

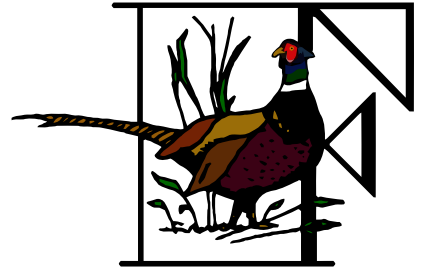
Account Enrollment Application & Disclosure

Application Details:

Date _____ Branch _____

New Transfer Account # _____
For Bank Use Only

Representative _____ Referred By _____



Customer Information:

Last (Primary) First Middle Initial

Last (Joint) First Middle Initial

Last (Joint) First Middle Initial

Address City / State / Zip

Phone Email Address

Please review and initial one:

Initial

I accept the 30-Day GenGold® Free Trial Offer. I understand I can activate my complementary Identity Theft & Security Center Program Featuring restoration Rescue® and that I will have access to all of the membership benefits included with the program. After the 30-Day Free Trial, I understand my account will be debited each statement cycle in the amount of \$5.00. I also understand that I can notify the Bank and opt out of the Program and membership fee at any time.

Initial

I decline the 30-Day GenGold® Free Trial Offer. I understand that I will not be covered with Identity Theft & Security Center Program Featuring restoration Rescue® or have access to any of the membership benefits included with this program.

I (We) hereby accept the offer of Fowler State Bank to participate in the benefits program offered by Generations Gold Inc. I (We) agree to pay the monthly fees as noted above and on the bank's Fee Schedule which may change without notice. I (We) understand that this financial institution makes no representation, expressed or implied, regarding the quality of service and products provided by the participant and shall have no liability in connection therewith. All liabilities, claims, damages and demands are the sole and direct responsibility of Generations Gold and its independent benefits program. I (We) hereby authorize Fowler State Bank to release any information deemed necessary for participation in the GenGold® program. I (We) understand that the benefits and services are provided by Generations Gold Inc., a fully independent benefits provider and not Fowler State Bank.

Signature _____

Send completed form to Deposit Operations

Office use only:

Received Date: _____ Entered by: _____ Billing Start Date: 15th of the next month _____

Membership # _____ Membership Type: P J E

Teller Alert 2= GenGold®

Email Newsletter

Submit Application