



Individual Retirement Account (IRA)
Application to Participate

STATE Bank Number Branch Number Customer Number

Account holder Information

Form for account holder information including Name, Date of Birth, Social Security Number, Customer Address, Street Address if Different, Home Phone, and Work Phone.

Beneficiary Information

Form for beneficiary information including Name, Relationship, Social Security Number, Date of Birth, Beneficiary Address, and Percentage for multiple beneficiaries. Includes a signature line for the spouse and a date field.

Adoption and Acknowledgment

Acknowledgment text: 'This application to participate is made a part of the Individual Retirement Account. I acknowledge receipt of the plan instrument...' and 'By signing, I acknowledge receiving and agree to each and every term, condition, and provision of the Deposit Agreement...'.

Account holder's Signature Date Accepted By: Authorized Regions Signature

IRA Account Opening

In order to comply with the U.S. Patriot Act, please respond to the following questions

Name of current employer _____

Occupation _____

Number of years at current employer _____

Years at current residence _____

Are you a US Citizen? Yes _____ No _____

Are you a current or former foreign political official, or an associate or family member of one? Yes _____ No _____

Signature: _____

Print name: _____

If you have any other questions or concerns, contact me toll-free at 1-800-388-4727.