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| Interest Rates and Interest Charges                                | Visa®                                                                                                                                                                                                                                                                                  |
| Annual Percentage Rate (APR) for Purchases                         | 14%<br>Variable<br><br>Prime + 7%                                                                                                                                                                                                                                                      |
| APR for Balance Transfers                                          | 14%<br>Variable                                                                                                                                                                                                                                                                        |
| APR for Cash Advances                                              | 16%<br>Variable                                                                                                                                                                                                                                                                        |
| Penalty APR and When it Applies                                    | None                                                                                                                                                                                                                                                                                   |
| Paying Interest                                                    | Your due date is at least <b>25</b> 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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .                                  |
| Fees                                                               | Visa®                                                                                                                                                                                                                                                                                  |
| Annual Fee                                                         | \$20.00 Annual fee waived with deposit relationship.                                                                                                                                                                                                                                   |
| Transaction Fees                                                   | <div><div>• Balance Transfer</div><div>3% or \$5 whichever is greater</div><div>• Cash Advances</div><div>5% or \$10 whichever is greater</div><div>• Foreign Transaction</div><div>Up to 1.0%</div></div>                                                                             |
| Penalty Fees                                                       | <div><div>• Late Payment</div><div>Up to \$30.00</div><div>• Over-the-Credit Limit</div><div>None</div><div>• Returned Payment</div><div>Up to \$30.00</div></div>                                                                                                                     |
| 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:<br>(Signature required for joint applicant) |                      | Visa®<br><input type="checkbox"/> Individual Account<br><input type="checkbox"/> Joint Account<br>We intend to apply for joint credit<br>Applicant Initials_____Co-Applicant Initials _____<br><input type="checkbox"/> Credit Line Increase |                                                                                                 |                    |                     |  |
| <b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:</b> 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<br><br>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<br>(    )                                                      |                                                                   | Cell Phone<br>(    ) |                                                                                                                                                                                                                                              | Own<br><input type="checkbox"/> Rent Other<br><input type="checkbox"/> <input type="checkbox"/> | 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                   | Work Phone<br>(    ) |                                                                                                                                                                                                                                              | 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<br>(    ) |                                                                                                                                                                                                                                              | Relationship                                                                                    |                    |                     |  |
| CO-APPLICANT<br><br>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<br>(    )                                                      |                                                                   | Cell Phone<br>(    ) |                                                                                                                                                                                                                                              | Own<br><input type="checkbox"/> Rent Other<br><input type="checkbox"/> <input type="checkbox"/> | 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                   | Work Phone<br>(    ) |                                                                                                                                                                                                                                              | Date Employed                                                                                   |                    |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                   |                                     |                                                                           |                                                                   | Position/Occupation  |                                                                                                                                                                                                                                              | Monthly Gross Income \$                                                                         |                    |                     |  |
| CREDIT INFO<br><br>Attach Additional Sheets if Necessary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                   |                                     |                                                                           |                                                                   |                      |                                                                                                                                                                                                                                              |                                                                                                 |                    |                     |  |
| SIGNATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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.<br>X_____X_____<br>Applicant SignatureDateCo-Applicant SignatureDate |  |                   |                                     |                                                                           |                                                                   |                      |                                                                                                                                                                                                                                              |                                                                                                 |                    |                     |  |
| TRANSFER OF BAL REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.<br><input type="checkbox"/> Credit Card Account Number_____Amount to be transferred \$ _____<br>Signature_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                   |                                     |                                                                           |                                                                   |                      |                                                                                                                                                                                                                                              |                                                                                                 |                    |                     |  |
| FOR INTERNAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                   |                                     |                                                                           |                                                                   |                      |                                                                                                                                                                                                                                              |                                                                                                 |                    |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Credit Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   | Officer's Signature                 |                                                                           |                                                                   |                      | Branch Number                                                                                                                                                                                                                                |                                                                                                 |                    |                     |  |