FIRST NATIONAL BANK TEXAS/FIRST CONVENIENCE BANK - Signature Card

Tracking Number = [618A944] Account Number = [487334553] Signature Card 1 Of 1

Owner (1) Full Name (First Middle Last) (Required): SHELIA DENISE FARRINGTON
Social Security Number (Required): [redacted]7085

Physical Address (Required): [redacted] UNIVERSITYPARK, TX 75205 USA
Email Address (Optional):

Mailing Address (If different from above):

Date of Birth (Required): [redacted]1963 | Home Phone no.: [redacted]2942 | Work Phone No.: (469) 916-4415 Ext: | Employer Name/Occupation (Rank if Military): WEALTH COACHES

Primary Identification obtained (Required): ☑ Drivers License
Date of Issue: None | ID Number: [redacted] | State/Country of Issue: TX | Expiration Date: 11/10/2004

Is information on primary ID current? ☐ Yes ☑ No If NO, existing account holder? ☐ Yes ☑ No If NO, One of the below listed sec. forms of ID is also required
☑ Social Security Card ☐ Insurance Card ☐ Credit/Debit Card ☐ Voter Registration Card ☐ Utility Bill ☐ Property Tax Bill ☐ Student ID

I hereby request the card(s) checked and agree to the terms set forth in the Gold Key® and Check/ATH Cardholder Agreement
☐ Debit MasterCard® ☑ Gold Key® ATM Card
Mother's Maiden Name:
Card Number (Must be all 16 Numbers): [redacted]4685

Owner (2) Full Name (First Middle Last) (Required):
Social Security Number (Required):

Physical Address (Required):
Email Address (Optional):

Date of Birth (Required): | Home Phone no.: | Work Phone No. Ext: | Employer Name/Occupation (Rank if Military):

Primary Identification obtained (Required): ☐ Drivers License ☐ State I.D. Card ☐ Military I.D. Card ☐ Passport ☐ U.S. Alien Registration Card
Date of Issue: | ID Number: | State/Country of Issue: | Expiration Date:

Is information on primary ID current? ☐ Yes ☐ No If NO, existing account holder? ☐ Yes ☐ No If NO, One of the below listed sec. forms of ID is also required
☐ Social Security Card ☐ Insurance Card ☐ Credit/Debit Card ☐ Voter Registration Card ☐ Utility Bill ☐ Property Tax Bill ☐ Student ID

I hereby request the card(s) checked and agree to the terms set forth in the Gold Key® and Check/ATH Cardholder Agreement
☐ Debit MasterCard® ☐ Gold Key® ATM Card
Mother's Maiden Name:
Card Number (Must be all 16 Numbers):

Authorized Agent Full Name (First Middle Last) (Required):
Social Security Number (Required):

Physical Address (Required):
Email Address (Optional):

Date of Birth (Required): | Home Phone no.: | Work Phone No. Ext: | Employer Name/Occupation (Rank if Military):

Primary Identification obtained (Required): ☐ Drivers License ☐ State I.D. Card ☐ Military I.D. Card ☐ Passport ☐ U.S. Alien Registration Card
Date of Issue: | ID Number: | State/Country of Issue: | Expiration Date:

Is information on primary ID current? ☐ Yes ☐ No If NO, existing account holder? ☐ Yes ☐ No If NO, One of the below listed sec. forms of ID is also required
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I hereby request the card(s) checked and agree to the terms set forth in the Gold Key® and Check/ATH Cardholder Agreement
☐ Gold Key® ATM Card
Card Number (Must be all 16 Numbers):

BANK USE ONLY
Verified By:

Date: 08/18/2004 | Account Type: 60 - BONUS BANKING-BASIC PLAN | ☑ New ☐ Revised (Reason) | Direct Deposit Code: ☐ Civilian ☐ Military

I certify that all statements above are true and made for the purpose of opening an account with the bank. I authorize the bank to check my credit and employment history. When my account is opened by the bank, this signature card constitutes a contract and my account will be governed by this contract and the bank's DEPOSIT AGREEMENT which may be amended by the bank from time to time.

Account Title: SHELIA DENISE FARRINGTON
Reg CC Hold Amount: $0.00

Account #: [redacted]4553 | RC #: 648 | EMP: 14121 | Class Code: | Approval:

Signatures:
Owner #1: Shelia Farrington 8/18/04
Owner #2:
Agent:

GOVERNMENT EXHIBIT
5004
3:07-CR-0289-M

OPTIONAL POD/SURVIVORSHIP DESIGNATION

Your selection will determine how property passes on your death. If selected, the account will not be part of the estate of the party or parties who owned the account. You should consult your attorney concerning the effect of this selection. See Deposit Agreement for additional information.

Initial next to your selection.

_____P.O.D. Account (Payable on Death Account). 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 POD beneficiaries.

Payable on Death to: [redacted] Relationship: Daughter

Payable on Death to: Regina Gunn J Relationship: Sister

Payable on Death to: Donald Hill Relationship: Friend

Each Owner must initial for this section

_____Right of Survivorship - Each owner owns the account in proportion to that Owner's net contributions to the account. The Bank may pay any sum in the account to any Owner at any time. On the death of an Owner, that Owner's ownership of the account passes to the _____surviving Owners as the separate property and estate of each of them.

BACKUP WITHHOLDING CERTIFICATION

Under penalties of perjury I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien)

Certification Instructions: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

Signature of U.S. Person (Owner #1) Shirley Farrington

NOTARY OATH (For Existing Account Holders ONLY)

The State of _____ **The County of/Parish** _____

BEFORE ME, the undersigned, on this day personally appeared _____ known to me to be the person(s) whose name(s) is subscribed to the foregoing instrument and being by me first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

_____
Signer

Subscribed and sworn to before me, this _____ day of _____, 20_____, A.D. to certify which witness my Hand and Seal of office:

(SEAL)

_____
Notary Public - Signature

OWNER #1
Right Thumbprint

OWNER #2
Right Thumbprint

Agent
Right Thumbprint

Designation of Successor Custodian By Custodian For TUTMA Account

(The successor custodian designated below by the custodian must be an adult other than the transferor or a trust company.)
I am the custodian of this account for _____ under the Texas Uniform
Child's Name

Transfers to Minors Act. I hereby designate _____ as successor custodian for such minor under the Texas Uniform Transfer to Minors Act, effective upon my resignation, death, incapacity, or removal.

_____
Signature of Custodian

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Date: July 21, 2005
Account Number: [redacted]4553
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SHELIA DENISE FARRINGTON
AUK- RETURN MAIL
DALLAS, TX 75205-1037-22

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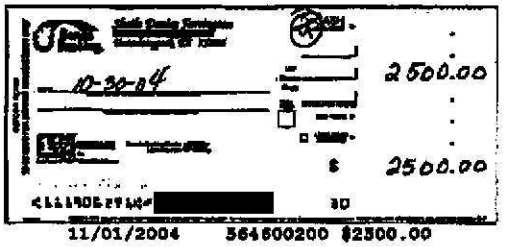

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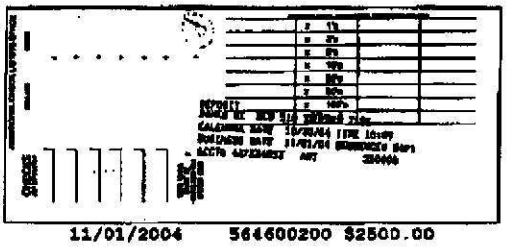

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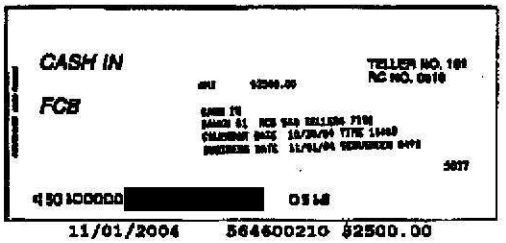

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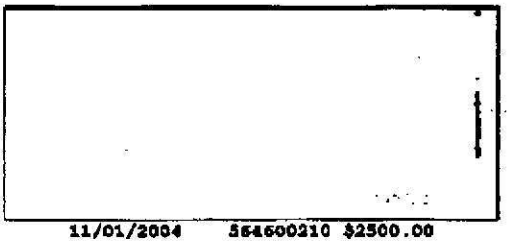

11/01/2004 564600210 $2500.00

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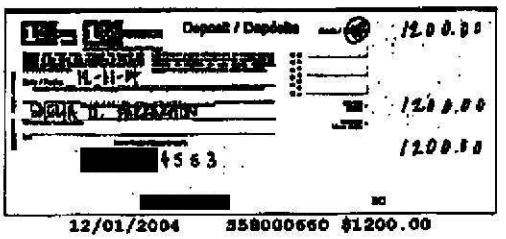

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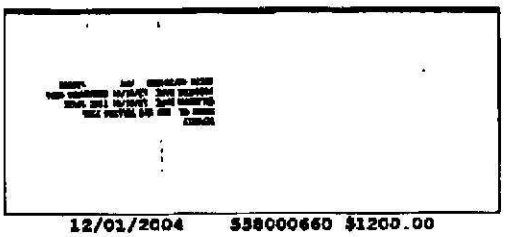

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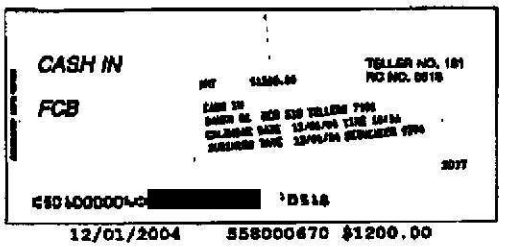

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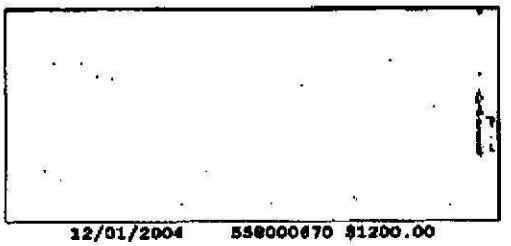

12/01/2004 558000670 $1200.00

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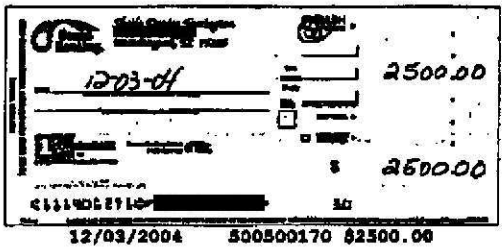

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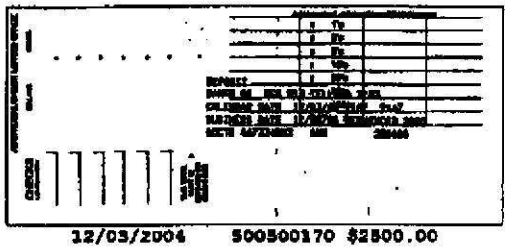

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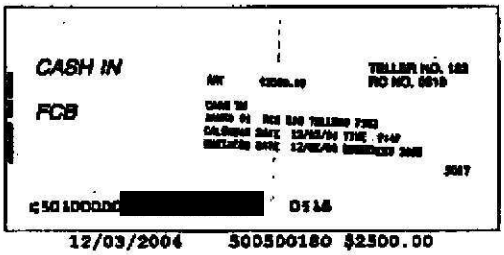

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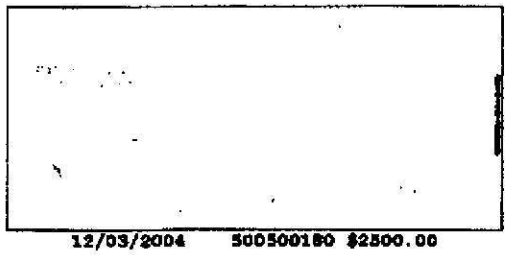

12/03/2004 500500180 $2500.00

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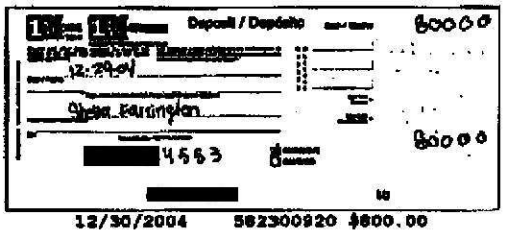

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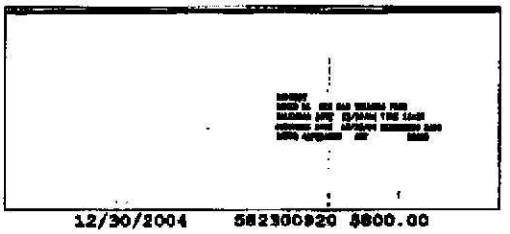

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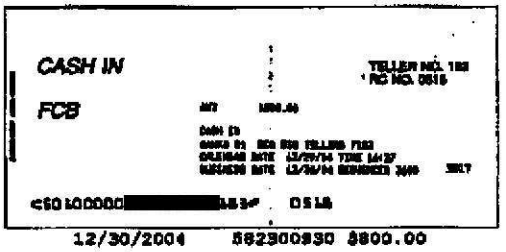

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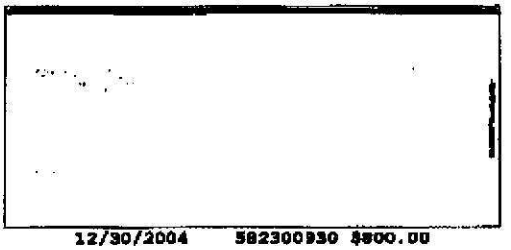

12/30/2004 582300930 $800.00

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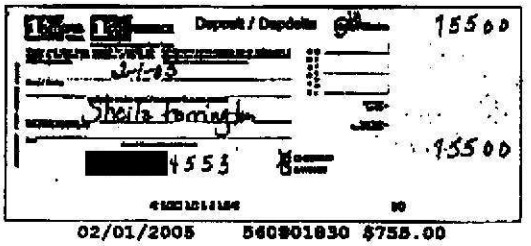

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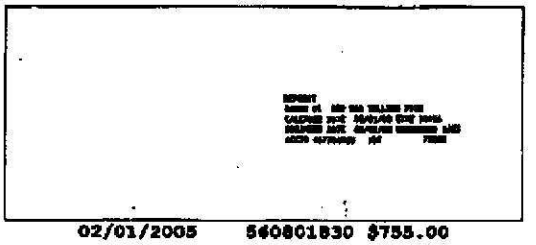

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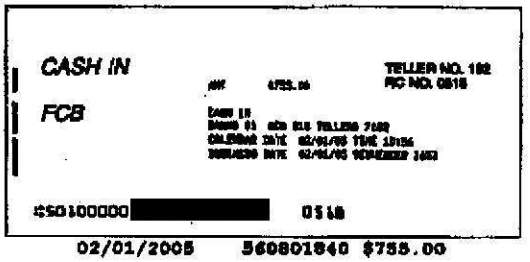

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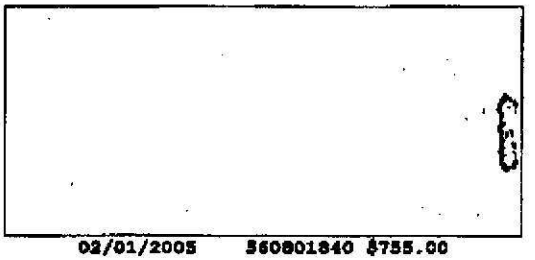

02/01/2005 560801840 $755.00

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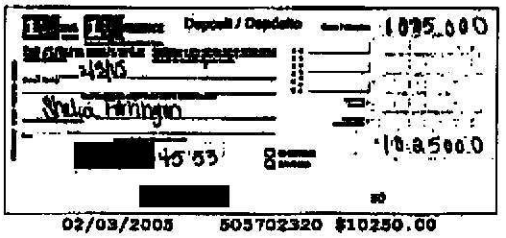

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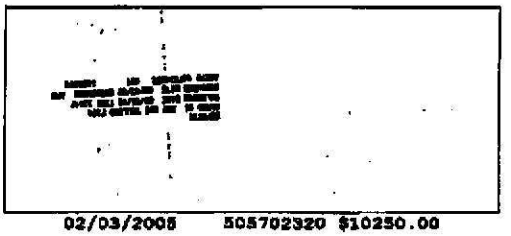

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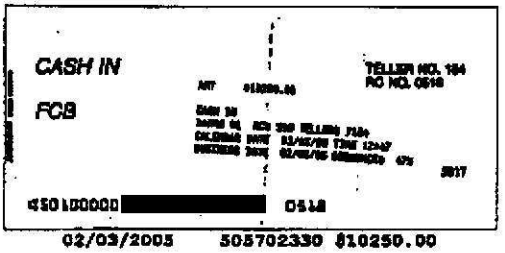

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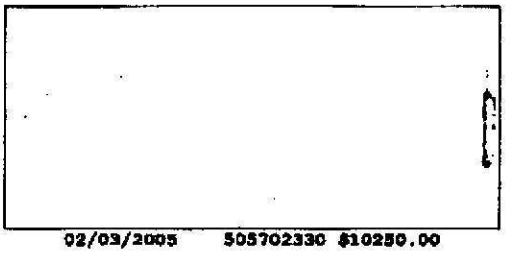

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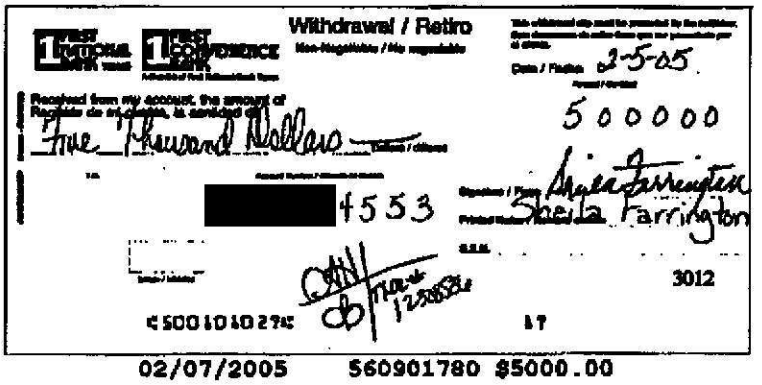

02/07/2005 560901780 $5000.00

02/07/2005 560901780 $5000.00

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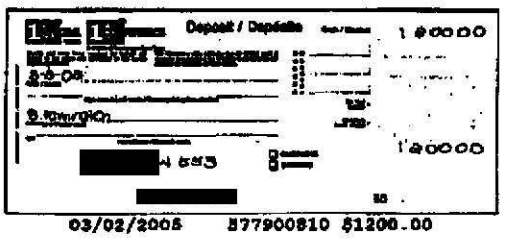

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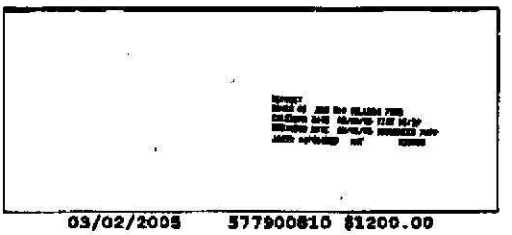

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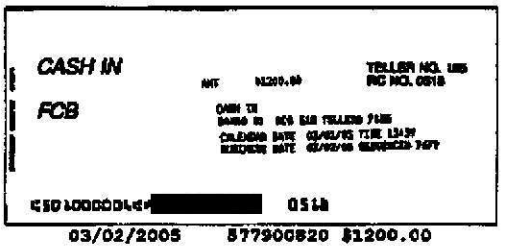

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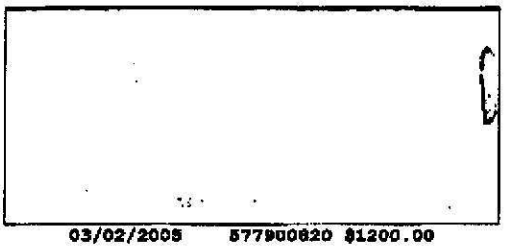

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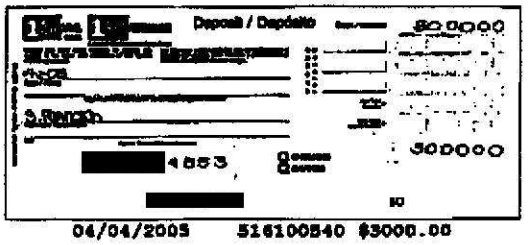

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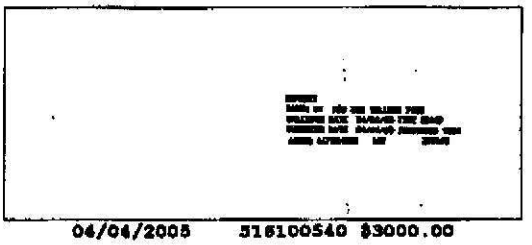

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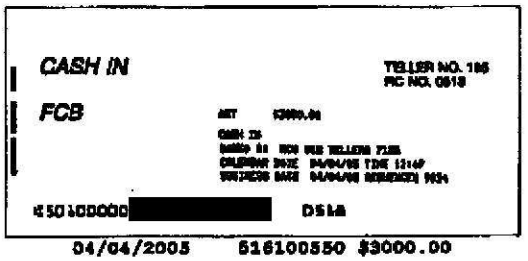

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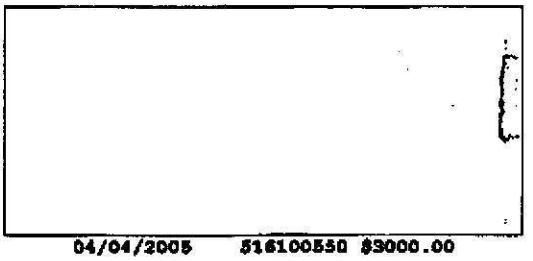

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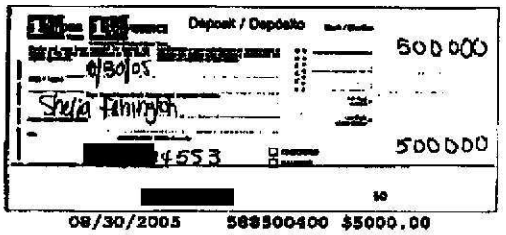

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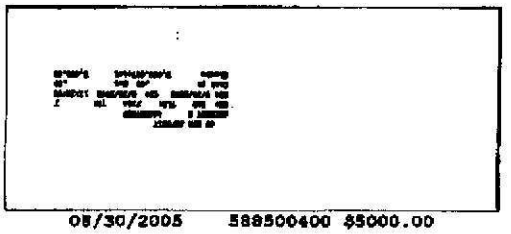

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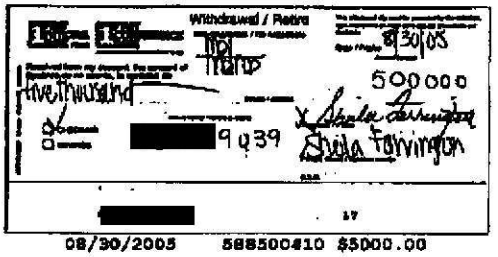

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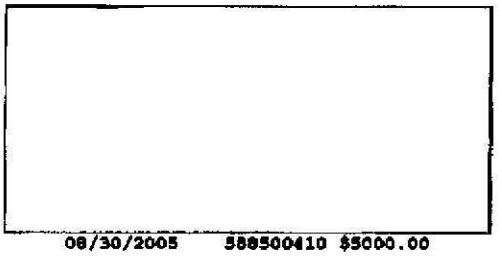

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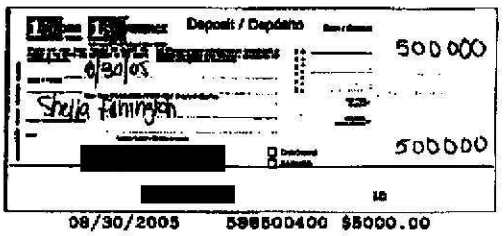

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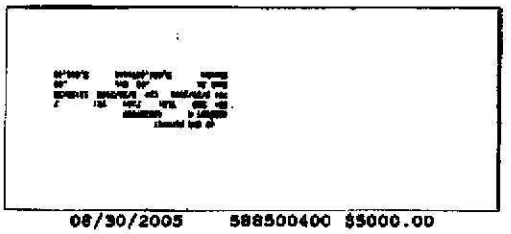

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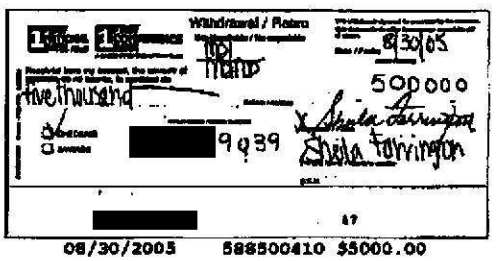

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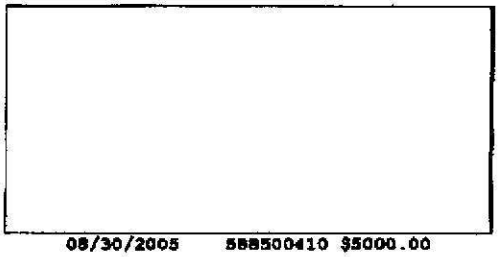

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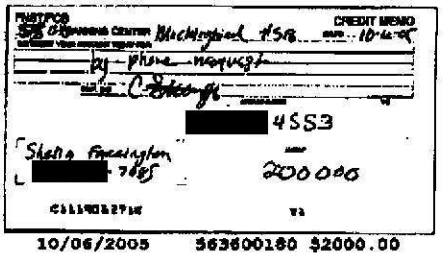

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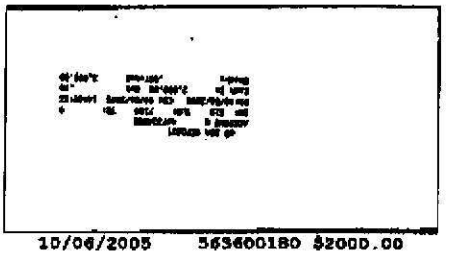

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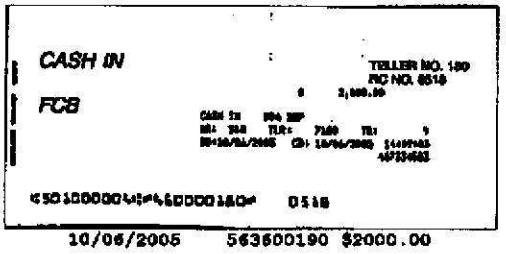

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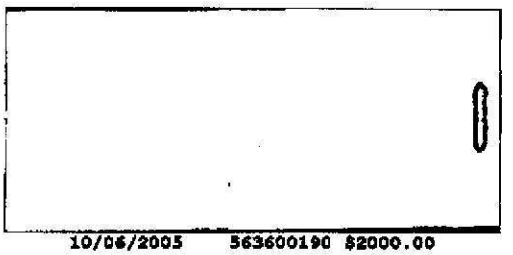

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