CREDIT REQUESTED

| Account Requested $\square$ Individual $\square$ Joint <br> 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

(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.




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 $1 / w e$ 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 and to 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.

## APPLICANT:

$x$
Applicant

X
Co-Applicant
Dat

| 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: $\square$ Approved $\square$ Denied $\square$ Incomplete $\square$ Counteroffer $\square$ Conditional Approval $\square$ Withdrawal $\square$ Other: |  |  |  |  |

Decision and Comments: $\square$ Approved $\square$ Denied $\square$ Incomplete $\square$ Counteroffer $\square$ Conditional Approval $\square$ Withdrawal $\square$ Other: $\qquad$

## CONSUMER PROTECTION IN SALES OF INSURANCE DISCLOSURE

In connection with any insurance product or annuity solicited, offered or sold by or on behalf of Community State Bank or any of its affiliates, any related application for credit by you may not be conditioned on either:
a. Your purchase of an insurance product or annuity from or on behalf of Community State Bank or any of its affiliates; or
b. Your agreement not to obtain or a prohibition of your obtaining an insurance product or annuity from an unaffiliated entity. You are free to purchase insurance products and annuities from another source.

This disclosure is to advise you that the purchase of any insurance product from on or behalf of Community State Bank or any of its affiliates is not a deposit or other obligation of, or guaranteed by Community State Bank or an affiliate of Community State Bank.

The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other federal government agency of the United States, Community State Bank, or any affiliate of Community State Bank.

Oral disclosure was given to consumer(s) (not required transactions conducted electronically or by mail).

$$
\overline{\text { Initial } \quad \text { Initial }}
$$

Consumer(s) agree that by signing below they have received a copy of said disclosure.

## Customer Signature

Customer Signature

## Date

## Date

Our Community. your BANK

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I/we have read this disclosure form, and understand its contents, as evidenced by my/our signature(s)

APPLICANT SIGNATURE

