



Primary Account Holder Name	
Joint Account Holder Name (If applicable)	
Address	City/State/Zip
Phone Number	
Account Information	
Please close the following account(s):	
• ,,	
Savings/ Money Market Account Number: _	
Certificate of Deposit Account Number:	
ou are hereby requested to transfer the assets no	w held by you according to the following:
Please send a check — make payable for be Farm Bureau Bank FBO: Accountholder's name(s) P.O. Box 33427 San Antonio, Texas 78265 Please wire to: Farm Bureau Bank 17300 Henderson Pass	enefit of the Account Holder(s) listed above and forward to:
San Antonio, Texas 78232	
Routing Number: 121281892	
For Credit to: First and last name as w	vell as last five digits of social security number
remaining funds as specified above. I am aware of the	n to close my account(s) at your financial institution. Please send the he possible penalties that will be incurred if a Certificate of Deposit is ons regarding this request, please contact me at the phone number or
Primary Account Holder Signature	Date
Trimally Account Floride Signature	Date
Joint Account Holder Signature (If applicable)	Date