



CURRENT ACCOUNT HOLDER INFORMATION

Current Customer Name: First Name MI Last Name

Social Security #: Account(s) you wish to make joint accounts:

JOINT ACCOUNT HOLDER INFORMATION

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

Social Security #: Mother's Maiden Name: If the joint account holder is already a First IB customer, it is not necessary to complete the remaining questions in this section.

Date of Birth: Home Phone: Work Phone:

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:

How long at current residence? Years Previous Address (if less than 2 years):

Driver's License #: State: Email Address:

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:

DEPOSIT ACCOUNTS AND SERVICES

Please check the box next to the account(s) you would like to make joint accounts.

CHECKING ACCOUNT

Interest Checking Free Checking

- Check here if you would like the joint account holder to have a First IB Check Card... Check here if you currently have an Overdraft Line of Credit and would like to add the new joint owner as a joint owner on an Overdraft Line of Credit.

Both parties must initial to indicate acceptance of this statement. We intend to apply for joint credit. Further, 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 we have received and reviewed.

Primary Account Holder

Joint Account Holder

SAVINGS ACCOUNT

Money Market Savings Regular Savings Free Savings Tomorrow's Tycoons

- Check here if you would like the joint account holder to have a First IB ATM Card, the card that lets you withdraw cash at any PLUS or STAR ATM or point-of-sale terminal.

**CERTIFICATES OF DEPOSIT**

All CDs I hold at First IB       Only the following CDs (list 3-digit product codes): \_\_\_\_\_

**ACCOUNT OWNERSHIP & BENEFICIARY DESIGNATION (all deposit account holders must complete this section)**

Joint – With Survivorship       Joint – No Survivorship

Specific Title (i.e., Revocable Trust, Pay-on-Death Account, etc.): \_\_\_\_\_

Primary Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CREDIT CARD ACCOUNTS**

Please check the box below if you wish to add a joint owner to your First IB credit card account. This offer is subject to credit approval.

CONNECT Classic or Select

Both parties must initial to indicate acceptance of this statement. **We intend to apply for joint credit.** Further, By signing this agreement, we agree to be governed by the terms and conditions of the VISA account as described in the cardholder agreement, disclosure statement and notice of billing rights which 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 our knowledge and belief. First Internet Bank of Indiana is authorized to answer questions about my credit experience.

\_\_\_\_\_  
Primary Account Holder

\_\_\_\_\_  
Joint Account Holder

**ONLINE BANKING ACCESS**

If you would like to the joint account holder to have access to your account(s) through our online banking system, you must agree to the terms and conditions of our Online Banking Access Agreement, which is available through the First IB website.

Yes, please grant the joint account holder access to our First IB account(s) through the online banking system. We have reviewed the Online Banking Access Agreement and agree to its terms.

No, we do not wish for the joint account holder to have access to our First IB account(s) through the online banking system at this time.

**CURRENT ACCOUNT HOLDER SIGNATURE**

I authorize First Internet Bank of Indiana (also known as First IB), to add the above named individual to the selected existing account(s) at First IB.

X \_\_\_\_\_  
Primary Account Holder      Date

**JOINT ACCOUNT HOLDER SIGNATURE**

By submitting this information, you acknowledge that this is an application for an account with First Internet Bank of Indiana. In accordance with the USA PATRIOT Act of 2001, we may request additional information or documents to be submitted in order to verify your identity prior to opening an account. The approval process may include an inquiry into your past banking relationships as well as a review of your credit history.

By the signature below, I agree to the Terms and Conditions of your Deposit Account and acknowledge receipt of the Disclosures. I also authorize additional deposit accounts and services I may request in the future via voice, email or other online or electronic communications.

SIGNATURE: I certify under penalties of perjury the information provided in this application.

X \_\_\_\_\_  
Joint Account Holder      Date

Please complete both pages and return them, signed, to First Internet Bank of Indiana, PO Box 6080, Fishers, IN 46038. If you prefer, you may fax the form, toll-free, to us at 1-888-644-8678. The joint account holder will receive a confirmation from First Internet Bank once we have set up his/her account. If you have questions regarding this application, please call us toll-free at 1-888-873-3424.