

Deposit Account Application

1. Please Tell Us About Yourself

(All information is required)

First Name		MI	Last Name		Date of Birth	
m m d d y y						
Social Security Number		Farm Bureau Member Number		County of Membership		State
Mailing Address		City		State	Zip	
Physical Address (If different from above)		City		State	Zip	
Home Phone #		Work or Alternate Phone #		Driver's License #		State
() -		() -				
Mother's Maiden Name		Present Employer or Business		Email Address		

2. Joint Application Information

(Complete only for joint account(s))

Farm Bureau Member Number

First Name		MI	Last Name		Date of Birth	
m m d d y y						
Social Security Number		Relationship to Primary Account Holder		Present Employer or Business		
Physical Address (If different from above)		City		State	Zip	
Home Phone #		Work or Alternate Phone #		Driver's License #		State
() -		() -				

Performance Checking Account

\$100 minimum to open any Performance Checking Account

 Individual Account

 Joint Account (Joint applicant information indicated above)

PERFORMANCE CHECKING ACCOUNT

 Initial Deposit Amount (Make Check Payable to Farm Bureau Bank FSB)
 \$ _____

Account Access Options

 YES, I would like to access my account through the Internet.

 YES, I would like the E-Option (Internet access required)

(I understand by selecting E-Option, I will not receive a physical statement, but I can view information online.)

VISA® Debit Card Access

 YES, I would like a free VISA® debit card.

Overdraft Protection: Linking your FBB credit card or Money Market Account to your account will protect you from returned checks and overdraft charges.

 FBB MMA Account Number

 Farm Bureau Bank VISA® or MasterCard®

Money Market Account & CD

 \$100 minimum to open a Money Market Account \$1,000 minimum to open a Certificate of Deposit (CD)
 \$25,000 minimum to open an FB Member Money Market

MONEY MARKET ACCOUNT

 Individual Account

 Joint Account (Joint applicant information indicated above)

 Please set up this Account as an FB Member Account

(Initial opening deposit must be \$25,000 in new funds to FBB. No checks or debit card will be issued with an FB Member account. The Account will be set up as an E-Option account.)

 Initial Deposit Amount (Make Check Payable to Farm Bureau Bank FSB)
 \$ _____

Account Access Options

 YES, I would like to access my account through the Internet.

 YES, I would like the E-Option, (Internet access required.) (Required for FB MEMBER Accounts.)

(I understand by selecting E-Option, I will not receive a physical statement, but I can view information online.)

VISA® Debit Card Access

 YES, I would like a Visa® Debit card YES, I would like to order additional checks

CERTIFICATE OF DEPOSIT

 Individual Account Joint Account (Joint applicant indicated above)

 Initial Deposit Amount (Make Check Payable to Farm Bureau Bank FSB)
 \$ _____

 Term Months
 Years

 Maturity Date Requested
 / /

Rate _____ % APY _____ %

 Step-Up Option (1-5 year CD only)

(Step-Up Option allows a one time rate increase during your CD term. You choose when to use this option.)

Interest will be applied to the balance of the CD on a monthly basis or:

 Transfer to my FBB Deposit account #

 Transfer to another bank account #

Routing #

Deposit Account Beneficiary

Name of Beneficiary/POD Payee	Social Security Number	Date of Birth	Percentage
	-	m m d d y y	(Total must equal 100%)
			%
Name of Beneficiary/POD Payee	Social Security Number	Date of Birth	Percentage
	-	m m d d y y	(Total must equal 100%)
			%

Please Sign Below

Under penalty of perjury, I/we certify that: (1)The number shown on this form is my correct Social Security number and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends or the IRS has notified me that I am no longer subject to backup withholding. Cross out and initial statement #2 if you have been notified that you are subject to backup withholding. (3) I/we understand that my/our account is bound by the terms and conditions specified in the Deposit Account Agreement and disclosures that will be sent to me upon opening of my account. My signature authorizes Farm Bureau Bank FSB to open the account(s) I have indicated above.

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 the account. What this means for you: When you open an account, we will ask 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.

Applicant's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____

Agent Name: _____ Referral Source Code _____ FSR/BSR Code _____

By entering this information, I understand that this Farm Bureau Agent has requested that Farm Bureau Bank, P.O. Box 33427 San Antonio, TX 78265-9865, establish an account for me. Information pertaining to your application may be shared with your agent in order to assist in the application process. To inquire about the status of your application, you may contact your Farm Bureau Agent or you may contact Farm Bureau Bank directly at 800-492-3276.

ITC: _____	OPENED	LETTER	CHECKS	DEBIT	AUDIT	SCANNED
Account Number: _____						