## **CONSUMER LOAN APPLICATION**

Credit Reque	ested Is:	Home Equity Loan	Collateral Secu	ured Loan	onal Unsecured Loa	in	Account Requested:	Individu	al Joint
Amount Req \$	uested	Description of Collateral Offered				We intend to apply for joint credit Initial			
Purpose of Credit Request						Applicant		Co-Applicant	
If the Applica or c) you are	ant is married, he o relying on proper	or she may apply for individual ty in a community property stat	redit. For Mar e as a basis for	ital Status, check one i repayment of the cred	f a) you are applying it requested.	g for a secured cred	it; b) you reside in a com	munity property	<sup>r</sup> state;
		Applicant		APPLICANT I		ON	Co-Applicant		
Applicant Ro	ble:	Borrower Co-Sig	ner 🗌 G	Guarantor	Applicant Role:		orrower Co-Sig	iner 🗌 Gi	uarantor
Applicant Na	ame (include Jr. or	Sr. if applicable)			Co-Applicant Nar	me (include Jr. or Sr	. if applicable)		
Social Secur	ity Number	Home Phone (incl. area	a code) DC	DB (mm-dd-yyyy)	Social Security N	lumber	Home Phone (incl. area	a code) DOI	B (mm-dd-yyyy)
Email Addres	S				Email Address		-L		
Married Dependents (not listed by Co-Applicant)   Separated unmarried (include single, divorced, widowed) no. ages				Married Dependents (not listed by Applicant)   Separated Unmarried (include single, divorced, widowed) no.					
Citizenship:	U.S. Citi:	zen 🛛 Permanent Resident	Alien	Non-Resident Alien	Citizenship:				Non-Resident Alien
Present Addr	ess (street, city, s	state, ZIP) since			Present Address	(street, city, state, Z	(IP) since		
Mailing Addr	ess, if different fro	om Present Address			Mailing Address,	if different from Pre	sent Address		
			f residing at pre	esent address for less th	han two years, com	plete the following:			
Former Addre	ess (street, city, s	tate, ZIP) from	to		Former Address (	Former Address (street, city, state, ZIP) from to			
		Applicant	EMPLC	YMENT / INC	OME INEO	RMATION	Co-Applicant		
Name & Addres	ss of Employer		Employed	Yrs. on this job	Name & Address			Self Employed	Yrs. on this job
			1	Full time	1				Full time
Position/Title &	Type of Business		Business Pho	one (incl. area code)	Position/Title & Type of Business Business Phone (incl. area code)				
Gross Monthly	Income	\$	1		Gross Monthly Income \$				
Name & Address of Employer Self Employed Dates from			Name & Address of Employer Self Employed Dates from			from			
Position/Title &	Type of Business		Business Pho	to ne (incl. area code)	Position/Title & T	ype of Business		Business P	hone (incl. area code)
Name & Address of Employer Self Employed Dates from to			Name & Address of Employer Self Employed Dates from						
Position/Title & Type of Business Business Phone (incl.			ne (incl. area code)	Position/Title & Type of Business Business Phone (incl. area co					
NOTICE: Alimor	ny, Child Support	or Separate Maintenance Incom	e need not be r	evealed if you do not w	vish to have it consi	idered as a basis for	repaying this obligation.		
Other Income			\$		Other Income				\$
Other Income	ther Income \$				Other Income				\$
Other Income				Other Income				\$	
				I	N		I	*	
Own	Rent since			Monthly Housing/F		Present Value \$		Date Purch	ased
CASH ASSET INFORMATION									
Financial Institution Name					Saving Accou \$	nt Balance	Checking A \$	Account Balance	
I/We hereby and	oly for the loan or	credit described in this applica	tion I/We cer	tify that I/we made no	misroprosentations	in this loop applies	tion or in any related de-	oumonto that a	linformention in the second

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 that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan any investor to whom Lender may sell all or any part of the loan. 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.

X		х	
Applicant	Date	Co-Applicant	Date

## ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Ap	pli	ca	n	t	

Application Number:

A	ssets	Liabilities				
Checking and Savings Accounts		Name and Address of Creditor				
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
				1		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
				c		
Acct. No.	\$	Acct. No.	\$	\$ Balance		
Stocks and Bonds Assets		Name & Address of Company	Payment	Balance		
Number Description	Cash or Market Value	-				
	\$	-				
	\$ \$	Acct. No.	\$	\$		
	\$	Name & Address of Company	Payment	Balance		
Life Insurance - Face Value	\$					
Real Estate Owned Assets	\$	-				
Vested Interest in Retirement Funds	\$					
Net Worth of Business Owned	\$	Acct. No.	\$	\$		
Automobiles Owned:		Name & Address of Company	Payment	Balance		
Year Make and Model	Cash or Market Value					
	\$	_				
	\$		1			
	\$	Acct. No.	\$	\$		
	\$	Name & Address of Company	Payment	Balance		
Other Assets Owned:	1	_				
Description	Cash or Market Value	-				
	\$		\$	\$		
	\$	Acct. No. Alimony/Child Support/Separate Maintenance Owed to	\$			
	\$		<b>*</b>			
	\$ \$	Job Related Expense	\$			
	\$					
LIQUID ASSETS		TOTAL MONTHLY PAYMENTS	\$			
TOTAL ASSETS		TOTAL LIABILITIES	\$			
NET WORTH	\$					

"\*" indicates obligations satisfied at or before loan closing.

### INTERVIEWER INFORMATION ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

INTERVIEWER INFORMATION						
Originator Name		Phone Number	Ext.			
Originator NMLSR Identifier	Originator License State and Number					
Company Name						
Company NMLSR Identifier	Company License State and Number					
	eenpany Electice etate and Hamber					
Company Address (street, city, state, ZIP)						

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## eCommunication (E-SIGN) Disclosure and Consent

I/We may consent to receiving electronic account statements, Ioan application, disclosures, billing statements, notices, Ioan documents, and other Bank documents (collectively the "Documents") in a Portable Document Format (PDF) to one or multiple email addresses. This electronic document delivery service replaces the creation of paper Documents and their delivery through land-based mail services. All Documents can be made available to you in printed form by calling 785-364-4691 or 888-362-4691. A nominal fee may be imposed for high volume requests. Additionally, your consent will apply to subsequent Documents that we are required or otherwise choose to provide from time to time.

**Email Addresses.** Electronic communications will be sent to the email address that you or any co-applicant provided in your application, and you agree to forward disclosures to all other applicants. If an email is returned as undelivered, we may use any other email address that we have for you or a co-applicant. We also reserve the right to use postal addresses. You must notify us of any change in your email address by calling 785-364-4691 or 888-362-4691 or emailing <u>fsbcomp@fsbks.com</u>. Unless otherwise required by law, you agree that any electronic communications will be deemed received by you when sent by means set forth above. In accordance with our privacy practices, your email address will not be shared or sold.

**Withdrawal of Consent.** You may withdraw your consent to receiving electronic communications by calling 785-364-4691 or 888-362-4691 or emailing <u>fsbcomp@fsbks.com</u>. Withdrawal by any one co-applicant will be effective for all applicants. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal. You will not be charged a fee for your withdrawal of consent. At our option, we may treat your provision of an invalid email address as a withdrawal of your consent to receive electronic communications. Your access and use of other electronic communications may be terminated.

**Consent Coverage; Notices from You Are Not Covered.** Applicable laws or contracts sometimes require you to give us "written" notices, and your consent herein does not relate to those items. In order to coordinate our processing, you must still provide us notice on paper.

Copies. You may print or make a copy of any electronic communications that are emailed to you.

**System Requirements.** In order to properly access and retain your electronic communications, you must have the following hardware and software (collectively, "System Requirements"):

- A device capable of accessing the Internet and sending and receiving email
- Internet access
- An Active email address
- A Current Version of a program that reads and displays PDF files (such as Adobe Acrobat Reader)
- A printer capable of printing copies of information for our records (if you desire paper records)

I/We **consent** to receiving electronic communication from The Farmers State Bank.

**Borrower Signature** 

Date

E-Mail Address

OR

I/We **do not consent** to receive electronic communication from The Farmers State Bank.

## **INSURANCE DISCLOSURE FOR CREDIT APPLICATION**

Applicant:

Lender:

The Farmers State Bank 209 Montana Avenue PO Box 465 Holton, KS 66436-0465 (888) 362-4691

#### IMPORTANT

#### DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

#### Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

#### Credit Disclosures.

- 1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
- 2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

#### Acknowledgment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

APPLICANT:

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Applicant

Date

# ACCEPTABLE INSURANCE

In order for insurance to be accepted, the following Key items must be shown on the insurance document:

- Name of Insured
- Comprehensive and Collision Coverage with deductibles not to exceed \$500.00
- Effective Date of Coverage
- Year, Make, and Vehicle Identification Number
- Borrower Can Not be excluded on the policy
- BANK MUST BE LISTED AS "LOSS PAYEE" (LIENHOLDER)

If a Certificate of Insurance has been added to a loan, the following information is required in order to cancel a certificate that has been added to the Borrowers loan:

- Declarations Page Only showing key information above.
- Letter from the agent showing all the key information above and MUST BE SIGNED BY THE AGENT.

COMPUTER PRINTOUT FROM AGENCY IS NOT ACCEPTABLE INSURANCE TO CANCEL AN EXISTING CERTIFICATE, UNLESS ALL THE INFORMATION ABOVE IS INCLUDED AND THE PRINTOUT HAS BEEN SIGNED AND DATED BY THE AGENT.