

This application is for Farm Bureau Organizations. If you are not a Farm Bureau Organization, please use our standard Business Deposit Account Application.

Thank you for your interest in a Farm Bureau Bank Business account. Our application process can be completed in 2 simple steps.

1. Complete the following documents:

- FB-Org Deposit Account application (page 1)
- Certification of Authorized Signers (page 3 & 4) - **Must be signed by all parties**
- Funding + External Account Authorization Form, if applicable (page 5)

2. Submit your documents:

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

Premier 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.

Interested in Business Services?

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

- ACH Services
- Remote Deposit Capture
- Positive Pay
- Account Reconciliation

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.

FB-Org Deposit Account Application

ORGANIZATION INFORMATION

Name of Organization _____

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

Office Phone Number _____ Email Address _____

Anticipated Annual Banking Activity at Farm Bureau Bank

| Product/Service | Banking Activity | Check if Applicable | | Average Volume (#/Month) | Average Amount (\$/Month) |
|-----------------------------|------------------|---------------------|----|--------------------------|---------------------------|
| Wire Transfer (Incoming) | • Domestic | Yes | No | _____ | \$ _____ |
| | • Foreign | Yes | No | _____ | \$ _____ |
| Wire Transfer (Outgoing) | • Domestic | Yes | No | _____ | \$ _____ |
| | • Foreign | Yes | No | _____ | \$ _____ |
| ACH Transfer (Incoming) | • Debits | Yes | No | _____ | \$ _____ |
| | • Credits | Yes | No | _____ | \$ _____ |
| ACH Transfer (Outgoing) | • Debits | Yes | No | _____ | \$ _____ |
| | • Credits | Yes | No | _____ | \$ _____ |
| Checks | • Deposits | Yes | No | _____ | \$ _____ |
| | • Withdrawals | Yes | No | _____ | \$ _____ |
| Cash | • Deposits | Yes | No | _____ | \$ _____ |
| | • Withdrawals | Yes | No | _____ | \$ _____ |

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

BUSINESS PRODUCTS & SERVICES SELECTION

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

CHECKING & MONEY MARKET¹

BUSINESS CHECKING
 BUSINESS ADVANTAGE CHECKING
 BUSINESS ANALYSIS CHECKING
 PERFORMANCE MONEY MARKET
 FB-ORG MONEY MARKET

CERTIFICATE OF DEPOSIT

FB-ORG CERTIFICATE OF DEPOSIT
 CERTIFICATE OF DEPOSIT:
 Regular Jumbo Special

\$1,000 minimum to open a Certificate of Deposit (CD);
 \$50,000 to open a Jumbo CD

Term _____ Months Years
 Step-Up Option Yes No

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

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.)*

Interest Payment Options (Select only one option)

Pay directly to CD *(Capitalize interest)*
 Transfer to another account:

Routing Number _____
 Account Number _____

Funding Information

Opening Deposit Amount: \$ _____
 Initial Source of Funds: _____
 Ongoing Source of Funds: _____

Funding Information

Opening Deposit Amount: \$ _____
 Initial Source of Funds: _____

FUNDING OPTIONS

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: _____

Total Deposit Amount: _____

Send funds via Wire Transfer. Use the following information:

ABA/Routing/Transit Number: 121281892
 Bank Name: Farm Bureau Bank
 City/State: Sparks, 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: _____

Send funds via ACH

Must complete and sign Funding + External Account Authorization Form on page 5. Your electronic deposit may be subject to ACH verification.

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

CERTIFICATION OF AUTHORIZED SIGNERS

Persons opening an account on behalf of a legal entity must provide the following information:

A. ACCOUNT INFORMATION

 Name of person opening the account Title/Position

B. CERTIFIED:

I, _____ (Name of person opening account), 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. 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.*

| | | | |
|--|------------------------|--------------------------------|--|
| | | | |
| 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: Sign Checks Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only Originate Transactions 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 AUTHORIZED SIGNERS (CONT.)
D. 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: Sign Checks Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only Originate Transactions 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: | | | | |
| | | | | |
| _____ <i>Signature</i> | | | _____ <i>Date</i> | |

| | | | | |
|---|------------------------|--------------------------------|--|-----|
| | | | | |
| 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: Sign Checks Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only Originate Transactions 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: | | | | |
| | | | | |
| _____ <i>Signature</i> | | | _____ <i>Date</i> | |

| | | | | |
|---|------------------------|--------------------------------|--|-----|
| | | | | |
| 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: Sign Checks Receive/Use a Debit Card Online Banking Access: (<i>View Accounts Only Originate Transactions 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: | | | | |
| | | | | |
| _____ <i>Signature</i> | | | _____ <i>Date</i> | |

Funding + External Account Authorization Form

This form must be completed, signed and returned to Farm Bureau Bank FSB [FBB] in order to fund your new account electronically and/or set up online banking transfers to/from another financial institution.

FUNDING ACCOUNT INFORMATION

| | | | |
|-----------------|--|------------------|--|
| Funding Account | I/we authorize FBB to use the following account for initial funding transfer of: Amount: _____ | | |
| | Bank Name: _____ | Account Type: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | Routing #: _____ | Account #: _____ | |

EXTERNAL ACCOUNT INFORMATION (FOR ONLINE BANKING)

| | | | |
|-----------|--|------------------|--|
| ACCOUNT 1 | Bank Name: _____ | Account Type: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | Routing #: _____ | Account #: _____ | |
| | I/we authorize FBB to initiate: <input type="checkbox"/> Debits ONLY (transfers from) <input type="checkbox"/> Credits ONLY (transfers to) <input type="checkbox"/> Debits and Credits | | |

| | | | |
|-----------|--|------------------|--|
| ACCOUNT 2 | Bank Name: _____ | Account Type: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | Routing #: _____ | Account #: _____ | |
| | I/we authorize FBB to initiate: <input type="checkbox"/> Debits ONLY (transfers from) <input type="checkbox"/> Credits ONLY (transfers to) <input type="checkbox"/> Debits and Credits | | |

Please verify with your banking institution that the account and routing numbers above are correct and eligible for automatic debits.

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 Accountholder | Printed Name | Date |
|------------------------------------|--------------|------|

| | | |
|--------------------------------------|--------------|------|
| Signature of Secondary Accountholder | Printed Name | Date |
|--------------------------------------|--------------|------|

AGREEMENT & IMPORTANT TERMS

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 cancelled 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 D of page 4 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