

Thank you for your interest in a Farm Bureau Bank Business account. Our application process can be completed in 3 simple steps.

1. Complete the following documents:

- Business Deposit Account application (page 1)
- Certification of Beneficial Owners and Authorized Signers (page 3, 4 & 5) - ***Must be signed by all parties***
- Funding Authorization Form, if applicable (page 6)

2. Provide Business Documentation:

In order to expedite the account opening, simply provide any official local, state or federal document that verifies your business or organization's formation. Please see the **Business Deposit Document Reference Guide** for a list of approved forms required to open a business account.

3. Submit your documents:

Mail or email the completed application and additional required documents to:

Relationship Banking
Farm Bureau Bank
17300 Henderson Pass
San Antonio, Texas 78232
fbbanking@farmbureaubank.com

Once the application and documents have been reviewed and an account has been opened, the following will be mailed within 7 - 10 business days:

- New Account Package including account details and disclosures
- Checks and/or Debit card, if applicable

Thank you for choosing Farm Bureau Bank as your business financial provider. If you have any questions, please contact us at 1.800.988.4419 or email fbbanking@farmbureaubank.com.

Farm Bureau Bank does not offer accounts for internet gambling businesses, money service businesses, marijuana, hemp or CBD related businesses.

Interested in Business Services?

To learn more about our Treasury Management Services, contact your Relationship Manager at 1.800.988.4419 or email treasurysolutions@farmbureaubank.com for more information. Services include:

- Remote Deposit Capture
- ACH Services
- Business Online Banking
- Mobile Banking
- Positive Pay
- Wire Services
- Sweep Accounts and Zero Balance Account
- Account Reconciliation
- Merchant Card Services
- Lockbox Services

All accounts and Treasury Management Services are subject to approval. Additional fees may apply.

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 to 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 our employees or our agents.

Business Deposit Account Application

What you will need to complete this application:

- Basic information about the business and its operations
- Your personal information (as the account applicant) - including address, phone number, and SSN
- The name, date-of-birth, SSN/TIN, address, email address, a Driver's License or Government Issued ID, and other contact information for each of the following (as applicable):
 1. Authorized Signer/User
 2. Beneficial Owner of a Legal Entity with > 25% Ownership
 3. Business Owner
 4. Individual with Control of the Business
 5. Any Additional Employees
- Existing bank account information for funding purposes

We may require additional information/documentation to establish an account.

GENERAL BUSINESS INFORMATION

Legal Business Name (Include DBA information, if applicable)

Business Structure (Choose one of the following)

| | | |
|---------------------|-------------------------------------|--------------|
| Sole Proprietorship | Limited Liability Partnership (LLP) | Estate |
| General Partnership | Limited Liability Company (LLC) | Trust |
| Corporation | Unincorporated Association | Other: _____ |

Is this Business a:

| | | |
|---|-----|------------|
| Company formed in the United States? | Yes | (Required) |
| Publicly held company with shares traded on any stock exchange? | Yes | No |
| Non-profit, not-for-profit, or charitable organization? | Yes | No |
| Company that hold funds in a fiduciary capacity for 1 or more principals? | Yes | No |

Date Business Established (MM/DD/YYYY)

Business Tax Identification Number (EIN/SSN)

Business Physical Address (Required)

| | | | |
|------------------|------|-------|-----|
| Physical Address | City | State | Zip |
|------------------|------|-------|-----|

Business Mailing Address (If different from physical address)

| | | | |
|------------------|------|-------|-----|
| Physical Address | City | State | Zip |
|------------------|------|-------|-----|

Business Contact Information

| | | |
|------------------------|--------|---------------|
| Phone Number (Primary) | Mobile | Email Address |
|------------------------|--------|---------------|

| | | |
|--------------------------|--------|-----------------|
| Phone Number (Secondary) | Mobile | Website Address |
|--------------------------|--------|-----------------|

NAICS Code (North American Industry Classification System; can be found on your Federal Tax Return or Schedule C)

Business Description (Include goods sold and/or services provided)

BANKING RELATIONSHIP**How did you hear about Farm Bureau Bank?**

Current client of Farm Bureau Bank

Current Farm Bureau Affiliation (Complete information below if Farm Bureau Agent is assisting with account opening*)

Member Number _____ Member Since _____

Farm Bureau Insurance Holder: Yes No

***Farm Bureau Agent Information (if applicable)**

Agent Name/Referral Source Code Agent Support Name/Associate RSC ITC (Internal Only)

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 1.800.988.4419

Other Source (Please specify below)

BUSINESS PRODUCTS & SERVICES SELECTION

Please indicate the account(s) you are interested in establishing.

CHECKING & MONEY MARKET¹

BUSINESS ESSENTIALS
BUSINESS ADVANTAGE CHECKING
BUSINESS ANALYSIS CHECKING
PERFORMANCE MONEY MARKET
BUSINESS MONEY MARKET
SWEEP TO INTEREST-BEARING CHECKING

Business Account Options (Check all that apply)

Online Access (Email and internet access required)
e-Statements (Email and internet access required)
Online Bill Pay (Email and internet access required)
Checks (Fees may apply for check orders on Checking Accounts; Business Money Market Accounts are not eligible for checks.)

CERTIFICATE OF DEPOSIT

\$1,000 minimum to open a Certificate of Deposit

Term _____ Months Years

Step-Up Option Yes No

Step-Up Option rates may be lower than traditional CD rates. This option allows a one-time rate increase. You choose when to exercise this option.

Interest Payment Options (Select only one option)

Pay directly to CD (Capitalize interest)

Transfer to another account:

Routing Number _____

Account Number _____

¹Please note fees may apply to Checking and Money Market Accounts. Refer to the Business Deposit Account Fee Schedule for details.

CERTIFICATION OF BENEFICIAL OWNERS AND AUTHORIZED USERS*For instructions, refer to page 7.*

Persons opening an account and/or requesting financing on behalf of a legal entity must provide the following information:

A. ACCOUNT INFORMATION

Name of person opening the account and/or requesting financing

Title/Position

B. CERTIFIED:

I, _____ (Name of person opening account and/or requesting financing), hereby certify, to the best of my knowledge, that the information provided within this application is complete and correct. I also agree to notify Farm Bureau Bank of any change in the information provided within this Certification.

Signature

Date

C. BENEFICIAL OWNER(S)

Please provide the following information for any individual(s), if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity:

Check here if no individual meets this definition and complete SECTION D.

| | | | | |
|--|------------------------|------------------------|-------|---|
| | | | | |
| Individual Name | | Position with Business | | % Ownership |
| Date of Birth | Social Security Number | Phone Number (Mobile) | | E-mail Address (Required for Online Access) |
| Residential Physical Address | | City | State | Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (View Accounts Only Originate Transactions Administrator) | | | | |
| If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | | |
| | | | | |
| Signature | | Date | | |

| | | | | |
|--|------------------------|------------------------|-------|---|
| | | | | |
| Individual Name | | Position with Business | | % Ownership |
| Date of Birth | Social Security Number | Phone Number (Mobile) | | E-mail Address (Required for Online Access) |
| Residential Physical Address | | City | State | Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (View Accounts Only Originate Transactions Administrator) | | | | |
| If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | | |
| | | | | |
| Signature | | Date | | |

CERTIFICATION OF BENEFICIAL OWNERS AND AUTHORIZED USERS (CONT.)

| | | | |
|---|------------------------|--------------------------------|--|
| | | | |
| Individual Name | | Position with Business | % Ownership |
| Date of Birth | Social Security Number | Phone Number (<i>Mobile</i>) | E-mail Address <i>(Required for Online Access)</i> |
| Residential Physical Address | | City | State Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only</i> <i>Originate Transactions</i> <i>Administrator</i>) If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | |
| | | | |
| Signature | | Date | |

| | | | |
|---|------------------------|--------------------------------|--|
| | | | |
| Individual Name | | Position with Business | % Ownership |
| Date of Birth | Social Security Number | Phone Number (<i>Mobile</i>) | E-mail Address <i>(Required for Online Access)</i> |
| Residential Physical Address | | City | State Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only</i> <i>Originate Transactions</i> <i>Administrator</i>) If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | |
| | | | |
| Signature | | Date | |

D. INDIVIDUAL WITH CONTROL

Please provide the following information for at least one individual with significant responsibility for managing the legal entity, such as: *an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; or any other individual who regularly performs similar functions.*

If appropriate, an individual listed under SECTION C may also be listed in SECTION D.

| | | | |
|---|------------------------|--------------------------------|--|
| | | | |
| Individual Name | | Position with Business | % Ownership |
| Date of Birth | Social Security Number | Phone Number (<i>Mobile</i>) | E-mail Address <i>(Required for Online Access)</i> |
| Residential Physical Address | | City | State Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only</i> <i>Originate Transactions</i> <i>Administrator</i>) If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | |
| | | | |
| Signature | | Date | |

CERTIFICATION OF BENEFICIAL OWNERS AND AUTHORIZED USERS (CONT.)**E. AUTHORIZED SIGNERS/USERS (If applicable)**

Please provide the following information for any individual who will be designated as an Authorized Signer or User, but has no business ownership or significant responsibility for managing the legal entity.

| | | | |
|---|------------------------|--------------------------------|--|
| | | | |
| Individual Name | | Position with Business | |
| Date of Birth | Social Security Number | Phone Number (<i>Mobile</i>) | E-mail Address (<i>Required for Online Access</i>) |
| Residential Physical Address | City | State | Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only</i> <i>Originate Transactions</i> <i>Administrator</i>) | | | |
| If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | |
| | | | |
| Signature | | Date | |

| | | | |
|---|------------------------|--------------------------------|--|
| | | | |
| Individual Name | | Position with Business | |
| Date of Birth | Social Security Number | Phone Number (<i>Mobile</i>) | E-mail Address (<i>Required for Online Access</i>) |
| Residential Physical Address | City | State | Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only</i> <i>Originate Transactions</i> <i>Administrator</i>) | | | |
| If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | |
| | | | |
| Signature | | Date | |

| | | | |
|---|------------------------|--------------------------------|--|
| | | | |
| Individual Name | | Position with Business | |
| Date of Birth | Social Security Number | Phone Number (<i>Mobile</i>) | E-mail Address (<i>Required for Online Access</i>) |
| Residential Physical Address | City | State | Zip |
| Check if applicable - Account Authority: Signer Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only</i> <i>Originate Transactions</i> <i>Administrator</i>) | | | |
| If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply: | | | |
| | | | |
| Signature | | Date | |

IMPORTANT - ACTION REQUIRED (not applicable for requesting financing)

Please see the **Business Deposit Document Reference Guide** for a list of approved forms required to open a business account. Please send your business documents with your application.

FUNDING AUTHORIZATION FORM

This form must be completed, signed and returned to Farm Bureau Bank FSB [FBB] in order to fund your new account electronically from another financial

FUNDING ACCOUNT OPTIONS AND INFORMATION**FUNDING INFORMATION**

Opening Deposit Amount: \$ _____

Initial Source of Funds: _____

Ongoing Source of Funds: _____
(For Non-CDs)**PLEASE SELECT ONE:****Mail a Check**(Make check payable to *Farm Bureau Bank*)**Transfer funds from my Farm Bureau Bank account**

Farm Bureau Bank Account Number: _____

Send funds via Wire Transfer. Use the following information:

ABA/Routing/Transit Number: 121281892

Bank Name: *Farm Bureau Bank*City/State: *Reno, Nevada*For Credit/to: *Include your Business's (new account) Name & Federal Tax ID number***Make a Net Deposit at my local Farm Bureau Office**

Name of Farm Bureau Office: _____

Deposit funds via ACH Direct Debit

Must complete and sign Funding Authorization details below. Your electronic deposit may be subject to ACH verification. For faster funding, you may send an image of a voided check to services@farmbureaubank.com, and reference your business name.

Total Deposit Amount: _____

Funding Account

I/we authorize FBB to use the following account for initial funding transfer of: Amount: _____

Bank Name: _____ Account Type: ☐ Checking ☐ Savings

Routing #: _____ Account #: _____

AUTHORIZATION

I (we) hereby authorize Farm Bureau Bank to initiate the above entries and to initiate, if necessary, entries and adjustments for any entries in error to my (our) bank account(s) listed above.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until I (or either or us) give mailed, faxed, phone, or e-mail notification of its termination in such time and in such manner as to afford Farm Bureau Bank reasonable opportunity to act on it.

Signature of Primary Account Holder_____
Printed Name_____
Date_____
Signature of Secondary Account Holder_____
Printed Name_____
Date

BENEFICIAL OWNERS INSTRUCTIONS and AGREEMENT & IMPORTANT TERMS**A. BENEFICIAL OWNER(S)**

All business customers will be required, due to a regulatory requirement, to provide us with certain information on its Beneficial Owners, Controlling Member and Certifying Person. This information must be provided on pages 5 and 6 before a new account can be opened. Failure to provide this information may result in the restriction and/or closing of your account.

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who should complete pages 5 and 6?

It must be completed and signed by the person opening a new account on behalf of a legal entity with a U.S. financial institution.

For the purposes of this application, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

When you open a new account on behalf of a legal entity, the Bank will ask for information about the legal entity's beneficial owner(s), including their name, address, date of birth and social security number. The Bank may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on pages 5 and 6.

- Beneficial owners are:
- (1) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer; and
 - (2) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (1), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2).

B. AGREEMENT - In consideration of Farm Bureau Bank FSB (the "Bank") providing depository and other services, you (the "Depositor") agree as follows:

- a. That the Bank be and it hereby is designated a depository for the Depositor's funds, and the Depositor agrees to the provisions of the Bank's Deposit Account Terms and Conditions as amended from time to time; that the Bank is authorized to accept at any time, for the credit of the Depositor, deposits by whomsoever made of funds, in any form and in whatever manner endorsed; that funds may be withdrawn from the Bank on the checks of the Depositor; that the Bank is authorized and directed to pay or otherwise honor, negotiate or apply without inquiry, and without regard to the application of the proceeds thereof, checks, drafts and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whosoever payable (including those drawn to the individual order of a signer, tendered for any individual or personal obligation of any owner, employee or officer of the Depositor, or for cash or deposit to the individual or personal account(s) of such owner, employee or officer) when signed, accepted or endorsed by any one of the person(s) named as Authorized Signer.
- b. That any of the persons named as Authorized Signer shall be authorized to individually sign for and receive the statements and canceled vouchers of the Depositor or to appoint in writing agents to co-sign for and receive such documents; that they are hereby further authorized to effect stop payment orders against checks of the Depositor, to issue other orders in connection with the account(s) of the Depositor, and to bind the Depositor thereto. It is further agreed that any indebtedness created in connection with the account(s) by any of the Authorized Signer(s) shall be the debt of the Depositor.
- c. That the Bank be, and it hereby is authorized and directed to honor as genuine and authorized instruments of the Depositor, all checks, drafts or other orders for the payment of money drawn in the name of the Depositor, when bearing or purporting to bear the facsimile signature or signatures of the persons named as Authorized Signer. That the Authorized Signer(s) are authorized and directed to certify to the Bank by specimen the form or forms of facsimile authorized by the Depositor for use by the named persons; that the Depositor assumes full responsibility for all payments made by the Bank upon the facsimile signatures of any person or any Authorized Signer(s) and that the Depositor agrees to indemnify and hold the Bank harmless against any and all loss, cost, damage or expense suffered or liability incurred by the Bank arising out of the misuse or unlawful or unauthorized use by any person of such facsimile signature or signatures.
- d. Under penalty of perjury, you certify that: (1) The taxpayer identification number shown on page 1 is your correct taxpayer identification number and (2) You are not subject to backup withholding either because you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of failure to report all interest and dividends or the IRS has notified you that you are no longer subject to backup withholding.
- e. Authorized Signer(s) - Identifying information about the authorized signer(s) should be provided. These individuals have full authority to act on behalf of the Depositor. This authority includes, but is not limited to, being able to receive any information related to the account, perform any transactions, and make any necessary updates to options and account attributes. For updates to authorized signers, the Bank may request a copy of the board minutes or secondary authorization. Authorized signers, acting on behalf of the Depositor, are bound by the Agreement and Important Terms described on this page. The Depositor has approved or granted each person who signs Section C of pages 5 and 6 the authority to do so on the Depositor's behalf.
- f. The Depositor agrees to the terms of, and will receive copies of the following:
 - Deposit Account Terms and Conditions
 - Electronic Funds Transfer: Your Rights and Responsibilities
 - Funds Availability Policy
 - Truth-in-Savings
 - Deposit Fee Schedule