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| Interest Rates and Interest Charges | |
| | Visa® |
| Annual Percentage Rate (APR) for Purchases | 13.75% Variable Prime + 7% |
| APR for Balance Transfers | 13.75% Variable |
| APR for Cash Advances | 15.75% Variable |
| Penalty APR and When it Applies | None |
| Paying Interest | Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases and/or balance transfers if you pay your entire balance by the due date. We will begin charging interest on cash advances on the transaction date. |
| Minimum Interest Charge | None |
| For Credit Card Tips from the Consumer Financial Protection Bureau | To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore |
| Fees | Visa® |
| Annual Fee | \$20.00 Annual fee waived with deposit relationship. |
| Transaction Fees | <ul style="list-style-type: none"> • Balance Transfer 3% or \$5 whichever is greater • Cash Advances 5% or \$10 whichever is greater • Foreign Transaction Up to 1.0% |
| Penalty Fees | <ul style="list-style-type: none"> • Late Payment Up to \$30.00 • Over-the-Credit Limit None • Returned Payment Up to \$30.00 |
| Other Fees | None |

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases).* An explanation of this method is provided in your account agreement.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

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| CREDIT APPLICATION | | Check Account Choice: (Signature required for joint applicant) Visa® | <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account We intend to apply for joint credit Applicant Initials _____ Co-Applicant Initials _____ <input type="checkbox"/> Credit Line Increase | | | | | |
| Credit Limit Requested \$ _____ | | | | | | | | |
| IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you 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. | | | | | | | | |
| APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application. | Last Name | First | Middle | Social Security Number | | | | |
| | Date of Birth | No. of Dependents | Home Phone () | Cell Phone () | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other | Monthly Payment \$ | | |
| | Current Address | | City | | State | Zip Code | How Long (yrs) | |
| | Mailing Address (if different from above) | | City | | State | Zip Code | How Long (yrs) | |
| | Previous Address (if less than 2 years at present address) | | City | | State | Zip Code | How Long (yrs) | |
| | Employer | | | Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No | | Work Phone () | Date Employed | |
| | Address | | | | Position/Occupation | | | Monthly Gross Income \$ |
| | Name and Address of Previous Employer (if less than 2 years at present employer) | | | | | | | How Long (yrs) |
| | Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness | | | | | | | Amount per Month \$ |
| | Nearest Relative (Not Living With You) | | | | Home Phone () | | | Relationship |
| CO-APPLICANT Intended for joint applicant, this information is not required for an individual account. | Last Name | First | Middle | Social Security Number | | | | |
| | Date of Birth | No. of Dependents | Home Phone () | Cell Phone () | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other | Monthly Payment \$ | | |
| | Current Address | | City | | State | Zip Code | How Long (yrs) | |
| | Previous Address (if less than 2 years at present address) | | City | | State | Zip Code | How Long (yrs) | |
| | Employer | | | Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No | | Work Phone () | Date Employed | |
| | Address | | | | Position/Occupation | | | Monthly Gross Income \$ |
| | Name and Address of Creditor | | Name under Which Account is Carried | | Account Number | | Balance | Monthly Payment |
| | 1. Home Mortgage/Rent | | | | | | | |
| | 2. Bank Credit Card/Bank Name and Address | | | | | | | |
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| SIGNATURES <small>Attach Additional Sheets if Necessary</small> | PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. | | | | | | | |
| | X _____ Applicant Signature Date _____ Co-Applicant Signature Date _____ | | | | | | | |
| | Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account. | | | | | | | |
| | <input type="checkbox"/> Credit Card Account Number _____ Amount to be transferred \$ _____ Signature _____ | | | | | | | |
| TRANSFER OF BALANCE REQUEST | Date Approved | | | | | | | |
| | Credit Line | | Officer's Signature | | Branch Number | | | |
| FOR INTERNAL USE ONLY | | | | | | | | |