IMPORTANT DISCLOSURES

If you request and obtain a Visa® credit card from CorTrust Bank, N.A. (the "Bank"), the following disclosures will apply to your card and card account. The Cardholder Agreement that will be sent to you with your card contains additional terms and conditions regarding your card account.

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**0%** introductory APR for six months. After that, your APR will be **12.99%, 15.99%** or **19.99%**, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	**0%** introductory APR for six months. After that, your APR will be **12.99%, 15.99%** or **19.99%**, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
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	
•Balance Transfer	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.
•Cash Advance	Either **$10** or **5%** of the amount of each cash advance, whichever is greater (maximum fee: **$100**).
•Foreign Transaction	**1%** of each transaction in U.S. dollars.
Penalty Fees	
•Late Payment	Up to **$40**.
•Over-the-Credit Limit	**None**
•Returned Payment	Up to **$40**.

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

Other Fees: Duplicate Statement Fee: $2 per statement; Replacement Card Fee: $25; Rush Delivery Fee: $40.

*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.

The terms of your account, including any APR (or how an APR is calculated), are subject to change at any time in accordance with applicable law and your Cardholder Agreement.

Balance Transfers: Your requested 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 the Balance Transfer Fee and the APR for Balance Transfers shown above; these fees are waived for balance transfers made at the time of account opening. 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 fulfil your requests in the order you listed.

Cancellation of Balance Transfer: Balance transfers will not occur until at least ten (10) days after we send your account-opening disclosures. If after receiving your account-opening disclosures you elect to withdraw a request to transfer existing balances to your new account, you must notify the Bank by phone or in writing within ten (10) days of our sending such disclosures.

Arbitration Agreement and Waiver of Jury Trial: By applying for a credit card, you agree that any disputes with us (including any marketer or servicer) will be resolved by arbitration, and you agree to waive the right to a jury trial and the right to participate in a class action lawsuit or a class-wide arbitration. The term dispute includes any claims concerning (i) your past dealings with us, (ii) this application, (iii) any loan or advance from us; and (iv) your business relationship with us. This agreement will apply even if you cancel this application, your request for a credit card is denied, or your account is paid or closed. You have the right to opt-out of arbitration by writing us within thirty (30) days of applying for a credit card at the following address: PO Box 7030, Mitchell, SD 57301. A copy of the complete terms of this arbitration agreement is included in the Cardholder Agreement and is also available upon request at the previous listed address.

NOTICES: This card is available only to individuals residing in the CorTrust Bank, N.A. lending area with an existing loan, discount, deposit or trust service account with CorTrust Bank, N.A. (or its affiliates). By responding to the credit card offer made by the Bank, you are authorizing us to obtain credit reports about you, both now and in the future, for any legitimate business purpose associated with the Card Account, including, but not limited to, reviewing, modifying, renewing, or collecting on your Card Account. We allow only one account per customer. We will not process multiple applications from the same applicant. We will deny your application if you applied for and were denied a CorTrust, N.A. credit card within the last six months.

WISCONSIN RESIDENTS: No agreement, court order, or unilateral statement applying to marital property will adversely affect a creditor's interests unless prior to the time credit is granted, the creditor is furnished with a copy of the agreement, court order or statement, or has actual knowledge of the adverse provision. IF YOU ARE A MARRIED RESIDENT, CREDIT EXTENDED UNDER THIS CARD ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY. A married applicant must send the applicant's name and social security number, and the name and address of the applicant's spouse, to CorTrust Bank, N.A., P.O. Box 7030, Mitchell, SD 57301 within fifteen (15) days of completing an application.

CorTrust Bank, N.A. **11/2026**

CREDIT CARD APPLICATION

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

CorTrust Bank.

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

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_____ X_____

Applicant Signature Date 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