

Account Agreement

Date: 12/02/2008

Institution Name & Address

First Bank and Trust, SB
Main Office
101 South Central Ave
P.O. Box 880
Paris, Illinois 61944
800 228-6381

Internal Use 01-4012792-8

Teller's initials ad

Account Title & Address

COUNTY OF EDGAR
EDGAR COUNTY AIRPORT COMMITTEE
Jack Asher Authorized Signer
Christopher Patrick Authorized Signer
236 W Court St
Paris, IL 61944

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Ownership of Account

The specified ownership will remain the same for all accounts.

- Individual
- Joint with Survivorship (not as tenants in common)
- Joint with No Survivorship (as tenants in common)
- Trust-Separate Agreement Dated: _____
- political subdivisio
- Corporation - For Profit
- Corporation - Nonprofit
- Partnership
- Sole Proprietorship
- Limited Liability Company

Beneficiary Designation

(Check appropriate ownership above.)

- Revocable Trust
- Pay-On-Death (POD)
-

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.


Number of signatures required for withdrawal: 2

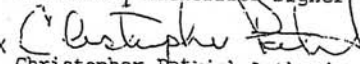
Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions
- Electronic Fund Transfers
- Substitute Checks
- Common Features
- Privacy
- Truth in Savings
- Funds Availability
-

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X]  Jack Asher Authorized Signer]

2 [X]  Christopher Patrick Authorized Signer]

3 [X] . 4 [X]

Owner/Signer Information 1

Name	Jack Asher Authorized Signer
Relationship	
Address	236 W Court St Paris, IL 61944
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	859193181
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

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Owner/Signer Information 2

Name	Christopher Patrick Authorized Signer
Relationship	
Address	236 W Court St Paris, IL 61944
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	357430492
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst	

Owner/Signer Information 4

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 37-6000746

- Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer 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 all 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.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X *[Signature]* (Date)

Non-Individual Owner Information

Name	COUNTY OF EDGAR
EIN	37-6000746
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	236 W Court St Paris, IL 61944
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description | Account # | Initial Deposit/Source

Account Description	Account #	Initial Deposit/Source
1 YEAR CERTIFICATE	01-4012792-8	\$ 72,000.16 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> add signer
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested

- ATM
- Debit/Check Cards (No. Requested: _____)
- _____
- _____

Other Terms/Information
