

For Federal Deposit Insurance Corporation (FDIC) purposes, a depositor's account balances at **SECURITY STATE BANK, a branch of GOTHENBURG STATE BANK** will be aggregated, with any account balances of the depositor in the following offices, branches, or internet sites of **GOTHENBURG STATE BANK**.

Security State Bank

624 Main Street
PO Box 400
Ansley, NE 68814
(308) 935-1700

www.ssbnebraska.com

Gothenburg State Bank

900 Lake Avenue	120 N Main St
PO Box 81	PO Box 128
Gothenburg, NE 69138	Brady, NE 69123
(308) 537-7181	(308) 584-3311

www.gothenburgstatebank.com

The total account balances of a depositor with **GOTHENBURG STATE BANK** and its offices and branches will have the benefit of the deposit insurance coverage that the FDIC provides to a depositor's account in a single bank, please ask for the FDIC brochure "Your Insured Deposit" or visit www.fdic.gov and, in the "Consumer Resources" section, click on "Your Insured Deposit".

I, _____ individually, or acting for the legal entity as, (Title) as applicant for a new account with GOTHENBURG STATE BANK or SECURITY STATE BANK a branch of Gothenburg State Bank understand that GOTHENBURG STATE BANK is chartered in Gothenburg, NE and operates two branch banks, SECURITY STATE BANK, a branch of GOTHENBURG STATE BANK located in Ansley, NE and GOTHENBURG STATE BANK BRADY BRANCH located in Brady, NE (SEE ABOVE). I have read the above notice and understand that when opening a deposit account at GOTHENBURG STATE BANK or SECURITY STATE BANK, a branch of GOTHENBURG STATE BANK, the balance of the deposit account at any point in time will be covered under the FDIC deposit insurance coverage on accounts in a single bank.

Date _____

Signature _____

Individual or Agent Title for application entity