



BENEFICIARY REQUEST FORM

Complete and sign this form to add or delete a beneficiary(ies). Return the original to the address shown below, or fax to 1-866-913-5087. Be sure to keep a copy for your records.

Account Owner Information

First Name	MI	Last Name
------------	----	-----------

Farm Bureau Bank Account Number

Beneficiary Changes

Add:

Full Name	Social Security Number	Date of Birth	Percentage*

Delete:

Full Name	Social Security Number	Date of Birth	Percentage*

*If a percentage is not designated, each beneficiary will represent an equal amount

Signature

Under penalty of perjury, I certify that the signature below is the signatory of this account. I also understand that by providing my signature on this form or any use or funding of this account is an agreement to the terms and conditions of my account.

Account Holder Signature	Date
--------------------------	------

Mail

Farm Bureau Bank
P.O. Box 33427
San Antonio TX 78265-3427
1-800-492-3276

Fax

1-866-913-5087