

**BRUNSTING FAMILY IRREVOCABLE TRUST**

Tax ID Number  
**08519**

Branch Number

Restyled Date

Account Styling

ACCOUNT INFORMATION				Date Closed	Closing Reason Code	Customer(s) Authorization To Add New Account
Type	Account #	Date	By			
	9206643	02/20/97				

You begin a deposit account relationship with Bank of America Texas, N.A., by giving us information about yourself, that we place on our computer system, and by signing this agreement.

For most accounts, we'll give you a VERSATEL® Card, which you may use to identify yourself at our branches. You may also use your card for VERSATEL® Services if you request a personal identification number (PIN).

The *FACTS About Personal Deposit Account Programs Disclosure and Agreement* information we give you is part of this agreement and tells you the current terms at any time. We will inform you of changes that affect your rights and obligations.

**ACCOUNT OWNERSHIP**

**UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM:**

The type of account ownership you select will determine how property passes on your death. Your will may not control the disposition of funds held in some of the following account ownerships. See your *FACTS About Personal Deposit Account Programs Disclosure and Agreement Booklet* for details.

Select one of the following account ownerships by placing your initials next to the ownership selected:

(Initials)

- Single-Party Account without Payable on Death Designation
- Convenience Account with Authorized Signers
- Multiple-Party Account without Right of Survivorship Designation
- Convenience Account with Authorized Signers
- Multiple-Party Account with Right of Survivorship Designation
- Convenience Account with Authorized Signers
- TRUSTEE OF DISCLOSED TRUST**
- Revocable Trust
- Other

**X CERTIFICATION**

Under the penalties of perjury, the first listed designated accountholder (the "Owner") certifies that (check applicable blank):

- (1)(a) The taxpayer identification number (TIN) listed above is Owner's correct taxpayer identification number (or Owner is waiting for a number to be issued); and
- (b) Owner is not subject to backup withholding because (i) Owner is exempt from backup withholding; or (ii) Owner has not been notified by the Internal Revenue Service (IRS) that Owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (iii) the IRS has provided notification that Owner is no longer subject to backup withholding. (NOTE: Owner must strike out this item (b) if Owner has been notified by the IRS that Owner is currently subject to backup withholding because of underreporting interest or dividends on Owner's tax return); or
- (2) The above taxpayer identification number is Owner's correct taxpayer identification number (or Owner is waiting for a number to be issued), but Owner is an **exempt** recipient under U.S. Income Tax Regulations; or
- (3) Owner is neither a U.S. citizen or resident, or is a foreign corporation, partnership or trust, and qualifies as a "foreign person" under U.S. Income Tax Regulations. (NOTE: On multiple-party accounts in which each multiple-party owner is a foreign person, each must provide this certification.)

**AUTHORIZED SIGNATURES**

By signing below each accountholder hereby applies for Account(s) at Bank of America Texas, N.A., and its successors and assigns ("BofA") under its *FACTS About Personal Deposit Account Programs Disclosure and Agreement* as in effect from time to time and makes the certification above and the representations and agreements set forth in the *FACTS About Personal Deposit Account Programs Disclosure and Agreement Booklet*, receipt of which is hereby acknowledged.

Each of the undersigned is authorized to act with respect to the account(s) described above and BofA is authorized to act in all matters relating to such account(s) upon the written order of any one of the undersigned until it receives written advice to the contrary from the accountholder or any of its authorized representatives.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) \_\_\_\_\_

(Printed) Anita K Riley

X Anita K Riley

(Printed) \_\_\_\_\_

X \_\_\_\_\_

**CUSTOMER**

**TRUSTEE ACCOUNT/BENEFICIARY INFORMATION**

All beneficiaries of this account are individuals. I certify that the funds in this account represent only funds that are beneficially owned by individuals and I agree that no funds will be deposited to this account unless they are beneficially owned by individuals.

Account #	Beneficiary Name	Birthdate	Customer's Initials*

List the account number and the beneficiary information associated with each account.

\*Required to confirm designated beneficiary(ies).

Documentation Received: (if applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> Court Order             | <input type="checkbox"/> Trust Agreement      |
| <input type="checkbox"/> Letters of Guardianship | <input type="checkbox"/> Letters Testamentary |
| <input type="checkbox"/> Power of Attorney       | <input type="checkbox"/> Other _____          |

**OVERRIDES**

Reasons	Branch Manager's Approval
<input type="checkbox"/> Chex Systems	
<input type="checkbox"/> Opening Deposit Amount	

Cust. Since	New	Change	Renewal	Restyle	Acct. Type Change	Ret.	Chex	Officer 1	Officer 2	Unit #
	X						NO			08519

CUSTOMER 1					CUSTOMER 2				
Customer Type	Customer Number	Cust. Rel	DOB		Customer Type	Customer Number	Cust. Rel	DOB	
I		038	02/12/97		I		036	08/07/63	
Name		Sex	Address		Name		Sex	Address	
BRUNSTING FAMILY IRREVOCABLE TRUST			203 BLOOMINGDALE CIR.		ANITA K RILEY		F	203 BLOOMINGDALE CIR.	
City		State	Zip	Country	City		State	Zip	Country
VICTORIA		TX	77904	US	VICTORIA		TX	77904	US
Tax ID Code	Tax Number	SSN Yr.	SSN State		Tax ID Code	Tax Numl	SSN Yr.	SSN State	
F	766-12-4195				S				
Area Code	Home Phone	Area Code	Business Phone	Employee	Area Code	Home Phone	Area Code	Business Phone	Employee
				N	512 576 5732		713-464-4399		N
State	Driver's License No.	W/H Code	Exp. Date		State	Driver's License No.	W/H Code	Exp. Date	
	DL	4			TX	DL			
Employer					Employer				
Secondary ID Type					Secondary ID Type				

CUSTOMER 3					CUSTOMER 4				
Customer Type	Customer Number	Cust. Rel	DOB		Customer Type	Customer Number	Cust. Rel	DOB	
Name		Sex	Address		Name		Sex	Address	
City		State	Zip	Country	City		State	Zip	Country
Tax ID Code	Tax Number	SSN Yr.	SSN State		Tax ID Code	Tax Number	SSN Yr.	SSN State	
Area Code	Home Phone	Area Code	Business Phone	Employee	Area Code	Home Phone	Area Code	Business Phone	Employee
State	Driver's License No.	W/H Code	Exp. Date		State	Driver's License No.	W/H Code	Exp. Date	
Employer					Employer				
Secondary ID Type					Secondary ID Type				

TRANSACTION ACCOUNT INFORMATION									
Acct Type	RA Code	Retire Plan	Account #	Deposit	Analysis Code	Statement Cycle Code	Charge/No Charge	Cycles to Waive	User Code
035			8519206643	8,000.00	301	303	1		

CERTIFICATE OF DEPOSIT INFORMATION											
Acct Type	RA Code	Retire Plan	Account #	Deposit	Int. Plan	Int. Pay Method	Int. Freq. ID Term	Term	Rate	Next Interest Date	Maturity Term
1											
2											
Short Name			Account #1 - Transfer Acct. #	Account #2 - Transfer Acct. #	Account #1 - User Code		Account #2 - User Code				
TRUST BRUNSTING FAMILY I											
Source of Funds			Open Date	Prepared By:	FIM By:		Q/C By:				
CASHIERS CHECK			02/20/97	JOHN BEATY							

ACCOUNT NAME AND ADDRESS					ALT ADDRESS					INT CHECK					ATM CARD				
ANITA K RILEY TR OF THE																			
BRUNSTING FAMILY IRREVOCABLE TRUST																			
Comments																			

Customer 1 Signature	Date	Customer 2 Signature	Date
Customer 3 Signature	Date	Customer 4 Signature	Date

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