



INSURANCE DISCLOSURE FOR CREDIT APPLICATION

You have submitted an application for a loan. In connection with your loan application, Citizens Progressive Bank may be soliciting, offering, or selling you an insurance product or annuity. The financial institution may not engage in any practices that would lead a consumer to believe that an extension of credit is conditional upon either:

1. The purchase of an insurance product or annuity from the financial institution, any of its affiliates; or
2. An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
3. A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

You are free to obtain an insurance product or annuity from another source.

Acknowledgement:

By signing below, I acknowledge that I have received, read, and understand this insurance disclosure.

Applicant

Applicant

Date: _____

CITIZENS PROGRESSIVE BANK

CREDIT APPLICATION

Closed End, Secured/Unsecured Credit

IMPORTANT: Please read these directions before completing this Application and check the appropriate box below.

FOR CREDITOR USE

TYPE OF CREDIT REQUEST

DATE _____ CLASS NO. _____	IMPORTANT: Check <input checked="" type="checkbox"/> the appropriate boxes below and complete the applicable sections: <input type="checkbox"/> Secured <input type="checkbox"/> Individual Credit - relying solely on my income or assets <input type="checkbox"/> Unsecured <input type="checkbox"/> Individual Credit - relying on my income or assets as well as income on assets from other sources <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initial) _____ (Initial) _____		
ACCOUNT NO _____			
APPROVED <input type="checkbox"/> By _____			
DECLINED <input type="checkbox"/> By _____			
AMOUNT REQUESTED \$ _____	PAYMENT DATE DESIRED _____	PROCEEDS OF CREDIT TO BE USED FOR _____ <input type="checkbox"/> Some or all of the proceeds will be used for post secondary education.	HOW LONG? _____

SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle)		BIRTHDATE	D.L. #	SOCIAL SECURITY NO.	
PRESENT ADDRESS (Street, City, State & Zip)		RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDRESS?
PREVIOUS ADDRESS (Street, City, State & Zip)		RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	CELL PHONE	HOW LONG AT PREVIOUS ADDRESS?
PRESENT EMPLOYER (Company Name & Address)				E-MAIL ADDRESS	
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE		NAME OF SUPERVISOR		BUSINESS PHONE EXT
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG WITH PREVIOUS EMPLOYER?	
YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____	YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____	NO. DEPENDENTS		AGES OF DEPENDENTS	
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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
OTHER INCOME \$ _____ PER _____		SOURCE(S) OF OTHER INCOME			
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail, use separate sheet if needed.)					
Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes		Branch Office: _____ When? _____		Checking Account Number _____ Where? _____ Balance _____	
		Savings Account Number _____ Where? _____ Balance _____			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (include Area Code)	

VERIFICATION OF IDENTIFICATION - Borrower: *Form of Identification provided: _____ Date of Issue: _____
 *Identification issued by/at: _____ *Expiration Date of ID: _____
 *Identification Official Number: _____ *Identification verified through: _____
 Name and address of someone who will always know your location: _____
 OFAC/Gov. Lists Additional Documentation Attached

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

FULL NAME (Last, First, Middle)		BIRTHDATE	D.L. #	SOCIAL SECURITY NO.	
RELATIONSHIP TO APPLICANT (if Any)	PRESENT ADDRESS (Street, City, State & Zip)		RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	RESIDENTIAL PHONE
				CELL PHONE	HOW LONG AT PRESENT ADDRESS?
PRESENT EMPLOYER (Company Name & Address)				E-MAIL ADDRESS	
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE		NAME OF SUPERVISOR		BUSINESS PHONE EXT
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG WITH PREVIOUS EMPLOYER?	
YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____	YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____	NO. DEPENDENTS		AGES OF DEPENDENTS	
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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
OTHER INCOME \$ _____ PER _____		SOURCE(S) OF OTHER INCOME			
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail, use separate sheet if needed.)					
Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes		Branch Office: _____ When? _____		Checking Account Number _____ Where? _____ Balance _____	
		Savings Account Number _____ Where? _____ Balance _____			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (include Area Code)	

VERIFICATION OF IDENTIFICATION - Co-Borrower: *Form of Identification provided: _____ Date of Issue: _____
 *Identification issued by/at: _____ *Expiration Date of ID: _____
 *Identification Official Number: _____ *Identification verified through: _____
 Name and address of someone who will always know your location: _____
 OFAC/Gov. Lists Additional Documentation Attached

SECTION C - MARITAL STATUS Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

SECTION D - ASSET AND DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes/No	NAME(S) OF OWNER(S)
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1. _____			
2. _____			
CERTIFICATE OF DEPOSIT(S) (Where)			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCT NBR	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes/No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent) \$	(Omit Rent) \$	\$	
TOTAL DEBTS			\$	\$	\$	

CREDIT REFERENCES (Paid Off Accounts)

CREDITOR	NAME IN WHICH ACCOUNT IS CARRIED	DATE PAID OFF

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes - For Whom? _____ To Whom? _____

Are there any unsatisfied judgements against you? No Yes - Amount \$ _____ If "Yes," To Whom Owed? _____

Have you been declared bankrupt in the last 14 years? No Yes - Where? _____ Year? _____

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet, if necessary.)

SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

INSURANCE DISCLOSURE - Consumer's Choice of Provider

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

- (1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or
- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

SIGNATURES

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 it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. It is illegal to receive credit by wrongful stating income, assets, or other information on this form. I understand that I must update credit information at your request if my financial condition changes. By signing below I acknowledge receipt of the insurance anti-coercion disclosure.

APPLICANT'S SIGNATURE _____ DATE _____ OTHER SIGNATURE (Where Applicable) _____ DATE _____

X _____ **X** _____

INSURANCE DISCLOSURE - Consumer's Choice of Provider (Customer Copy)

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

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- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

You are free to obtain an insurance product or annuity from another source.