

ACCOUNT AGREEMENT

AUSTIN BANK, TEXAS N.A.
611 US HWY 271 N
GILMER, TX 75644

Agreement Date: 10/27/2025 By: Marti Hart

- EXISTING Account - This agreement replaces previous agreement(s).
 This is a Temporary account agreement.

Account Description: Austin Star Checking

Checking Savings NOW Money Market

Initial Deposit \$ 100.00 Source: _____

Ownership of Account - CONSUMER Purpose

The types of accounts provided by Texas law have been disclosed on the separate Single-Party or Multiple-Party Account Selection Form Notice (Selection Form Notice), on which the undersigned have initialed to designate the ownership type selected. The undersigned acknowledge(s) receipt of a copy of the completed Selection Form Notice.

Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership
 LLC (LLC tax classification: C Corp S Corp Partnership)
 C Corporation S Corporation Non-Profit

Business: _____

Additional Information: REVISED TO ADD KATHLEEN HART AS OWNER/SIGNER

Backup Withholding Certifications (Non-U.S. Persons) - Use separate Form W-8

By signing at right, I, KATHLEEN ANN HART, certify under penalties of perjury that the statements made in this section are true.

TIN: 561-66-7658 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to 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 Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account 2310069618

Number: _____

Account Owner(s) Name & Address

KATHLEEN ANN HART
ERIC B JONES

300 HIDDEN FALLS DR
GILMER, TX 75645-0103

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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

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

(1): 
 X
KATHLEEN ANN HART

I.D. # 42632214 D.O.B. 10/04/1947

(2): 
 X
ERIC B JONES

I.D. # 675455955 D.O.B. 08/21/1979

(3): 
 X

I.D. # _____ D.O.B. _____

(4): 
 X

I.D. # _____ D.O.B. _____

The person(s) named below are Convenience Signers only (not owners)


 X

I.D. # _____ Other _____


 X

I.D. # _____ Other _____



3. Multiple-Party Account With Right of Survivorship. The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties.

Enter the names of the parties:

KATHLEEN ANN HART

ERIC B JONES

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

4. Multiple-Party Account With Right of Survivorship and P.O.D (Payable on Death) Designation. The parties to the account - own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D. beneficiaries.

Enter the names of the parties:

Enter the name(s) of the P.O.D. beneficiaries:

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

ACKNOWLEDGMENT: I acknowledge that I read each paragraph of this form and have received disclosure of the ownership rights to the accounts listed above. I have placed my initials next to the type of account I want.

 10/27/2025
Signature Date
KATHLEEN ANN HART

10/27/2025
Signature Date
ERIC B JONES

10/27/2025 10/27/2025
Signature Date Signature Date