

REVOCABLE PROXY

Account Holder Name:
Holder Address:

Financial Institution: Citizens Federal Savings Bank
Home Office
5151 S 4th Street
Leavenworth, KS 66048

I appoint the members of the duly elected Board of Directors in office from time to time of Citizens Federal Savings Bank of Leavenworth, Kansas, as my proxy and authorize the majority of all such members in my absence at any meeting of members of said Bank to cast any votes I would be entitled to cast if personally present, on any and all matters, from time to time, such proxy being effective and binding, until this proxy is canceled in writing and delivered to said Bank by Shareholder, and I authorize such majority of said Directors to cast my vote or votes, or designate a person or persons to cast my vote or votes. This proxy shall remain in full force and effect from its date until cancellation by Shareholder in the manner set forth above. No further proxy agreements will be executed or are necessary to keep the proxy in full force and effect. This proxy shall be revocable at will by person giving it.

Primary Account Holder

Date .