

First National Bank  
EDINBURG-MAIN  
100 W CANO  
EDINBURG, TX 78539

ACCOUNT NUMBER 14010119

ACCOUNT OWNER(S) NAME & ADDRESS  
COUNTY OF HIDALGO  
URBAN COUNTY PROGRAM  
RETIREMENT PLAN  
100 E CANO 2ND FLOOR  
EDINBURG, TX 78539

OWNERSHIP OF ACCOUNT - CONSUMER (Select one by placing your initials next to account selected.)  
UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE: THE TYPE OF ACCOUNT YOU SELECT MAY DETERMINE HOW PROPERTY PASSES ON YOUR DEATH. YOUR WILL MAY NOT CONTROL THE DISPOSITION OF FUNDS HELD IN SOME OF THE FOLLOWING ACCOUNTS.

- SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (Payable on Death) DESIGNATION
  - SINGLE-PARTY ACCOUNT WITH "P.O.D." (Payable on Death) DESIGNATION
  - MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP
  - MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP
  - MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND "P.O.D." (Payable on Death) DESIGNATION
  - CONVENIENCE ACCOUNT
  - TRUST ACCOUNT (name beneficiaries below)
  - TRUST ACCOUNT SUBJECT TO SEPARATE AGREEMENT
- DATED: \_\_\_\_\_
- OTHER \_\_\_\_\_

DATE OPENED \_\_\_\_\_ BY SOL19SAN  
INITIAL DEPOSIT \$ \_\_\_\_\_  
 CASH  CHECK  UPDATE  
HOME TELEPHONE # \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
BUSINESS PHONE # \_\_\_\_\_  
Name and address of someone who will always know your location: \_\_\_\_\_  
UPDATE: ADD AND REMOVE SIGNERS

Number of signatures required for withdrawal 01  
FACSIMILE SIGNATURE(S) ALLOWED?  YES  NO


[ X ]

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  \_\_\_\_\_

(1): [ X ]  
RAMON GARCIA - COUNTY JUDGE  
I.D. # \_\_\_\_\_ Other \_\_\_\_\_

(2): [ X ]  
DIANA R SERNA - UCP DIRECTOR  
I.D. # \_\_\_\_\_ Other \_\_\_\_\_

(3): [ X ]  
  
FRANCISCO M MARTINEZ - UCP SR ACCT.  
I.D. # \_\_\_\_\_ Other \_\_\_\_\_

(4): [ X ]  
I.D. # \_\_\_\_\_ Other \_\_\_\_\_

[ X ]  
I.D. # \_\_\_\_\_ Other \_\_\_\_\_

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

[ X ]  
I.D. # \_\_\_\_\_ Other \_\_\_\_\_

[ X ]  
I.D. # \_\_\_\_\_ Other \_\_\_\_\_

I.D. # \_\_\_\_\_ Other \_\_\_\_\_

NAME OR NAMES OF BENEFICIARIES:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP  LIMITED LIABILITY COMPANY
- CORPORATION:  FOR PROFIT  NOT FOR PROFIT
- PARTNERSHIP  GOVERNMENT ENTITY

BUSINESS: URBAN COUNTY  
COUNTY & STATE OF ORGANIZATION: HIDALGO, TEXAS  
AUTHORIZATION DATED: \_\_\_\_\_

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

ACCOUNT NAME: PUBLIC FUND NOW  
 This is a Temporary account agreement.

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 74-2512905

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. citizen or other U.S. person (as defined in the instructions).

[ X ] Norma G. Garcia 12/03/10  
COUNTY OF HIDALGO (Date)