

CONSUMER LOAN APPLICATION

CREDIT REQUESTED

| | | | | | |
|---|----------------|---------------|---------------------|--------------------|---------------|
| Account Requested <input type="checkbox"/> Individual <input type="checkbox"/> Joint We intend to apply for joint credit. | Amt. Requested | # of Payments | Preferred Pmt. Amt. | Preferred Pmt. Day | Market Survey |
| Specific Purpose of Loan | | | | | |
| Collateral Offered | | | | | |
| Applicant Co-Applicant | | | | | |

COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant Information section for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Cosigner, Guarantor, Grantor (of collateral), or Other for a different capacity. If the Applicant is married, he or she may apply for individual credit.

APPLICANT INFORMATION: Borrower Cosigner Guarantor Grantor Other: _____

| | | | | | |
|---|---------------|-------------------------|--------------------------|--------------------|-----------------------------|
| Applicant's Full Name (First M.I. Last) | | Social Security Number | Former Names and Aliases | | |
| Home Phone | Date of Birth | Driver's License Number | Ages of Dependents | Years of Education | Years in Current Profession |

ADDRESS INFORMATION

| | | | | |
|---|--|--|-------|---|
| Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No) | | | Since | <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Mailing Address (Street or P.O. Box, City, State, Zip Code) | | | | |
| Previous Home Address (Street, City, State, Zip Code) | | | From | To |

EMPLOYMENT INFORMATION

| | | | | | |
|--|------------|--|------------------|-------|------------|
| Applicant's Employer (If Self-Employed, Name and Nature of Business) | | Business Address (Street, City, State, Zip Code) | | | |
| Type of Business | Supervisor | Phone Number | Title / Position | Since | Salary per |
| Second Employer (If Self-Employed, Name and Nature of Business) | | Business Address (Street, City, State, Zip Code) | | | |
| Type of Business | Supervisor | Phone Number | Title / Position | Since | Salary per |

PERSONAL REFERENCES

| Name | Address (Street or P.O. Box, City, State, Zip Code) | Phone Number | Relationship |
|------|---|--------------|--------------|
| | | | |
| | | | |
| | | | |

COMPLETION INSTRUCTIONS FOR CO-APPLICANTS

(a) If you are applying for joint credit or will be permitted to use the account, complete the Co-Applicant Information section as a Borrower. (b) If the Applicant is applying for individual credit, but 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 the Co-Applicant Information section, to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets the Applicant is relying. (c) If the 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, complete the Co-Applicant Information section with regard to the Applicant's spouse.

CO-APPLICANT INFORMATION: Borrower Cosigner Guarantor Grantor Other: _____

| | | | | | |
|--|---------------|-------------------------|--------------------------|--------------------|-----------------------------|
| Co-Applicant's Full Name (First M.I. Last) | | Social Security Number | Former Names and Aliases | | |
| Home Phone | Date of Birth | Driver's License Number | Ages of Dependents | Years of Education | Years in Current Profession |

ADDRESS INFORMATION

| | | | | |
|---|--|--|-------|---|
| Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No) | | | Since | <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Mailing Address (Street or P.O. Box, City, State, Zip Code) | | | | |
| Previous Home Address (Street, City, State, Zip Code) | | | From | To |

EMPLOYMENT INFORMATION

Co-Applicant's Employer (If Self-Employed, Name and Nature of Business)

Business Address (Street, City, State, Zip Code)

Type of Business

Supervisor

Phone Number

Title / Position

Since

Salary

per

Second Employer (If Self-Employed, Name and Nature of Business)

Business Address (Street, City, State, Zip Code)

Type of Business

Supervisor

Phone Number

Title / Position

Since

Salary

per

PERSONAL REFERENCES

Name

Address (Street or P.O. Box, City, State, Zip Code)

Phone Number

Relationship

QUESTIONS

Applicant (1)

Co-Applicant (2)

Explanation (Please use an attached sheet if necessary.)

 Yes No Yes No

Are there any outstanding judgments against you?

 Yes No Yes No

Have you ever been declared bankrupt?

 Yes No Yes No

Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?

 Yes No Yes No

Are you party to a lawsuit?

 Yes No Yes No

Are you obligated on any loan resulting in judgment, foreclosure or title transfer?

 Yes No Yes No

Are you delinquent/in default on any Federal debt, financial obligation, bond, or loan guarantee?

 Yes No Yes No

Are you obligated to pay alimony, child support, or separate maintenance?

 Yes No Yes No

Is any part of the down payment borrowed?

 Yes No Yes No

Are you a co-maker or an endorser on a loan?

 Yes No Yes No

Have you ever had merchandise repossessed?

 Yes No Yes No

Have you ever been denied credit with this lender?

 Yes No Yes No

Are you a U.S. citizen?

 Yes No Yes No

If no, are you a resident alien?

 Yes No Yes No

If no, are you a non-resident alien?

PREVIOUS CREDIT REFERENCES

Names Credit Listed In

Loan Purpose

Creditor Name and Address

Account Number

Highest Balance

Date Paid

 App CoApp Other

\$

 App CoApp Other App CoApp Other App CoApp Other**SCHEDULE OF OTHER INCOME**

NOTICE: 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 Court Order Written Agreement Oral Understanding Other

PARTIES

INCOME TYPES:

A=Alimony/Child Support

B=Bonuses

C=Commissions

I=Interest & Dividends

O=Overtime

R=Retirement

X=Other

| App | CoA | Joint | Type | Description | Amount | Frequency |
|-----|-----|-------|------|-------------|--------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE OF REAL ESTATE OWNED

PARTIES TYPES: S=Single Family D=Duplex T=Triplex F=Four-Plex C=Condominium P=P.U.D. L=Land O=Summary/Other

| | | | | | | | |
|-----|-----|-------|-----------------------------|--|---------------------|---------------------|---|
| App | CoA | Joint | Type: | Property Disposition: <input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental <input type="checkbox"/> N/A | | | |
| | | | Description | Property Address | Date Acquired | Cost | Principal Residence <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Current Market Value | Total Mortgages & Liens | Gross Rental Income | Taxes, Ins., Maint. | Net Rental Income |
| | | | Creditor 1 Name and Address | Unpaid Bal. | Pmt. Amt. | Per | Lien Position <input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien |
| | | | Creditor 2 Name and Address | Unpaid Bal. | Pmt. Amt. | Per | Lien Position <input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien |

| | | | | | | | |
|-----|-----|-------|-----------------------------|--|---------------------|---------------------|---|
| App | CoA | Joint | Type: | Property Disposition: <input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental <input type="checkbox"/> N/A | | | |
| | | | Description | Property Address | Date Acquired | Cost | Principal Residence <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Current Market Value | Total Mortgages & Liens | Gross Rental Income | Taxes, Ins., Maint. | Net Rental Income |
| | | | Creditor 1 Name and Address | Unpaid Bal. | Pmt. Amt. | Per | Lien Position <input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien |
| | | | Creditor 2 Name and Address | Unpaid Bal. | Pmt. Amt. | Per | Lien Position <input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien |

| | | | | | | | |
|-----|-----|-------|-----------------------------|--|---------------------|---------------------|---|
| App | CoA | Joint | Type: | Property Disposition: <input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental <input type="checkbox"/> N/A | | | |
| | | | Description | Property Address | Date Acquired | Cost | Principal Residence <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Current Market Value | Total Mortgages & Liens | Gross Rental Income | Taxes, Ins., Maint. | Net Rental Income |
| | | | Creditor 1 Name and Address | Unpaid Bal. | Pmt. Amt. | Per | Lien Position <input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien |
| | | | Creditor 2 Name and Address | Unpaid Bal. | Pmt. Amt. | Per | Lien Position <input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien |

CREDIT LIFE AND DISABILITY INSURANCE

Applicant desires the following voluntary insurance: Credit Life Credit Disability Involuntary Unemployment
 Co-Applicant desires the following voluntary insurance: Credit Life Credit Disability Involuntary Unemployment

APPLICANT SIGNATURE(S)

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand and agree that Lender may obtain, use and share my state and federal tax return information for purposes of: 1) reviewing and responding to this loan application; 2) originating the loan; 3) servicing the loan; 4) selling or transferring all or a part of the loan or any interest in it; and (5) internal marketing analysis, marketing to me/us, and other marketing as permitted by law. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations, tax return information consent, and authorizations extend not only to Lender, but also to Third Parties, including loan servicers, any insurer of the loan, government agency loan guarantors, marketing companies, and to any investor to whom Lender may sell all or any part of the loan, as well as to the affiliates, agents, and any successors and assigns of Lender and Third Parties. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

APPLICANT:

X _____ Date X _____ Date
 Applicant Co-Applicant

FOR LENDER'S USE ONLY

| | | | | |
|--|------------------|--|----------------|---------------|
| Officer No. / Name | Approved By | Concurrence By (If Needed) | Committee Date | Decision Date |
| Branch | Application Date | Application No. | Commitment No. | Loan No. |
| Originator Name | | Loan Origination Company's Name | | |
| Mortgage Loan Originator Unique Identifier, if applicable: | | Mortgage Loan Origination Company Identifier, if applicable: | | |

Decision and Comments: Approved Denied Incomplete Counteroffer Conditional Approval Withdrawal Other: _____

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date or within three (3) days if I have applied by telephone. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

BORROWER

Individually _____ Date _____

Individually _____ Date _____

For Telephone Applications Only:

As an authorized representative of Lender, I confirm that I have made the above Credit Application Insurance Disclosures orally to the Applicant(s) and that the receipt of the oral disclosures were acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosures within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

Authorized Representative _____ Date _____

MILITARY LENDING ACT STATEMENT

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees or ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

To Hear this Statement read to you, please call, 1-800-722-0427 and choose option #5.