

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 2 & 3)
- Agreement for Direct Payments, 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, email or fax the completed application and additional required documents to:

Relationship Banking  
Farm Bureau Bank  
PO Box 33427  
San Antonio, Texas 78265-3427  
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 service provider. If you have any questions, please contact us at 1-800-988-4419 or email [fbbanking@farmbureaubank.com](mailto:fbbanking@farmbureaubank.com).**

**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.



**CERTIFICATION OF BENEFICIAL OWNERS AND AUTHORIZED SIGNERS**

For instructions, refer to page 5.

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
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**B. 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 C.

Individual Name	Position with Business	% Ownership		
Date of Birth	Social Security Number	Phone Number	E-mail Address	
Residential Physical Address		City	State	Zip
Check if applicable: <input type="checkbox"/> Authorized Signer <small>(If selected, please provide your signature on page 4, section F.)</small> <input type="checkbox"/> YES, I want a free Visa® Debit Card.				

Individual Name	Position with Business	% Ownership		
Date of Birth	Social Security Number	Phone Number	E-mail Address	
Residential Physical Address		City	State	Zip
Check if applicable: <input type="checkbox"/> Authorized Signer <small>(If selected, please provide your signature on page 4, section F.)</small> <input type="checkbox"/> YES, I want a free Visa® Debit Card.				

Individual Name	Position with Business	% Ownership		
Date of Birth	Social Security Number	Phone Number	E-mail Address	
Residential Physical Address		City	State	Zip
Check if applicable: <input type="checkbox"/> Authorized Signer <small>(If selected, please provide your signature on page 4, section F.)</small> <input type="checkbox"/> YES, I want a free Visa® Debit Card.				

Individual Name	Position with Business	% Ownership		
Date of Birth	Social Security Number	Phone Number	E-mail Address	
Residential Physical Address		City	State	Zip
Check if applicable: <input type="checkbox"/> Authorized Signer <small>(If selected, please provide your signature on page 4, section F.)</small> <input type="checkbox"/> YES, I want a free Visa® Debit Card.				

**CERTIFICATION OF BENEFICIAL OWNERS AND AUTHORIZED SIGNERS (CONT.)**

**C. INDIVIDUAL(S) 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 B may also be listed in SECTION C.*

Individual Name		Position with Business		% Ownership
Date of Birth	Social Security Number	Phone Number	E-mail Address	
Physical Residential Address		City	State	Zip
Check if applicable:    Authorized Signer <i>(If selected, please provide your signature on page 4, section F.)</i> YES, I want a free Visa® Debit Card.				

Individual Name		Position with Business		% Ownership
Date of Birth	Social Security Number	Phone Number	E-mail Address	
Physical Residential Address		City	State	Zip
Check if applicable:    Authorized Signer <i>(If selected, please provide your signature on page 4, section F.)</i> YES, I want a free Visa® Debit Card.				

Individual Name		Position with Business		% Ownership
Date of Birth	Social Security Number	Phone Number	E-mail Address	
Physical Residential Address		City	State	Zip
Check if applicable:    Authorized Signer <i>(If selected, please provide your signature on page 4, section F.)</i> YES, I want a free Visa® Debit Card.				

**D. CERTIFIED:**

I, \_\_\_\_\_ *(Name of person opening account)*, hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree to notify Farm Bureau Bank of any change in the information provided within this Certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATION OF BENEFICIAL OWNERS AND AUTHORIZED SIGNERS (CONT.)**
**E. ONLINE ACCESS**

Please provide the following information for individuals authorized and designated by the Customer to access online services. The access granted to each Authorized User will be dictated by the Customer.

Individual Name	Phone Number	E-mail Address	
<b>Online Banking Access, if applicable:</b>	View Accounts Only	Originate Transactions	Administrator

Individual Name	Phone Number	E-mail Address	
<b>For Online Banking Access, if applicable:</b>	View Accounts Only	Originate Transactions	Administrator

Individual Name	Phone Number	E-mail Address	
<b>Online Banking Access, if applicable:</b>	View Accounts Only	Originate Transactions	Administrator

Individual Name	Phone Number	E-mail Address	
<b>For Online Banking Access, if applicable:</b>	View Accounts Only	Originate Transactions	Administrator

**F. AUTHORIZED SIGNATURES**

All individuals who selected Authorized Signer in Sections B and C must provide a signature below.

 \_\_\_\_\_  
*Signature*

 \_\_\_\_\_  
*Date*

 \_\_\_\_\_  
*Signature*

 \_\_\_\_\_  
*Date*

 \_\_\_\_\_  
*Signature*

 \_\_\_\_\_  
*Date*

 \_\_\_\_\_  
*Signature*

 \_\_\_\_\_  
*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 2 and 3 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 2 and 3?**

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 2 and 3.

- 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 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 F 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



IMPORTANT - ACTION REQUIRED
Agreement for Direct Payments (ACH Debits)

This form must be completed, signed and returned to Farm Bureau Bank FSB before your automatic payment request is activated.

Authorization

I (we) hereby authorize Farm Bureau Bank to initiate the following debit entries to my (our) bank account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This automatic payment method will be effective on your next payment due date, after receipt of the completed document. (Allow up to 15 days prior to due date for set up and activation)

Transfer Type: Recurring Transfer - Transfer \$ \_\_\_\_\_ monthly on the \_\_\_\_ day of the month.
One-Time Transfer - \$ \_\_\_\_\_ For this type of transfer, I understand there is a \$5.00 fee per transaction except for funds used in account activations.

From:

This is the bank from where the payment will be withdrawn.

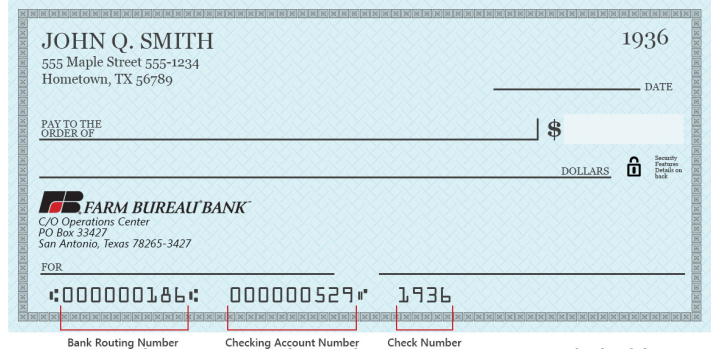
Account Type: Checking Savings

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Do Not Use Temporary Checks or Deposit Slips.



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

To:

Account Type: Checking Savings Installment Loan

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

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.

Loans: Farm Bureau Bank reserves the right to cancel any automatic payment method upon consecutive returned payments. If your payment is not made via ACH, your Annual Percentage Rate (APR) will increase as noted in your loan agreement. You are responsible for making the payments by the due date, as disclosed in your loan agreement.

Deposits: If we initiate an ACH debit on your behalf for credit to your account with us, the funds may not be available for withdrawal until the 3rd business day following the transaction date. Requests must be processed before 3:00 p.m. (CT) to be included in the current business day.

Signature of Primary Account Holder Date
Printed Name of Primary Account Holder
Signature of Secondary Account Holder Date
Printed Name of Secondary Account Holder

Print and Fax/Mail completed form to:
Farm Bureau Bank FSB
P.O. Box 33427
San Antonio, TX 78265-3427
Phone: 800.492.3276
Fax: 866.913.5087
E-mail: services@farmbureaubank.com