

CASTROVILLE STATE BANK

To assure the continued privacy and confidentiality of your personal financial information, Castroville State Bank observes these practices and procedures:

Information We Collect

We collect nonpublic information about you from some or all of the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and,
- Information we receive from a consumer reporting agency.

Information We Disclose

We do not disclose any nonpublic personal information about our customers and former customers to affiliates or nonaffiliated third parties except as permitted by law.

Our Security Measures

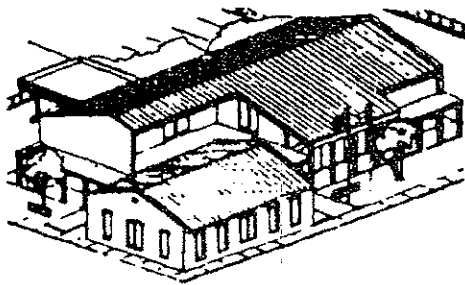
We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information.

Customers and members of the public may receive copies of this notice of privacy practice by contacting:

**Compliance Department
Castroville State Bank
P.O. Box 519
Castroville, Texas 78009**

Notice: The Castroville State Bank is chartered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. Any Consumer wishing to file a complaint against the Castroville State Bank should contact the Texas Department of Banking through one of the means indicated below:

In Person or U.S. Mail: 2601 North Lamar Boulevard, Suite 300, Austin, Texas 78705-4294
Phone No.: 877/276-5554; Fax No.: 512/475-1313
E-mail: consumer.complaints@banking.state.tx.us
Website: www.banking.state.tx.us



CASTROVILLE STATE BANK NEW ACCOUNT INFORMATION

PERSONAL: Checking Savings Money Market Interest Type _____

BUSINESS: Checking Savings Money Market Interest (Not available with all accounts)

OWNERSHIP: Individual Joint with Survivorship Other _____

PURPOSE OF ACCOUNT _____

INITIAL AMOUNT OF DEPOSIT: \$ _____ cash check transfer from account # _____

SOURCE OF EXPECTED DEPOSITS: cash checks wires ACH transactions (such as direct deposits)

Will any financial transactions affecting this account originate or have destination outside the US? Yes No

If yes, please explain: _____

Name _____

Mailing Address _____

Physical Address (if different) _____

Previous Address (if less than 3 years) _____

Date of Birth _____ Phone # _____ E-Mail Address _____

Social Security Number _____ Driver's License Number _____

Employer _____ Occupation _____

Employer Address _____ Employer Phone # _____

How Long? _____

Someone who will always know your location _____ Phone # _____

Have you previously banked with Castroville State Bank Yes No

If not, list previous banking institution? _____

Please tell us why you chose Castroville State Bank:

Referred by a friend Advertising Convenience Services Other _____

FOR BANK USE ONLY

PROCESSED BY: _____

Risk Rating: L M H

Signature

Date

BSA Officer Initials if Referred: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identification documents.