



Personal Account Application

Please complete this application in blue or black ink. Be sure to print clearly.

PRIMARY ACCOUNT HOLDER INFORMATION

All applicants

Name: Mr. Mrs. Ms. Dr. _____
Title (optional) First Name MI Last Name

Social Security #: _____ Mother's Maiden Name: _____

Mailing Address: _____
If this is a post office box, please also provide your street/residential address. Circle the address we should use for mailing.

City: _____ State: _____ ZIP Code: _____

County of Residence: _____ What is your citizenship? ☐ USA ☐ Other: _____

Previous Address (if less than 2 years): _____

Driver's License #: _____ State: _____ Email Address: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Employer Name: _____ How long at current employer? _____ years
If you are self-employed, please describe the nature of your business

Employer Address: _____ Employer Phone #: _____

City: _____ State: _____ ZIP Code: _____

JOINT ACCOUNT HOLDER INFORMATION

Leave blank if you are applying for an individual account

Name: Mr. Mrs. Ms. Dr. _____
Title (optional) First Name MI Last Name

Social Security #: _____ Mother's Maiden Name: _____

Mailing Address: _____
If this is a post office box, please also provide your street/residential address. Circle the address we should use for mailing.

City: _____ State: _____ ZIP Code: _____

County of Residence: _____ What is your citizenship? ☐ USA ☐ Other: _____

Previous Address (if less than 2 years): _____

Driver's License #: _____ State: _____ Email Address: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Employer Name: _____ How long at current employer? _____ years
If you are self-employed, please describe the nature of your business

Employer Address: _____ Employer Phone #: _____

City: _____ State: _____ ZIP Code: _____

ACCOUNT OWNERSHIP

- ☐ Individual ☐ Joint – With Survivorship (upon death of one party, ownership passes to surviving party)
- ☐ Specific Title ☐ Joint – No Survivorship (upon death of one party, ownership passes to party's estate)
- Title: _____ For accounts with specific title only, i.e.,
Revocable Trust, Pay-on-Death Account, etc.

DEPOSIT ACCOUNT SELECTION**All applicants**

Please check the box next to the account(s) you would like to open and indicate the initial deposit amount for each account.

CHECKING ACCOUNT (minimum \$100 to open Interest Checking; \$25 to open Free Checking)

- ☐ Interest Checking \$ _____ ☐ Free Checking \$ _____

Would you like a First IB Check Card, the card that lets you make purchases anywhere VISA® debit cards are accepted and withdraw cash at any PLUS® or Interlink® ATM or point-of-sale terminal?

- ☐ Yes, for the primary account holder ☐ Yes, for the joint account holder

Would you like Overdraft Protection on your checking account? (Overdraft Line of Credit subject to approval)

- ☐ Yes, please use my Money Market Savings, Regular Savings, or Free Savings account for Overdraft Protection
- ☐ Yes, I would like to be considered for an Overdraft Line of Credit

For consideration for an Overdraft Line of Credit, please provide your gross monthly income. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

\$ _____

SAVINGS ACCOUNT (minimum \$100 to open Money Market Savings, Regular Savings, Tomorrow's Tycoons; \$25 to open Free Savings)

- ☐ Money Market Savings \$ _____ ☐ Regular Savings \$ _____
- ☐ Free Savings \$ _____ ☐ Tomorrow's Tycoons \$ _____

Would you like a First IB ATM Card, the card that lets you withdraw cash at any PLUS® or STAR® ATM or point-of-sale terminal?

- ☐ Yes, for the primary account holder ☐ Yes, for the joint account holder ☐ No

CERTIFICATES OF DEPOSIT (minimum \$1,000 to open each)

- ☐ 3 Month CD \$ _____ ☐ 6 Month CD \$ _____ ☐ 12 Month CD \$ _____
- ☐ 18 Month CD \$ _____ ☐ 24 Month CD \$ _____ ☐ 36 Month CD \$ _____
- ☐ 48 Month CD \$ _____ ☐ 60 Month CD \$ _____

Select One: ☐ Compound my interest payments ☐ ACH monthly interest ☐ Mail monthly interest checks to me

TOTAL INITIAL DEPOSIT**All applicants**

Total Initial Deposit (sum of amounts entered above): \$ _____ will be made via:

- ☐ ACH Deposit (First IB will debit a checking or savings account you hold at another financial institution through ACH)

Important Note regarding ACH deposits: If you opt to open your account using an ACH deposit, the initial deposit amount is limited to a \$500 maximum. You must also complete an ACH Deposit (Credit) Pre-Authorization Form and submit it along with a voided check or deposit slip when you return your signed application to us.

- ☐ Check (Make check payable to First Internet Bank and enclose your check with this application)

- ☐ Credit Card Card Number: _____ Expiration Date: _____

Three-Digit Code: _____ The three-digit code can be found following the card number in the signature strip on the back of your credit card.

Important Note regarding VISA deposits: If you opt to open your account using a VISA card, the initial deposit amount is limited to a \$500 maximum. Your account will not be charged until your application has been approved.

- ☐ Wire Transfer (First IB's routing number – 074014187 – Note "New Account" in the wire transfer instructions.)

ACCOUNT BENEFICIARIES**All applicants**

Primary Beneficiary Name: _____ Relationship: _____

Secondary Beneficiary Name: _____ Relationship: _____

WITHHOLDING CERTIFICATION

Check all that apply:

- ☐ TAXPAYER ID NUMBER: The Taxpayer Identification Number (TIN) shown above is my correct identification number.
- ☐ BACKUP WITHHOLDING: I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- ☐ EXEMPT RECIPIENTS: I am an exempt recipient under the Internal Revenue Service Regulations.
- ☐ NONRESIDENT ALIENS: I am neither a citizen nor a resident of the United States.

EXPECTED ACCOUNT USE**Checking and/or Savings account applicants**

First IB works to combat fraud and protect the confidential information of its customers. One way we do this is by monitoring account activity. Please help us understand your expected use of the account you are opening today so that we know what "normal" activity will be on your account.

Do you maintain a residence outside the US? ☐ Yes ☐ No If so, how long have you maintained this residence? _____ years

City and country of residence: _____

How many international wire transfers do you anticipate sending and receiving each year? ☐ 0 ☐ 1-6 ☐ 7-12 ☐ 13+In your current banking relationships, how many cash or check deposits in excess of \$5,000 have you made in the past 12 months? ☐ 0 ☐ 1-6 ☐ 7-12 ☐ 13+How many ATM cash withdrawals do you make on a monthly basis? ☐ None ☐ 1 - 4 ☐ 5+On average, how much do you withdraw per ATM visit? ☐ Less than \$100 ☐ \$100 - 300 ☐ More than \$300

First IB may request periodic updates of this information once your accounts are established. Transaction volumes that are inconsistent with the information you have provided us may result in a block on account activity.

ONLINE BANKING ACCESS**All applicants**

If you would like to have access to your account through our online banking system, you must agree to the terms and conditions of our Online Banking Access Agreement. To view the Online Access Banking Agreement, please point your browser to the following URL: http://www.firstib.com/details/disclosures/online_access

- ☐ Yes, I/we would like access to my/our First IB account(s) through the online banking system. I/we have reviewed the Online Banking Access Agreement and agree to its terms.
- ☐ No, I/we do not wish to have access to my/our First IB account(s) through the online banking system at this time.

STATEMENTS AND DISCLOSURES**All applicants**

Government regulations require that we make certain disclosures available to you when you apply for an account. Those disclosures have been enclosed with this application. We cannot process your application unless you indicate you have received the disclosures.

- ☐ I/we have received the disclosures.

You may choose to receive statements and other disclosures electronically or by mail. There is a fee to receive certain account statements (i.e., checking and savings accounts) by mail; refer to our current fee schedule for this information. All electronic statements are available free of charge; however, you must have access to First IB's online banking system, Adobe Acrobat® Reader (latest version recommended), an active email account, and a browser compatible with then-posted our security requirements.

Please indicate how you prefer to receive statements and disclosures after we have opened your account.

- ☐ I/we prefer to receive my/our statements and other disclosures electronically. I/we understand that if I/we with at any time to obtain a printed copy of a statement, I/we may make this service request through the online banking system or by contacting a First IB Banking Specialist by phone or by email. If I/we later wish to stop receiving electronic statements and disclosures altogether and instead receive statements and disclosures exclusively by mail, I/we may make this request in writing or through the online banking system by following the on-screen instructions.

In order to receive your statements and disclosures electronically, you must have selected Online Banking Access on the previous page. Additionally, you must demonstrate that you meet the requirements outlined above. Using either Microsoft Internet Explorer 8.0 or higher, Chrome, Firefox or Safari 6 or higher, please point your browser to the following URL and write down the code that you see on the page. **Please note that we will not be able to send you statements and disclosures electronically unless the code you enter is correct.**

<https://www.firstib.com/secure/acroconfirm.pdf>

Code: _____

- ☐ I/we prefer to receive statements and disclosures by mail and understand that there may be fees associated with doing so.
- ☐ This application is for a CD only. I/we understand that I/we will not receive periodic statements from First IB unless we elect to receive monthly interest payments via ACH. I/we understand that I/we will receive all required disclosures by mail at no cost to me/us.

From time to time, First IB may change policies, procedures, and/or fees that relate to your First IB account. Government regulations require that we notify you of any such changes that will have an adverse effect on your account. You will receive such notification either electronically or by mail, depending upon the method you selected above for statements and disclosures.

SIGNATURE**All applicants**

By signing below, I/we acknowledge that this is an application for an account with First Internet Bank of Indiana (First IB). I/we authorize First IB to verify my/our financial information, data and employment history(ies) by any necessary means, including obtaining a consumer report by any consumer reporting agency. In accordance with the USA PATRIOT Act of 2001, First IB may request additional information or documents to be submitted in order to verify my/our identity(ies) prior to opening an account. I/we understand that First IB will retain this application and any supplemental documentation whether or not it is approved.

I/we agree to the terms and conditions of the deposit account and acknowledge receipt of the required disclosures. I/we also authorize additional deposit accounts I/we may request in the future via voice, email, or other online communications. Should we request additional deposit accounts, I/we authorize First IB to verify my/our financial information, data and employment history(ies) by any necessary means, including obtaining a consumer report by any consumer reporting agency.

If I/we have asked to be considered for an Overdraft Line of Credit, I/we agree to be governed by the terms and conditions of the Overdraft Line of Credit account as described in the agreement, disclosure statement, and notice of billing rights which I/we have received and reviewed. The statements herein are made for the purpose of obtaining credit and are true, accurate, and complete to the best of my/our knowledge and belief. First IB is authorized to answer questions about my/our credit experience. I/we understand and agree that use of the Overdraft Line of Credit shall evidence acceptance of the terms and conditions of the Overdraft Line of Credit Agreement. I/we also understand and agree that First IB may change the interest rate charged on the Overdraft Line of Credit from time to time upon notice as provided for in the Overdraft Line of Credit Agreement.

X _____
Primary Account Holder Date

X _____
Joint Account Holder Date

ATTENTION! If this is a joint account application and you have asked to be considered for an Overdraft Line of Credit, both applicants must initial here: **We intend to apply for joint credit.**

Primary Account Holder

Joint Account Holder

Thank you! If you are making an initial deposit by check, you must return your signed Account Application in the enclosed envelope with your initial deposit. Otherwise, you may return this application in the enclosed envelope or by fax at 1-888-644-8678.