

Pricing Summary

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	<p>0% introductory APR for six months.</p> <p>After that, your APR will be 13.49%, 16.49% or 20.49%, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p>
APR for Balance Transfers	<p>0% introductory APR for six months.</p> <p>After that, your APR will be 13.49%, 16.49% or 20.49%, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p>
APR for Cash Advances	29.99%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.50.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore.

Fees*	
Annual Fee	None
Transaction Fees	
<ul style="list-style-type: none"> ● Balance Transfer 	<p>Either \$10 or 3% of the amount of each transfer, whichever is greater (maximum fee: \$100). Waived for balance transfers at time of account opening.</p>
<ul style="list-style-type: none"> ● Cash Advance ● Foreign Transaction 	<p>Either \$10 or 5% of the amount of each cash advance, whichever is greater (maximum fee: \$100). 1% of each transaction in U.S. dollars.</p>
Penalty Fees	
<ul style="list-style-type: none"> ● Late Payment ● Over-the-Credit Limit ● Returned Payment 	<p>Up to \$40. None Up to \$40.</p>

How We Will Calculate your Balance: We use a method called "average daily balance (including new purchases)".

*Certain fees may be waived or reduced in connection with an account opened by an active duty member of the Armed Forces or his or her dependents. Please call toll-free 1-877-231-3231 to hear the statement of the Military Annual Percentage Rate and a general description of the payment obligations for this credit card account.

CREDIT CARD APPLICATION



If you intend to apply for joint credit, please initial here: Applicant _____ Co-Applicant _____

APPLICANT NOTE: All applicable sections should be filled out completely. If not, processing of your application may be delayed or denied.

Last Name		First	Middle	Social Security Number	
Date of Birth	Home Phone			Monthly Rent \$	Home Payment \$
Current Mailing Address		City	State	Zip Code	How Long (yrs.)
Email Address**		Cell Phone**			Mother's Maiden Name
Employer/Position		How Long (yrs.)	City	Work Phone	Monthly Gross Income \$
Name & State of Previous Employer (if current is less than 3 yrs.)					How Long (yrs.)
Source of Additional Income*					Additional Income Per Month* \$
Nearest Relative (not living with you)		City	State	Home Phone	Relationship

CO-APPLICANT Complete this section *ONLY* if Co-Applicant is applying for a joint account.

Last Name		First	Middle	Social Security Number	
Date of Birth	Home Phone			Monthly Rent \$	Home Payment \$
Current mailing Address		City	State	Zip Code	How Long (yrs.)
Email Address**		Cell Phone**			Mother's Maiden Name
Employer/Position		How Long (yrs.)	City	Work Phone	Monthly Gross Income \$
Source of Additional Income*					Additional Income Per Month* \$

*You need not furnish alimony, child support, maintenance income information or any other information if you do not want us to consider it in evaluating your application.

**You agree that in order for us to service your account or to collect any amounts you may owe, we may contact you at any telephone number you provide. We may contact you by calling your wireless telephone numbers, which could result in charges to you. We may also contact you by sending e-mails to you using any e-mail address you provide. Methods of contact may include using pre-recorded/artificial voice messages and /or use of an automatic dialing device, as applicable.

OPTIONAL AUTHORIZED USER

YES, I would like to add an authorized user to my account. I understand that this card cannot be in my name.

Name of Authorized User (if applicable)

First, MI, Last

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SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This application is submitted to obtain credit. You certify that all information herein is true and complete. By submitting your application, you acknowledge and agree that (1) you are at least 18 years old; (2) all information you provide is accurate and complete; (3) your account will be used only for your personal, family or household purposes; (4) CorTrust Bank, N.A. (the "Bank") may check your credit and the information you provide; (5) the Bank reserves the right to change the terms of your account in accordance with applicable law; and (6) the Bank may request credit reports and verify information with third parties in connection with this application and to review your account. This offer is subject to the Bank's credit policies. You agree to be bound by the terms and conditions of the Bank cardholder agreement, a copy of which will be mailed to the applicant if this application is granted. If this is a joint application, the applicant and co-applicant will be jointly and severally liable for any and all credit extended from time to time.

X _____

Applicant Signature

Date

X _____

Co-Applicant Signature

Date

BALANCE TRANSFER OPTION

List balance transfer requests in order of priority. Write the account number of your other credit or store cards and the exact balance you wish to transfer. Balance transfers are contingent upon issuance of your account with us. Each transfer will reduce your available credit. Until your balance transfers are processed, you will need to make payments on your other card accounts to keep them current. Balance transfers are subject to Balance Transfer Fee and the APR for Balance Transfers shown on the attached Pricing Summary. Balance transfers cannot be used to pay other CorTrust Bank, N.A. obligations. If your requests exceed the amount of your approved credit line, we will fulfill your requests in the order listed.

1. _____ \$ _____ 2. _____ \$ _____
Account Number Amount Account Number Amount

Please send a copy of your last statement for each account listed.

Please review the Pricing Summary provided with this application. By completing and submitting this application, you acknowledge receipt of the Pricing Summary provided with the application.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Federal law requires us to obtain, verify, and record information that identifies each person who opens an account, in order to help the government fight the funding of terrorism and money laundering activities. To process this application, we must have your name, street address, date of birth, and other identifying information, and we may ask for identifying documents from you as well.

QUESTIONS? PLEASE CALL 605-996-0554

This credit card offer is available only to individuals residing in the CorTrust Bank, N.A. lending area. The terms of your Account, including any APR (or how the APR is calculated) are subject to change in accordance with applicable law and your Cardholder Agreement.

Mail completed application to: CorTrust Bank Credit Card, PO Box 7030, Mitchell, SD 57301