

# Credit Application

COMMUNITY BANK  
5431 SW 29TH ST  
PO BOX 4876  
TOPEKA, KS 66604-4876

## Creditor

("You" means Applicant, *et al*; and "We" means Creditor)

**Important Information to Applicant(s).** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan or opens an account. **What this means for you.** When you apply for a loan or open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. **Read each instruction carefully before completing this form.**

## For Creditor Use

|             |           |               |
|-------------|-----------|---------------|
| Account No. | Class No. | Date Received |
|-------------|-----------|---------------|

## 1. Type of Application

Check only one of the three types:

☐ **Individual Credit** - You are relying solely on your income or assets.

☐ **Individual Credit** - You are relying on your income or assets as well as income or assets from other sources.

☐ **Joint Credit** - By initialing below, you intend to apply for "joint credit".

Applicant \_\_\_\_\_

Joint Applicant \_\_\_\_\_

## 2. Type of Requested Credit

|                                                                                                                                                                   |                                                                                                                                        |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------|
| <b>Application Date</b>                                                                                                                                           | <b>Amount</b><br>\$                                                                                                                    | <b>Financing Type</b><br><input type="checkbox"/> New<br><input type="checkbox"/> Refinance<br><input type="checkbox"/> Modification | <b>No. of Months</b>                                                                                                                                                                                                                                                                                                                                           | <b>Repayment Interval</b><br><input type="checkbox"/> Monthly<br><input type="checkbox"/> | <b>First Payment Date</b> |
| <b>Credit Type</b><br><input type="checkbox"/> Line of Credit<br><input type="checkbox"/> Loan<br><input type="checkbox"/> Sale<br><input type="checkbox"/> Lease | <b>Loan Purpose</b><br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Business<br><input type="checkbox"/> Consumer | <b>Security for Credit</b><br><input type="checkbox"/> Unsecured<br><input type="checkbox"/> Secured                                 | <b>Proceeds of Credit to Be Used for</b><br><input type="checkbox"/> To purchase property that will secure your credit<br><input type="checkbox"/> To purchase property that is a residential dwelling and is not real estate<br><input type="checkbox"/> To finance home improvements to a residential dwelling<br><input type="checkbox"/> Other (describe): |                                                                                           |                           |

## Applicant

## 3. Applicant Information

## Joint Applicant or Other Party

|                                                                                                                                                                                        |                                                    |                                                   |                                                                                                                                                                                        |                                                    |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <b>Full Name (First, Middle, Last)</b>                                                                                                                                                 |                                                    |                                                   | <b>Full Name (First, Middle, Last)</b>                                                                                                                                                 |                                                    |                                                   |
| <b>Gov't ID Type</b>                                                                                                                                                                   | <b>Gov't ID No.</b>                                | <b>Gov't ID Issued By</b>                         | <b>Gov't ID Type</b>                                                                                                                                                                   | <b>Gov't ID No.</b>                                | <b>Gov't ID Issued By</b>                         |
| <b>Gov't ID Issue Date</b>                                                                                                                                                             | <b>Gov't ID Exp. Date</b>                          | <b>Date of Birth</b>                              | <b>Gov't ID Issue Date</b>                                                                                                                                                             | <b>Gov't ID Exp. Date</b>                          | <b>Date of Birth</b>                              |
| <b>Soc. Sec. No.</b>                                                                                                                                                                   | <b>Primary Phone</b> <input type="checkbox"/> Cell | <b>Second Phone</b> <input type="checkbox"/> Cell | <b>Soc. Sec. No.</b>                                                                                                                                                                   | <b>Primary Phone</b> <input type="checkbox"/> Cell | <b>Second Phone</b> <input type="checkbox"/> Cell |
| <b>Email Address:</b>                                                                                                                                                                  |                                                    |                                                   | <b>Email Address:</b>                                                                                                                                                                  |                                                    |                                                   |
| <b>Present Address</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:                                                                |                                                    |                                                   | <b>Present Address</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:                                                                |                                                    |                                                   |
| <b>Previous Address</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:                                                               |                                                    |                                                   | <b>Previous Address</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:                                                               |                                                    |                                                   |
| <b>Dependents</b> No.: Ages:                                                                                                                                                           |                                                    |                                                   | <b>Dependents</b> No.: Ages:                                                                                                                                                           |                                                    |                                                   |
| <b>Nearest Relative (not living with you)</b><br>Name:<br>Address:<br>Telephone: <input type="checkbox"/> Cell                                                                         |                                                    |                                                   | <b>Nearest Relative (not living with you)</b><br>Name:<br>Address:<br>Telephone: <input type="checkbox"/> Cell                                                                         |                                                    |                                                   |
| <b>Your Relationship to us (or our affiliate)</b><br><input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer) |                                                    |                                                   | <b>Your Relationship to us (or our affiliate)</b><br><input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer) |                                                    |                                                   |
| <b>Have you ever received credit from us?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when: office/branch:                                                 |                                                    |                                                   | <b>Have you ever received credit from us?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when: office/branch:                                                 |                                                    |                                                   |

#### 4. Asset and Debt Information

*If the "Joint Applicant" or "Other Party" Sections were completed, this Section should be completed by giving information about both the Applicant, and the Joint Applicant or Other Party, if applicable.*

##### Assets Owned

| Type of Asset or Description                            | Account Number | Current Market Value | Remaining Balance of Lien<br>(Enter "0" if none) | Asset Owner's Name |
|---------------------------------------------------------|----------------|----------------------|--------------------------------------------------|--------------------|
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
|                                                         |                | \$                   | \$                                               |                    |
| <input type="checkbox"/> Amounts from Continuation Form |                | \$                   | \$                                               |                    |
| <b>Total Assets</b>                                     |                | \$                   | \$                                               |                    |

##### Outstanding Debts (This section should be charge accounts, installment contracts, credit cards, rent, mortgages and other obligations.)

| Creditor Name                                           | Type of Debt, or Account Number       | Original Amount | Present Balance | Monthly Payment | Debtor's Name | Past Due<br>(Yes/No) |
|---------------------------------------------------------|---------------------------------------|-----------------|-----------------|-----------------|---------------|----------------------|
| Landlord                                                | <input type="checkbox"/> Rent Payment |                 |                 | \$              |               |                      |
|                                                         | <input type="checkbox"/> Mortgage     | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
|                                                         |                                       | \$              | \$              | \$              |               |                      |
| <input type="checkbox"/> Amounts from Continuation Form |                                       | \$              | \$              | \$              |               |                      |
| <b>Total Debts</b>                                      |                                       | \$              | \$              | \$              |               |                      |

| Credit References - Name | Original Amount Borrowed | Date Paid in Full |
|--------------------------|--------------------------|-------------------|
|                          | \$                       |                   |
|                          | \$                       |                   |
|                          | \$                       |                   |

| <i><b>Applicant</b></i>                                                                                                                                                                                                                                                                                                                                                        | <i><b>5. Employment Information</b></i>                                                                                      | <i><b>Joint Applicant or Other Party</b></i>                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1st Employer:</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.:<br>Name:<br>Address:<br><br>Mgr.: Phone:<br>Gross Monthly Salary/Comm.: \$<br>Position/Title:                                                                                                                                               |                                                                                                                              | <b>1st Employer:</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.:<br>Name:<br>Address:<br><br>Mgr.: Phone:<br>Gross Monthly Salary/Comm.: \$<br>Position/Title:                                                                                                                                               |
| <b>2nd Employer:</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.:<br>Name:<br>Address:<br><br>Mgr.: Phone:<br>Gross Monthly Salary/Comm.: \$<br>Position/Title:                                                                                                                                               |                                                                                                                              | <b>2nd Employer:</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.:<br>Name:<br>Address:<br><br>Mgr.: Phone:<br>Gross Monthly Salary/Comm.: \$<br>Position/Title:                                                                                                                                               |
| <b>3rd Employer:</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.:<br>Name:<br>Address:<br><br>Mgr.: Phone:<br>Gross Monthly Salary/Comm.: \$<br>Position/Title:                                                                                                                                               |                                                                                                                              | <b>3rd Employer:</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.:<br>Name:<br>Address:<br><br>Mgr.: Phone:<br>Gross Monthly Salary/Comm.: \$<br>Position/Title:                                                                                                                                               |
| <i><b>Applicant</b></i>                                                                                                                                                                                                                                                                                                                                                        | <i><b>6. Other Income</b></i>                                                                                                | <i><b>Joint Applicant or Other Party</b></i>                                                                                                                                                                                                                                                                                                                                   |
| <b>Alimony, child support, or separate maintenance income <u>need not</u> be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b><br><br>Alimony, child support, separate maintenance received under:<br><input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral understanding |                                                                                                                              | <b>Alimony, child support, or separate maintenance income <u>need not</u> be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b><br><br>Alimony, child support, separate maintenance received under:<br><input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral understanding |
| <b>Other Income:</b><br>\$ _____ per Month<br>Source:                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | <b>Other Income:</b><br>\$ _____ per Month<br>Source:                                                                                                                                                                                                                                                                                                                          |
| <b>Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off:</b><br><input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No                                                                                                                                                                                     |                                                                                                                              | <b>Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off:</b><br><input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No                                                                                                                                                                                     |
| <i><b>Applicant</b></i>                                                                                                                                                                                                                                                                                                                                                        | <i><b>7. Other Obligations</b></i>                                                                                           | <i><b>Joint Applicant or Other Party</b></i>                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Amount: \$<br>For whom:<br>To whom:                                                                                                                                                                                                                                                                        | Are you a co-maker, endorser, co-signer, surety, or guarantor on any loan, contract or other obligation?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Amount: \$<br>For whom:<br>To whom:                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Amount per month: \$<br>To whom:                                                                                                                                                                                                                                                                           | Are there any unsatisfied judgments against you?                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Amount per month: \$<br>To whom:                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Where:<br>Year:                                                                                                                                                                                                                                                                                            | Have you been declared bankrupt in the last 10 years?                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Where:<br>Year:                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Amount per month: \$<br>To whom:                                                                                                                                                                                                                                                                           | Are you obligated to make Alimony, Support or Maintenance Payments?                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,<br>Amount per month: \$<br>To whom:                                                                                                                                                                                                                                                                           |
| <i><b>8. Property Information (if secured)</b></i>                                                                                                                                                                                                                                                                                                                             |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Property Type</b><br><input type="checkbox"/> Boat or Vessel<br><input type="checkbox"/> Certificate of Deposit<br><input type="checkbox"/> Deposit Account<br><input type="checkbox"/> Manufactured Home<br><input type="checkbox"/> Motor Vehicle<br><input type="checkbox"/>                                                                                             | <b>Property Description</b><br><br><input type="checkbox"/> Residential Dwelling <input type="checkbox"/> Homestead Property | <b>Property Location and Address</b>                                                                                                                                                                                                                                                                                                                                           |
| <b>Primary Use of Property</b><br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Business<br><input type="checkbox"/> Consumer                                                                                                                                                                                                                              | <b>Property Owner(s) Names &amp; Addresses</b>                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |

| <b>Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9. Marital Status</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Joint Applicant or Other Party</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |              |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|----------------|
| <p><b>Leave blank, unless:</b></p> <p>(1) the credit will be secured, or</p> <p>(2) you reside in a community property state, or</p> <p>(3) you are relying on property, located in a community property state, as a basis for repayment.</p> <p><input type="checkbox"/> Married (as defined by state law; incl. domestic partnership, civil union)</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (including single, divorced, widowed)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Leave blank, unless:</b></p> <p>(1) the credit will be secured, or</p> <p>(2) you reside in a community property state, or</p> <p>(3) you are relying on property, located in a community property state, as a basis for repayment.</p> <p><input type="checkbox"/> Married (as defined by state law; incl. domestic partnership, civil union)</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (including single, divorced, widowed)</p> | <p><b>Leave blank, unless:</b></p> <p>(1) the credit will be secured, or</p> <p>(2) you reside in a community property state, or</p> <p>(3) you are relying on property, located in a community property state, as a basis for repayment.</p> <p><input type="checkbox"/> Married (as defined by state law; incl. domestic partnership, civil union)</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (including single, divorced, widowed)</p> |                 |              |                |
| <b>10. Additional Information or Explanations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <b>11. Notices</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <p><b>California Residents.</b> Each applicant, if married, may apply for a separate account.</p> <p><b>New York Residents.</b> A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered, we will tell you the name and address of the consumer reporting agency that provided the report. Subsequent reports may be ordered or utilized in connection with an update, renewal or extension of credit for which you have applied.</p> <p><b>Ohio Residents.</b> The Ohio laws against discrimination require all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.</p> <p>Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p><b>Texas Residents.</b> The owner of the homestead is not required to apply the proceeds of the extension of credit to repay another debt except debt secured by the homestead or debt to another lender.</p> <p><b>Wisconsin Residents.</b> Notice to Married Applicants. No provision of any marital property agreement, unilateral statement under Wisc. Statutes § 766.59 or a court decree under Wisc. Statutes § 766.70 adversely affects the interests of the Creditor unless the Creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the Creditor is incurred.</p> <p>For Married Wisconsin Residents. The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the Creditor may be required by law to give notice of this transaction to my spouse.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <b>12. Certifications, Authorizations and Signatures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <p>You certify that everything you have stated in this Credit Application and on any other documents submitted to us are true and correct to the best of your knowledge. You understand that you must update the information contained in this Credit Application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this Credit Application whether or not it is approved.</p> <p>You authorize us to request one or more consumer reports, to check and verify your credit and employment history, and to answer questions others may ask us about our credit experience with you.</p> <p>You authorize us to contact you using any of the telephone numbers listed on this Credit Application or that you subsequently provide us in connection with your credit account - regardless whether the number we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which you may be charged for the call. You further authorize us to contact you through the use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device.</p> <p><input type="checkbox"/> <b>Electronic Signature.</b> If checked, You further agree that you have signed this <i>Credit Application</i> with one or more electronic signatures. You intend your electronic signature to have the effect of your written ink signature. You viewed and read the entire <i>Credit Application</i> and notices before you signed it. You received a paper copy of this <i>Credit Application</i> after it was signed. You understand that this <i>Credit Application</i> is in the electronic form that we will keep. We may rely on, and enforce, this <i>Credit Application</i> in the electronic form or as a paper version of the electronic form.</p>                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <p>Applicant Signature _____</p> <p style="text-align: right;">Date _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Joint Applicant, or Other Party, Signature _____</p> <p style="text-align: right;">Date _____</p> <p style="text-align: center;">(if applicable)</p>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <p>Notice: It is a federal crime punishable by fine, imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code § 1001, <i>et seq.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <b>Mortgage Loan Originator Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <p>If this <i>Credit Application</i> is secured by a consumer's residential dwelling that is owned by you, we may be required under federal or state law to disclose our mortgage loan origination identification number(s), which are as follows, if applicable:</p> <ul style="list-style-type: none"> <li>◆ Mortgage Loan Originator Name and Identifier:</li> <li>◆ Mortgage Loan Origination Company Name and Identifier:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| <b>For Creditor Use</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Received By                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date Action Taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Action Taken By | Action Taken | Reason Code(s) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |                |

**TYPE OF CREDIT REQUESTED**

**LENDER:**

Community Bank  
5431 SW 29<sup>th</sup> Street  
Topeka, Kansas 66614

**APPLICANT(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOAN #:** \_\_\_\_\_

.....  
**IMPORTANT:** Indicate the appropriate type of credit being requested.

\_\_\_\_\_ **INDIVIDUAL CREDIT** – Relying solely on my income or assets

\_\_\_\_\_ **INDIVIDUAL CREDIT** – Relying on my income or assets as well as income or assets from  
other sources

\_\_\_\_\_ **JOINT CREDIT** – We intend to apply for joint credit

\*\*\*\*\*  
**ACKNOWLEDGMENT:**

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(Date)

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**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. 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.

\_\_\_\_\_  
Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consumer

\_\_\_\_\_  
Date