



Please complete the form in detail. Please sign in the spaces provided and return to:

State Bank

P. O. Box B

La Grange, Texas 78945

Or Fax you signed, completed application to: (979) 968-9311

Don't forget to retrieve your Personal Account Agreement and Disclosure documents from our website. You can find them by clicking on Privacy Statement & Disclosures at the bottom of our web page. Then click on Disclosures.

If you need assistance with this form or have any questions, please call our Customer Service Department at 800-879-0489.

Thank you for applying with State Bank.





Personal Account INFORMATION SHEET

IMPORTANT INFORMATION ABOUT 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 identified each person who opens an 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.

Choose the account(s) that is(are) right for you: Free Silver Gold Platinum Reward Platinum Reward 50 High Yield Investment Regular Savings Minor Savings Investment Money Fund High Yield Investment Money Market Certificate of Deposit IRA

Title or Styling of Account

Account Ownership Multiple Party without Right of Survivorship Trust Account Single Party without POD Multiple Party with Right of Survivorship Convenience Account (Available on single-party accounts only) Single Party with POD* Multiple Party with Right of Survivorship POD*

*Beneficiary Name, Date of Birth, Social Security Number, and Relationship

PRIMARY APPLICANT

Name (Last, Middle Initial, First) Date of Birth
Social Security Number Home Phone Number
Physical (Residential) Address City State Zip Time at this Address Cellular Phone Number
Mailing Address (if different from above) City State Zip Email Address
Employer Name Employer Phone Number
Employer Address City State Zip Occupation
Driver's License Number/State ID Number State Issued By Expiration Date
Current/Previous Bank Reference

FOR BANK PURPOSES ONLY New Customer Existing Customer
TeleCheck/Chexsystems Approval Code (Sole-Prop.) OFAC Screening on Entity Yes No
Non-Documentary Method This information verified by

SECONDARY APPLICANT

Name (Last, Middle Initial, First) Date of Birth
Social Security Number Home Phone Number
Physical (Residential) Address City State Zip Time at this Address Cellular Phone Number
Mailing Address (if different from above) City State Zip Email Address
Employer Name Employer Phone Number
Employer Address City State Zip Occupation
Driver's License Number/State ID Number State Issued By Expiration Date
Current/Previous Bank Reference This information verified by

FOR BANK PURPOSES ONLY New Customer Existing Customer
TeleCheck/Chexsystems Approval Code (Sole-Prop.) OFAC Screening on Entity Yes No
Non-Documentary Method

Applicant Statement: I have answered this application fully and truthfully. I authorize you to verify information on me and my co-applicant including past performance through consumer reporting agencies to check statements I have made.

Primary Applicant's Signature Date

Joint Applicant's Signature Date