

Initial Deposit Amount : \$

Farm Bureau Bank P.O. Box 33427 San Antonio, TX 78265-3427 Fax: 866-913-5087 services@farmbureaubank.com

Coverdell Education Savings Account IRA Application

| CHILD INFORMATION | | | | | |
|--|--|--|--|--|--|
| First Name | MI Last Name | Date of Birth | Social Security Number | | |
| Gender: Male Fema | ıle | E-mail Address | Home Phone Number | | |
| | | | | | |
| Physical Address | City | | State Zip | | |
| Mailing Address (If different from above) | City | | State Zip | | |
| Are you a US Citizen? Y N | Permanent Resident? Y | N | | | |
| PARENT OR GUARDIAN INFORMATION | | | | | |
| First Name | MI Last Name | Date of Birth | Social Security Number | | |
| Farm Bureau Number | State of Membership | Mother's Maiden Name | E-mail Address | | |
| Physical Address | City | | State Zip | | |
| Mailing Address (If different from above) | City | | State Zip | | |
| Home Phone Number | Work or Alternate Phone Number | er Driver's License Numbe | r State | | |
| Present Employer or Business | | Relationship | Relationship to Child | | |
| | IRA IN | NFORMATION | | | |
| Select Type: | Select Contribution Type: | | Instructions: | | |
| Traditional IRA | New Contribution for | r: Prior Year Current Year ———— | (Requires Application ONLY) | | |
| Roth IRA | Transfer From Qualific | ied Plan or Existing IRA | (Requires Application & Transfer Form) | | |
| Coverdell Educational Savings Accoun | t Rollover From Qualifi | fied Plan or Existing IRA | (Requires Application & Rollover Form) | | |
| ACCOUNT INFORMATION | | | | | |
| MONEY MARKET ACCOUNT IRA | | CERTIFICATE OF DEPOSIT IRA | | | |
| Select your account: | | \$1,000 Minimum to open a Certificate of | Deposit (CD) IRA | | |
| Performance Money Market (\$250 minimum to open) | | Initial Deposit Amount: \$ | | | |
| Performance Monet Market E-Option (\$250 minimum to open. E-Option requires inte statement electronically.) | ernet access. I understand I will receive my month | , lettii | Preferred Maturity Date | | |
| Plus Money Market (\$25,000 minimum to open. Monthly Service Fe Internet access required. I understand I will rece | ee may apply and eStatements required. vive my monthly statement electronically.) | Month(s | s) Year(s) | | |

| D | EPOSIT ACCOUNT BENEFI | CIARY | |
|---|---|--|---|
| Beneficiary/POD Name | Social Security Number | Date of Birth | Relationship |
| Beneficiary/POD Name | Social Security Number | Date of Birth | Relationship |
| The percentage will be divided equally among beneficiaries. If you would | ike an unequal percentage or would like to add | I more than two beneficiaries, please contac | :t 1.800.492.3276. |
| Agent Name: | Referral Source Code: | ITC: | |
| Agent SupportName: | Associate Referral Sour | rce Code: | Internal Use Only |
| By entering this information, I understand that this Farm Bureau Agent has requested the application process. To inquire about the status of your application, you may control to the status of your application. | | | nared with your agent in order to assist in |
| | SIGNATURES | | |
| Under penalty of perjury, I/we certify that: (1) The note to backup withholding either because I have not been as a result of failure to report all interest and divider out and initial statement #2 if you have been notified bound by the terms and conditions specified in the I account. My signature authorizes Farm Bureau Bank IMPORTANT INFORMATION ABOUT PROCEDUR terrorism and money laundering activities, Federal Laeach person who opens the account. What this mean and other information that will allow us to identify you please note that Farm Bureau Bank may monitor and | n notified by the Internal Revenue and or the IRS has notified me the Ithat you are subject to backup to Deposit Account Agreement and to open the account(s) I have income as FOR OPENING A NEW ACCOUNT (S) I have income and the internal institution as for you: When you open an account (S) I have income and account (S) I have income and institution as for you: When you open an account (S) I have income and institution as for you: When you open an account (S) I have income and institution as for you: When you open an account (S) I have income and institution as for you. | e Service (IRS) that I am subject I am no longer subject to bawithholding. (3) I/we understardisclosures that will be sent to dicated above. COUNT: To help the governments to obtain, verify and record count, we will ask for your nardriver's license or other identificant of the service of t | ct to backup withholding ackup withholding. Cross and that my/our account is me upon opening of my ment fight the funding of information that identifieme, address, date of birth ifying documents. |
| Signature of Responsible Individual | Date Signature | of Custodian/Trustee | Date |