PERSONAL LOAN APPLICATION [SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT] IMPORTANT: Read these Directions before completing this Application. Check the Appropriate Box. If you are applying for individual credit or an individual account, in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A-D. If the requested credit or account is to be secured, also complete the first part of Section F. If you are applying for joint credit with another person or for a joint account or an account that you and another person will use, complete all Sections, providing information in Section E about the joint applicant. We intend to apply for joint credit. Applicant Co-Applicant If you are applying for individual credit or an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Section E about the person on whose alimony, support, or maintenance payments or income or assets you are relying. **SECTION A - APPLICANT** NAME (Please print full name) HOME PHONE AMOUNT OF LOAN REQUESTED REQUESTED MOS. TO PAY PRESENT STREET ADDRESS HOW LONG AT THIS ADDRESS: PURPOSE OF LOAN CITY, STATE AND ZIP COLLATERAL OFFERED AND HOW OWNED E-MAIL ADDRESS: IMMEDIATE PREVIOUS ADDRESS HOW LONG AT THIS ADDRESS: Have you ever applied to us for a loan? Yes No If Yes, When? CITY AND STATE 7IP SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER - STATE | BIRTH DATE NO. OF DEPENDENTS - LIST BY YOU A U.S. CITIZEN? Yes No NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE MY PRINCIPAL FINANCIAL INSTITUTION IS Checking Account OTHER FINANCIAL INSTITUTIONS USED Services Savings Account Safe Deposit Loan presently used: Nο Cert. of Deposit SECTION B - INCOME AND EMPLOYMENT PRESENT EMPLOYER SALARY AND WAGES Monthly Inco OTHER INCOME- From Whom or Describe (Alimony, child support, or separa maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation) EMPLOYER ADDRESS BUSINESS PHONE POSITION OR TITLE DATE OF EMPLOY PREVIOUS EMPLOYER AND ADDRESS POSITION OR TITLE YEARS EMPLOYED TOTAL MONTHLY INCOME Is any income listed in this Section likely to be reduced in the next two years or before the credit requested is paid off. No Yes (Explain in detail, use separate sheet if needed): If you have chosen to disclose income from alimony, child support or separate maintenance, is such income pursuant to Written Agreement Court Decree Other Court Decree Written Agreement SECTION C - ASSETS AUTOS (Make, Model, Year) VALUE TOTAL VALUE REAL ESTATE (Location) DATE OCCUPIED VALUE REAL ESTATE (Location) VALUE DATE OCCUPIED LIFE INSURANCE (Name each Company) FACE VALUE CASH VALUE ESTIMATED VALUE OTHER ASSETS (Describe) AUTO INSURANCE AGENTS: (Name and Address) TOTAL ASSETS SECTION D - LIABILITIES AND INDEBTEDNESS List below all indebtedness to banks, credit u ORIGINAL RESENT MONTHLY PAYMENT CREDITOR COLLATERAL AMOUNT OWED ACCOUNT NUMBER DEBT Rent Payment Mortgage LANDLORD OR MORTGAGE HOLDER (omit rent) (omit rent) CREDIT CARDS MONTHLY PAYMENTS Totals MONTHLY DEBT TO INCOME Have you ever been bankrupt or had any judgments or garnishments against you? \square NO \square YES - WHEN? ASSETS TO LIABILITIES: 0.00 % 0.00% SECTION E - JOINT APPLICANT, USER OR OTHER PARTY (Use separate sheets, if needed.)

If this Section of Application is completed, the indebtedness of Co-Applicant/Guarantor/Endorser must be shown under the "Liabilities and Indebtedness" Section above. (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)

NAME_AND_RELATIONSHIP_TO_APPLICANT

ADDRESS

CO-APPLICANT

CO-SIGNER

NAME AND RELATIONSHIP TO APPLICANT ADDRESS CO-APPLICANT CO-SIGNER

GUARANTOR ENDORSER

EMPLOYED BY HOW LONG POSITION OR TITLE BUSINESS PHONE HOME PHONE SOCIAL SECURITY NUMBER BIRTH DATE

MONTHLY INCOME OTHER INCOME

TOTAL INCOME DRIVERS LICENSE NUMBER - STATE

Is any income listed in this Section likely to be reduced in the next two years or before the credit requested is paid off?

No Yes (Explain in detail, use separate sheet if needed):

No res (Expiani ili detali, use separate sileet	ii liceucu).			
NAME, ADDRESS AND RELATIONSHIP OF TW	VO NEAREST RELATIVES NOT LIVING WI	TH YOU OTHER THAN A PRESEN	NT OR FORMER SPOUSE	ARE YOU A U.S. CITIZEN? Yes No
MY PRINCIPAL FINANCIAL INSTITUTION IS:	Services Checking Account presently used: No.	Savings Account	Safe Deposit Loan	OTHER FINANCIAL INSTITUTIONS USED

SECTION F - MARITAL STATUS

APPLICANT: Married Separated Unmarried (including single, divorced, and widowed) OTHER PARTY: Married Separated Unmarried (including single, divorced, and widowed)

SIGNATURES

DATE

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not loan is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

CO-APPLICANT/CO-SIGNER/GUARANTOR/ENDORSER SIGNATURE (Where Applicable)

APPLICANTS SIGNATURE

•

DATE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: 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 may also ask to see your driver's license or other identifying documents.

INSURANCE DISCLOSU	JRES – CONSUMER CRE	DIT AP	PPLICATIONS
	SUMER(S) NAME		FINANCIAL INSTITUTION NAME AND ADDRESS
CO	NSUMER(S) ADDRESS		
In this disclosure, the terms "you" a	and "your" refer to the Consumer(s) na	amed above.	. The terms "we," "us" and "our" refer to the Financial Institution.
	OF INCLIDANCE OF AN		W EDOM MG IG NOT DECLUDED
			Y FROM US IS NOT REQUIRED
PURCHASE OF	INSURANCE OR AN ANN	UITY FI	ROM OTHERS IS NOT PROHIBITED
purchase an insuran	nce product or annuity from i	is or any	used or conditioned upon whether or not you affiliate of ours; nor will we prohibit you or annuity from an unaffiliated entity.
	Consumer A	cknowledgi	ment
	dge receiving a copy of this written you by the Financial Institution.	en disclosur	re and (except for transactions conducted by mail) that the
If you have received this disclosure	in the mail, please return a signed co	py to the Fi	inancial Institution.)
	Financial Instit	ution Certi	fication
giving these disclosures orally to the	e Consumer(s) at the time of applicationsures were mailed to the Consumer(s)	on and that a	me. The undersigned on behalf of the Financial Institution certifies an oral acknowledgment of receipt of the disclosures was obtained ess noted above within 3 business days beginning the first business
Dated:	By:		
	·		

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Form 03 0818 3

STATEMENT OF INTENT TO APPLY FOR INDIVIDUAL OR JOINT CREDIT

FINANCIAL INSTITUTION NAME AND ADDRESS	APPLICANT(S) NAME		
	APPLICANT(S) ADDRESS		
Regarding the application for credit in the amount of with the above Financial Institution:	made on (date)		
Check Applicable Box			
\Box I am applying for individual credit in my own name, and person as the basis for repayment of the credit requested.	I am relying on my own income or assets and not the income or assets of another		
☐ I am applying for individual credit, but I am relying on inco of another person as the basis for repayment of the credit requeste	ome from alimony, child support, or separate maintenance or on the income or assets ed.		
\square We intend to apply for joint credit.			
	SIGNATURE(S)		
Applicant	Co-Applicant (where applicable)		