

# Coverdell Education Savings Account IRA Application

## CHILD INFORMATION

First Name MI Last Name Date of Birth SSN

### Physical Address

Physical Address City State Zip

### Mailing Address *(If different from above)*

Physical Address City State Zip

Phone Number *(Primary)* Email Address

Mobile

Are you a U.S. Citizen? Permanent Resident?

Yes Yes  
 No No

## PARENT OR GUARDIAN INFORMATION

First Name MI Last Name Date of Birth SSN

### Physical Address

Physical Address City State Zip

### Mailing Address *(If different from above)*

Physical Address City State Zip

Phone Number *(Primary)* Phone Number *(Secondary)* Email Address Relationship to Child

Mobile

Mobile

Present Employer or Business Driver's License Number State Mother's Maiden Name

## 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 Money Market E-Option  
*(\$250 minimum to open. E-Option requires internet access. I understand I will receive 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.)*

Initial Deposit Amount: \$

### CERTIFICATE OF DEPOSIT IRA

Initial Deposit Amount: \$

*(\$1,000 minimum to open a Certificate of Deposit IRA)*

Term:

Month(s)

Year(s)

### IRA ACCOUNT BENEFICIARY

<b>Beneficiary/POD Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Relationship</b>
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**Physical Address**

Physical Address	City	State	Zip
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<b>Beneficiary/POD Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Relationship</b>
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**Physical Address**

Physical Address	City	State	Zip
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*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*

### 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
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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)
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*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)

### 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.

<b>Signature of Responsible Individual</b>	<b>Date</b>
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<b>Signature of Custodian/Trustee</b>	<b>Date</b>
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