



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, the card that lets you make purchases anywhere VISA® debit cards are accepted and withdraw cash at any PLUS® or STAR® ATM or point-of-sale terminal.

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. 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 check our credit and employment history and to answer questions about our credit experience. 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. We also understand and agree that First Internet Bank of Indiana 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.

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.