

OF BEDIAS	Business Checking or Savings Account Application					Date:		
EST 1907 —		New		Existing – Only Page 1 Requir	ed			
			•					
Type of Account Applying For:			_					
☐ Business Checking	☐ Busines	s Savings	∐ Bu	siness Money Market / Premi	um MMDA		Business	CD
Business Information								
Business Name			-	EIN or SSN				
business Name								
Physical Address				City	S-	tate	ZIP	
1 Hysical Address				sicy		tate	211	
Mailing Address			- (City	S	tate	ZIP	
				,				
Business Phone			Е	Business Fax				
Email Address			1	Nature of Business				
Type of Business Organization								
Sole Proprietorship		Corporation	n for P	rofit [C Corp or S Corp]	Пс	Corporation, r	not for prof	
Limited Liability Company	(LLC)			Association/Club/Other		Partnership		
Other	(LLC)	☐ Trust	, acca ,	issociation, class, ctrici		state		
				<u>'</u>				
The following documentation must b			it and n	nay vary based on the structure o	of the busines	ss. Any incon	nplete or n	nissing
One of the following documents base				Documentation verifying you	ur Tay ID or E	IN number		
Articles of Incorporation with				Banking Authority Resolution			\	d + 0
Articles of Organization with		•						
	a Certificate of Organ	lization		open/maintain bank accor				
Partnership Agreement			the business. If the Secretary is the same as an Officer with signing authority, another Officer or Director should sign the resolution. (Bank					
☐ Certification of Trust				provides this form)				
Additional documentation based on		de conservations		Signature Card (Bank provides this form)				
☐ Certificate of Good Standing		documentation		Signature card (bank provides this form)				
☐ Certificate of Assumed Name								
☐ Bylaws or Operating Agreement								
Business Owner Information								
The undersigned acknowledge(s) reco	eipt of a copy and ag	ree(s) to the term	s of the	e disclosure(s):				
I certify that everything I have stated	in this application and	d on any attachme	nts is c	orrect. You may keep this applicat	tion whether	or not it is a	oproved. B	y signing
below I authorize you to check my cre			-			•	-	
also authorize you to answer question	is others may ask you	ı about my credit ı	ecord v	with you. I understand that I must	update credi	it informatioi	n at your re	equest if
my financial condition changes. Owner/Authorized Signer #1 Informa	tion							
Office Additionated Signer #1 Information								
					Current			
Name and Title					Customer		Yes	No
81					0 11 01 11			
Physical Address					Cell Ph. #			
Martine Address					Lister Bloom	.,		
Mailing Address					Home Ph. #	+		
City State 7ia					0			
City, State, Zip					Occupation	1		
Social Socurity #					Data of Dist	th		
Social Security #					Date of Birt	ul		
Driver's License #					Eve D-+-			
Driver's License #					Exp. Date			
Email								
Cinnatura					D-4-			

Owner/Authorized Signer	#2 Information			
Name and Title		Current Customer	Yes	No
Physical Address		Cell Ph. #		
Mailing Address		Home Ph. #		
City, State, Zip		Occupation		
Social Security #		Date of Birth		
Driver's License #		Exp. Date		
Email			1	
Signature		Date		
Owner/Authorized Signer	#2 Information			
Owner/Authorized Signer	HOUIIIII C#			
Name and Title		Current Customer	Yes	No
Physical Address		Cell Ph. #		
Mailing Address		Home Ph. #		
City, State, Zip		Occupation		
Social Security #		Date of Birth		
Driver's License #		Exp. Date		
Email				
Signature		Date		
Owner/Authorized Signer	#4 Information			
Name and Title		Current Customer	Yes	No
Physical Address		Cell Ph. #		
Mailing Address		Home Ph. #		
City, State, Zip		Occupation		
Social Security #		Date of Birth		
Driver's License #		Exp. Date		
Email				
Signature		Date		
Jibilatule		Date		

Beneficial Owners	hip Information		
	ing information for each individual, if any, who, directly,		=
_	ationship or otherwise, owns 25% or more of the equity in the definition, please check "Beneficial Owner Not Applications and the control of		
☐ Beneficial	Owner Not Applicable		
For a person with a	a Social Security Number (SSN) or Individual Taxpayer Ide	entification Number (ITIN),	provide the SSN/ITIN. For a
foreign person wit	hout a SSN/ITIN, provide a Passport Number and Country	y of Issuance. In lieu of a pa	ssport, foreign persons may
•	government-issued Alien ID or other foreign governmen	t-issued documents evider	icing nationality or
residence and bea	ring a photograph or similar safeguard.		
Beneficial Owne	r #1 Information		
Name		% of Ownership	
Title		Type of Document	
Date of Birth		ID Number	
SSN/ITIN		Place of Issuance	
Beneficial Owne	r #2 Information		
Name		% of Ownership	
Title		Type of Document	
Date of Birth		ID Number	
SSN/ITIN		Place of Issuance	
,			
Beneficial Owne	r #3 Information		
Name		% of Ownership	
Title		Type of Document	
Date of Birth		ID Number	
SSN/ITIN		Place of Issuance	
3311/11111		riace of issuance	
Beneficial Owne	r #4 Information		
Name		% of Ownership	
Title		Type of Document	
Date of Birth		ID Number	
SSN/ITIN		Place of Issuance	
3314/11114		1 lace of issuance	
Control Informat	tion		
	wing information for one individual with significant	rosponsibility for manag	ing the legal entity listed
	in executive officer or senior manager (e.g., Chief Ex		
· ·			
	r, Managing Member, General Partner, President, V	ice President, Treasurer)	; or, any other individual
	rforms similar functions.		le a cation le alou.
Control Owner I	n individual listed under the Ownership Section aboun	ve may also be listed in t	HE SECTION DEIOW.
Name		% of Ownership	
Title		Type of Document	
Date of Birth		ID Number	
SSN/ITIN		Place of Issuance	

Privacy ion Information

FACTS

WHAT DOES FIRST STATE BANK OF BEDIAS DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include: (Social Security number • Account Balances • Payment HistoryTransaction or Loss History • Credit History • Checking Account Information) When you are no longer our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons First State Bank of Bedias chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does First State Bank of Bedias Share?	Can you limit this sharing?
For our everyday business purposes- such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes- to offer our products and services to you	No	We don't share
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

What We Do	
How does First State Bank of Bedias protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate.
How does First State Bank of Bedias collect my personal information?	We collect your personal information, for example, when you (Open an account • Deposit Money Apply for a loan • Use your credit or debit card • Show you driver's license). We also collect your personal information from others, such as credit bureaus, affiliates, or other companies
Why can't I limit all sharing?	Federal law gives you the right to limit only sharing for affiliates' everyday business purposes - information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you, State laws and individual companies may give you additional rights to limit sharing. See back for more on your rights under state law.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and non-financial companies First State Bank of Bedias has no affiliates
Nonaffiliates	Companies not related by common ownership or control. They can be financial and financial companies. First State Bank of Bedias does not share with nonaffiliates so they can market to you.
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. First State Bank of Bedias doesn't jointly market.

QUESTIONS?

Call: 936-395-2141 or go to www.bediasbank.com

Other Important Information

For Texas Customers. The First State Bank of Bedias is chartered, licensed or registered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. Any consumer wishing to file a complaint against the First State Bank of Bedias should contact the Texas Department of Banking through one of the means indicated below: In person, or by U.S. mail: 2601 North Lamar Boulevard, Suite 300, Austin, Texas 78705-4294; Telephone No. (877) 276-5554; Fax No. (512) 475-1313; E-mail: consumer.complaints@dob.texas.gov, Website: www.dob.texas.gov.