

(1):



Ina M Henderson

INA M HENDERSON

I.D. #

D.O.B. 12/23/22

S.S.# 306-14-8007

(2):



Walter C. Robbins P.O.A.

WALTER C ROBBINS P.O.A.

GREENFIELD BANKING COMPANY
1105 NORTH STATE
GREENFIELD, IN 46140
(317) 462-3461

ACCOUNT NUMBER 83039937

ACCOUNT OWNER(S) NAME & ADDRESS

INA M HENDERSON
8400 W 400 S
YORKTOWN IN 47396-9500

Revised Date: 03/08/05
ADD P.O.D

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE

- INDIVIDUAL
- JOINT - WITH SURVIVORSHIP (and not as tenants in common)
- JOINT - NO SURVIVORSHIP (as tenants in common)
- TRUST - SEPARATE AGREEMENT:

REVOCABLE TRUST OR PAY-ON-DEATH

DESIGNATION AS DEFINED IN THIS AGREEMENT

Name and Address of Beneficiaries:

WALTER C. ROBBINS (BROTHER)
SS #315-07-0428

- TYPE OF ACCOUNT
- NEW
- EXISTING
- CHECKING
- SAVINGS
- MONEY MARKET
- CERTIFICATE OF DEPOSIT
- NOW

This is your (check one): SUPER NOW
 Permanent Temporary account agreement.

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP
- CORPORATION: FOR PROFIT NOT FOR PROFIT
- PARTNERSHIP

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____

AUTHORIZATION DATED: 03/08/05

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize 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 disclosure(s):

- Deposit Account
- Funds Availability
- Truth in Savings
- Electronic Fund Transfers
- Privacy
- Substitute Checks

DATE OPENED 02/03/87 BY LEONA MELTON

INITIAL DEPOSIT \$

- CASH
- CHECK

HOME TELEPHONE # (000) 000-0000

BUSINESS PHONE # (000) 000-0000

DRIVER'S LICENSE #

E-MAIL

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

(1): [X]
INA M HENDERSON

I.D. # _____ D.O.B. 12/23/22
S.S.# 306-14-8007

(2): [X]
WALTER C ROBBINS P.O.A.

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

(3): [X]

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

(4): [X]

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

Authorized Signer (Individual Accounts Only)
[X]

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

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 306-14-8007

TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) 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.

SIGNATURE: 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] *Ina M Henderson*
(Date) 3-9-05