

SHAREHOLDER DETAILS

Use this form to provide or update your account information.

Please return the completed form:

Mail: ClearTrust, LLC, 16540 Pointe Village Dr, Ste 205, Lutz, FL 33558

Securely upload: www.cleartrustonline.com/fswb

Hand deliver to your local branch: "Attention Mike Coltharp, CFO"



1st SouthWest
Bank

☐ I WOULD LIKE TO SIGN UP FOR ONLINE ACCOUNT ACCESS (optional)

A. CONTACT INFORMATION

Full Account Name (print EXACTLY as it appears on your certificate or account statement):

Preferred Method of Contact

☐ Email

☐ Mail

Address of record (if updating your address, print your new address):

Phone:

Email:

B. SUBSTITUTE W-9 FORM

A completed Substitute W-9 Form is needed to prevent backup withholdings on payments made to you on behalf of: 1st SouthWest Bank (i.e. cash dividend).

Tax Identification
Number:

Check one:

☐ SSN

☐ EIN

The Taxpayer Identification Number (TIN) must match the name given in section A above. If the account is registered to Joint Tenants, use the TIN of the first owner named on the account. If you are not a U.S. citizen or do not have a Social Security Number, please use the appropriate Form W-8, available at www.irs.gov.

Tax classification for the name provided in section B above. Check only one:

☐ Individual/Sole Proprietor

☐ C Corporation

☐ Partnership

☐ S Corporation

☐ Trust/Estate

☐ Limited Liability Company: Enter the tax classification _____ ☐ Other: _____

Exemptions: ☐ Exempt Payee-Exempt payee code or Exemption from FATCA reporting code (if any) _____

Certification: Under penalties of perjury, I certify that: (1) the number shown above is my correct TIN; and (2) I am not subject to backup withholding either because of (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 Resident Alien); and (4) I am exempt from FATCA reporting.

Signature of U.S. person:

Date:

C. ACH ENROLLMENT (OPTIONAL)

I (we) hereby authorize ClearTrust, LLC ("ClearTrust") to initiate entries into my (our) checking/savings account at the financial institution listed below ("the Financial Institution") and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until ClearTrust is notified by me (us) in writing to cancel it in such time as to afford ClearTrust and the Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution:

Address of Financial Institution (branch, city, state, & zip):

Financial Institution Routing Number:

Account Number:

(select one) ___ Checking or ___ Savings

Title / Full Name of Your Account at Financial Institution:

D. SIGNATURES

This section must be signed by all current registered holders, or a legally authorized representative with indication of his/her capacity next to the printed name.

Date:

Shareholder signature:

X

Joint shareholder signature:

X

Printed name, and title (if applicable):

Printed joint name, and title (if applicable):