

Coverdell Education Savings Account IRA Application

CHILD INFORMATION

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security Number _____

Gender: _____ Mal _____ Female _____ 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 _____ Driver's License Number _____ State _____

Present Employer or Business _____ Relationship to Child _____

IRA INFORMATION

Select Contribution Type:

New Contribution for: _____ Prior Year _____ Current Year _____

Transfer From Qualified Plan or Existing IRA _____

Rollover From Qualified Plan or Existing IRA _____

Instructions:

_____ (Requires Application ONLY)

_____ (Requires Application & Transfer Form)

_____ (Requires Application & Rollover Form)

ACCOUNT INFORMATION

MONEY MARKET ACCOUNT IRA

Select your account:

Performance Money Market
 (\$250 minimum to open)

Performance Monet Market E-Option
 (\$250 minimum to open. E-Option requires internet access. I understand I will receive my monthly statement electronically.)

Plus Money Market
 (\$25,000 minimum to open. Monthly Service Fee may apply and eStatements required. Internet access required. I understand I will receive my monthly statement electronically.)

CERTIFICATE OF DEPOSIT IRA

\$1,000 Minimum to open a Certificate of Deposit (CD) IRA

Initial Deposit Amount: \$ _____

Term _____

Month(s) Year(s)

Preferred Maturity Date _____

Initial Deposit Amount: \$ _____

DEPOSIT ACCOUNT BENEFICIARY

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 like an unequal percentage or would like to add more than two beneficiaries, please contact 1.800.492.3276.

Agent Name: _____ Referral Source Code: _____ ITC: _____

Internal Use Only

Agent Support Name: _____ Associate Referral Source Code: _____

By entering this information, I understand that this Farm Bureau Agent has requested that Farm Bureau Bank, 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.

SIGNATURES

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 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.

Please note that Farm Bureau Bank may monitor and/or record phone conversations made or received by employees or our agents.

Signature of Responsible Individual

Date

Signature of Custodian/Trustee

Date