By: Lisa Engelhardt

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:

PUBLIC FUNDS DDA

Checking Savings NOW _____

Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint Account Tenancy in Common Account
- Community Property Account of Spouses
- Joint Account of Spouses With Right of Survivorship
- Trust - Separate Agreement:

Totten Trust or Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
- LLC (LLC tax classification: C Corp S Corp Partnership)
- C Corporation S Corporation Non-Profit
- Public Funds

Business: CITY OF LODI

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, JENNELLE L BAKER BECHTHOLD,
certify under penalties of perjury that the statements made in this section are true.

TIN: 94-6000361 The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup
withholding either because I have not been notified that I am subject to backup
withholding as a result of a failure to report all interest or dividends, or the Internal
Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).

Account
Number: [REDACTED]

Account Owner(s) Name & Address

CITY OF LODI
PAYROLL ACCOUNT
P O BOX 3006
LODI CA 95241

Revised Date: 02/12/2026
CHANGE ACCOUNT SIGNERS

Additional Information:

NONE
NONE

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have
a credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

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- Electronic Fund Transfers Privacy Substitute Checks
- Common Features Cust Agrmnt&SOC Bks I&II

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

(1): JENNELLE L BAKER BECHTHOLD

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): CHRISTINA C JAROMAY

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

(4): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

**SIGNATURE CARD
ACCOUNT AGREEMENT**

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Account Number: [REDACTED]

Account Owner(s) Name & Address
CITY OF LODI
P O BOX 3006
LODI CA 95241

Agreement Date: 01/16/2007 By: Lisa Engelhardt

Revised Date: 02/12/2026
CHANGE ACCOUNT SIGNERS

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:

MONEY MARKET-NP

Checking Savings NOW Money Market

Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint Account Tenancy in Common Account
- Community Property Account of Spouses
- Joint Account of Spouses With Right of Survivorship
- Trust - Separate Agreement:

Totten Trust or Pay-on-Death Designation as Defined in this Agreement

(Name and Address of Beneficiaries):

Additional Information:

NONE
NONE

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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Ownership of Account - BUSINESS Purpose

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- LLC (LLC tax classification: C Corp S Corp Partnership)
- C Corporation S Corporation Non-Profit
- Public Funds

Business: CITY OF LODI

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-9)

By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

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Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

(1): [JENNELLE L BAKER BECHTHOLD]

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [CHRISTINA C JAROMAY]

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [UNUSED SIGNATURE LINE]

I.D. # _____ D.O.B. _____

(4): [UNUSED SIGNATURE LINE]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[UNUSED SIGNATURE LINE]

I.D. # _____ D.O.B. _____

**SIGNATURE CARD
ACCOUNT AGREEMENT**

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Account Number: [REDACTED]

Account Owner(s) Name & Address
CITY OF LODI
P O BOX 3006
LODI CA 95241

Agreement Date: 05/22/1972 By: Lisa Engelhardt

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
PUBLIC FUNDS DDA

Checking Savings NOW _____
Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose
 Individual _____
 Joint Account Tenancy in Common Account
 Community Property Account of Spouses
 Joint Account of Spouses With Right of Survivorship
 Trust - Separate Agreement:

Totten Trust or Pay-on-Death Designation
as Defined in this Agreement
(Name and Address of Beneficiaries):

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 Public Funds

Business: CITY OF LODI

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

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U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Revised Date: 02/12/2026
CHANGE ACCOUNT SIGNERS

Additional Information:

NONE
NONE

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- Electronic Fund Transfers Privacy Substitute Checks
- Common Features Cust Agrmnt&SOC Bks I&II

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): JENNELLE L BAKER BECHTHOLD

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): CHRISTINA C JAROMAY

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

(4): UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

UNUSED SIGNATURE LINE

I.D. # _____ D.O.B. _____

Resolution of Lodge, Association or Other Similar Organization

FARMERS & MERCHANTS BANK OF CENTRAL CA
PO BOX 3000
LODI, CA 95241-1902

By: CITY OF LODI
P O BOX 3006
LODI CA 95241

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, _____, certify that I am Secretary (clerk) of the above named association organized under the laws of CALIFORNIA, Federal Employer I.D. Number 94-6000361, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on _____ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature <i>(if used)</i>
A. CHRISTINA C JAROMAY INTERIM INTERNAL SERVICES DIRECTOR	X _____	X _____
B. JENNELLE L BAKER BECHTHOLD BUDGET MANAGER	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

Powers Granted. (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
	(1) Exercise all of the powers listed in this resolution.	
A B	(2) Open any deposit or share account(s) in the name of the Association.	2
A B	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other:	

Limitations on Powers. The following are the Association's express limitations on the powers granted under this resolution.

Resolutions

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated _____ . If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

(Secretary)

(Attest by Other Officer)

(Attest by Other Officer)

For Financial Institution Use Only

Acknowledged and received on _____ (date) by _____ (initials)

This resolution is superseded by resolution dated _____

Comments: