

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.

Acknowledgement:

By signing below,	I acknowledge that I	I have received, rea	ad, and understand	d this insurance
disclosure.				

Applicant	Applicant
Date:	

CITIZENS PROGRESSIVE BANK

				APPLICATIO				losed End Sec	cured/Unsecured Credit
IMPORTANT: Please read these		ore completi	ng this Application	on and check 🗹	he ap	propriate box below TYPE OF CREDIT RE	OUEST		
DATE FOR CREDITO			IMPORTAN	T: Check 1 the		oriate boxes below an		the applicable	e sections:
ACCOUNT NO CEASS NO.			Secured			relying solely on my i			
APPROVED By			Unsecured	Individual C	edit - ı	relying on my income or	assets as we	ell as income on	assets from other sources
DECLINED By JOINT CREDIT - We intend to apply for joint credit. (Initial) (Initial)								(Initial)	
AMOUNT REQUESTED	PAYMENT DATE	DESIRED	PROCEEDS O	F CREDIT TO BE US	ED FO	DR .		HOW LO	
\$			Some o	er all of the proceeds	vill be u	used for post secondary of	education.		
		SECTION	A - INFORMAT						
FULL NAME (Last, First, Middle)				BIRTHDATE	D	D.L. #	********	SOCIAL SECU	RITY NO.
PRESENT ADDRESS (Street, City, State & Zip)			RENT OW	N	RESIDENTIAL PHONE	HOW	LONG AT PRES	ENT ADDRESS?
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PRESENT EMPLOYER (Company Name & Ad	Idress)				16	E-MAIL ADDRESS			
HOW LONG WITH PRESENT YOUR PO	OSITION OR TITLE			NAME	OF SUF	PERVISOR		BUSINESS	S PHONE EXT
	44							HOWLON	C MITH PREVIOUS
PREVIOUS EMPLOYER (Company Name & A	uaress)							EMPLOYE	G WITH PREVIOUS R?
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\$ PER	MOSION	\$	PER	I COMMISSION		DEPENDENTS			
Alimony, child support, or separate mainten	ance income need	ļ		h to have it conside	red as	a basis for repaying thi	s obligation	1.	
Alimony, child support, separate maintenance		Court		Written Agreement		Oral Understandi	_		
OTHER INCOME		SOURCE(S)	OF OTHER INCOME				_		
\$ PER									
Is any income listed in this section likely to be									
reduced before the credit requested is paid off Have you ever received credit from us?	Pranch Office:		Explain in detail, use separ						
No Yes	When?	100	hecking Account Num avings Account Numb			Where?Where?			Balance Balance
NAME AND ADDRESS OF NEAREST RELAT						RELATIONSHIP		TELEPH	ONE NO. (include Area Code)
VERIFICATION OF IDENTIFICATION	ON - Borrowe	r: *Form o	f Identification pr	ovided:	-4	(ID	_ Date o	of Issue:	
*Identification issued by/at: *Expiration Date of ID:									
				Identification ve	rified 1	through:			
*Identification Official Number: Name and address of someone who	o will always k	now your lo	cation:	Identification ve	rified	through:			
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If Section B has been completed, this Section she Section B was not completed, only give information	on about the Applicant in this	Section.			nen Abbicant rea	PER PROPERTY OF STREET	rali A." II
			parate sheet if necessa SUBJECT TO	ary.)			
DESCRIPTION OF AS	SSETS	VALUE	DEBT? Yes/No		NAME(S) OF	OWNER(S)	
CASH CASH		\$					
AUTOMOBILES (Make, Model, Year)							
1							
2CERTIFICATE OF DEPOSIT(S)			-				
(Where) CASH VALUE OF LIFE INSURANCE (Issuer, Fa	ace Value)						
REAL ESTATE (Location, Date Acquired)							
MARKETABLE SECURITIES (Issuer, Type, No.	. of Shares)			-			
OTHER (List)							
TOTAL ASSETS							
OUTSTANDING DEDTS //www.	de aleman de come	\$:	a consideration of the control of th		110-1-10-10		
OUTSTANDING DEBTS (Inclu CREDITOR	TYPE OF DEBT OR ACCT NBR	NAME IN WH	ts, credit cards, rent, r IICH ACCOUNT IS ARRIED	ORIGINAL DEBT		MONTHLY	essary) PAST DUE? Yes/No
LANDLORD OR MORTGAGE HOLDER	Rent Paymer	nt I		(Omit Rent)	(Omit Rent)		
	☐ Mortgage			s	S	s	
TOTAL DEBTS							
	CREDIT REFE	RENCES (Paid Off A	ccounts)			DATE	AID OFF
						DATE	AID OFF
						¥	
MY AUTO INSURANCE AGENT IS: (Name & Ad	(dress)						
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?			If "Yes," To Whom Owed?				
Have you been declared bankrupt							
in the last 14 years? NOTHER OBLIGATIONS (For example, liability to		separate maintenance. Use s	Year? separate sheet, if necessary.)				
SECTION E - SECURED	CREDIT (Complete	only if credit is to be	e secured.) Briefly des	scribe the prop	perty to be giv	en as securit	y:
PROPERTY DESCRIPTION							
NAMES & ADDRESSES OF ALL CO-OWNERS	OF THE PROPERTY						
THINGS OF FIRE OF STREET	o. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
IF THE SECURITY IS REAL ESTATE, GIVE TH	E FULL NAME OF YOUR SE	POUSE (if any):					
INSUI	RANCE DISC	CLOSURE - C	Consumer's C	Choice of	f Provide	er	
The financial institution may conditional upon either:	not engage in any	y practice that wo	uia lead a consume	er to believe	that an exte	ension of cr	eait is
(1) The purchase of an ir	nsurance product	or annuity from th	ne financial instituti	on or any of	its affiliates	: or	
(2) An agreement by the	•	-		-			
(3) A prohibition from pur		•	•	•		3,	
		SIGNA	ATURES				
Everything that I have stated in this Application is		nowledge. I understand that y	you will retain this Application w				
employment history and to answer questions aboupdate credit information at your request if my fire						orm. I understand	that I must
APPLICANT'S SIGNATURE	-	DATE	OTHER SIGNATURE (When			DATE	
X			X				
© 2002 NATIONAL BANK PRODUCTS, INC., 1	1-800-277-9195 CA-ID (80	7) (R 8/11)	^				

SECTION D - ASSET AND DEBT INFORMATION

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:

- (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.

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