CONSUMER LOAN APPLICATION

		and money	laundering act	ivities, F	Federal	law requires all fin	ancial institutio	ons to obtain, verify, and	d reco	rd information	that identifies each
person who opens an account. What this means for you: When driver's license or other identifying		we will ask	for your nam	e, addre	ss, dat	e of birth, and othe	er information	that will allow us to ider	ntify y	rou. We may	also ask to see your
TO: Name/Address of Lender					W	hat type of credit a	re you requesti	ng? (Please check appr	opriate	box:)	
FIRST NATIO	ONAL BANK	MINNES	SOTA			SECURED	UNSECURE Own income of	OF CREDIT			SED-END M LOAN
						INDIVIDUAL (JOINT <i>(please</i>		r assets plus income or a	issets	from other sou	
Loan Amount	Interest Rate	Term			Pa	yment	Purpose				
LOAN ORIGINATION COMPANY NAME	. E:						LOAN ORIGIN	ATION COMPANY IDENTIFE	R:		
LOAN ORIGINATOR NAME:					CICNI			ATOR LICENSE NUMBER:			
Name (Last)		(First)	APPLICA	NT/CO-	-SIGNE	(MI)		D Number (SSN/TIN)		Date of Birth	
Street Address						Driver's License/I	D Number	Stat	te	Phone Numb	er
City	State			ZIP Code	9	County		How Long There	No.	of Dependents	Age of Dependents
Previous Address (if less than 2 ye	ears at current addres	s)							1		1
Employer			Address							Phone Num	ber
Position			How Long			Gross		Weekly Monthly			
Previous Employer		Add	iress		How	Often Paid		Average Monthly C Position	overtime		łow Long
Nearest Relative Not Living With Y	You							Relationship			
Address			City			State		ZIP Code	Rela	ative's Phone	Number
Present Mortgage Holder/Landlord										Phone Num	ber
Own	Rent		Monthly Payr	nent \$							
Immigration Status U.S. Cit		esident of U.S.									
	nt of the credit reques		1					mmunity property state or	is relyi	ing on property	/ located in such a
Other Income: Amount \$	Separated	Free	quency	iciuulity	single,	divorced, and wido	Source				
Alimony, Child Support, Separate income from alimony, child support									ayment	s. However,	if you are relying on
Payment Received Pursuant to: Alimony per Month \$	Court Order	W	ritten Agreeme	nt		7					
		Child Suppo	ort per Month			Oral Understandin		laintenance Payment per	Month	\$	
			ort per Month		ANT	INFORMATION	Separate M		Month		
Name (Last)		Child Suppo (First)	ort per Month	\$	ANT	1	Separate M	laintenance Payment per D Number (SSN/TIN)	Month	\$ Date of Birth	
Name (Last) Street Address			ort per Month	\$	ANT	INFORMATION	Separate M				
	State		CO-1	\$		INFORMATION (MI)	Separate M	D Number (SSN/TIN)	te	Date of Birth	
Street Address	State	(First)	CO-1	\$ APPLIC		(MI)	Separate M	D Number (SSN/TIN) Stat	te	Date of Birth Phone Numb	er
Street Address City	State	(First)	CO-1	\$ APPLIC		(MI)	Separate M	D Number (SSN/TIN) Stat	te	Date of Birth Phone Numb	er Age of Dependents
Street Address City Previous Address <i>(if less than 2 ye</i>	State	(First)	CO-1	\$ APPLIC	•	(MI)	Separate M Taxpayer II D Number	D Number (SSN/TIN) Stat	te No.	Date of Birth Phone Numbroof Dependents Phone Num	er Age of Dependents
Street Address City Previous Address <i>(if less than 2 yr</i> Employer	State	(First) (S)	Address	\$ APPLIC	•	INFORMATION (MI) Driver's License/I County Gross Net	Separate M Taxpayer II D Number	D Number (SSN/TIN) Stat How Long There Weekly Monthly	te No.	Date of Birth Phone Numbro of Dependents Phone Num e Pay \$	er Age of Dependents
Street Address City Previous Address <i>(if less than 2 y</i> Employer Position	State rears at current address	(First) (S)	Address	\$ APPLIC	•	INFORMATION (MI) Driver's License/I County Gross Net	Separate M Taxpayer II D Number	D Number (SSN/TIN) Stat How Long There Weekly Monthly Average Monthly C	te No.	Date of Birth Phone Numbro of Dependents Phone Num e Pay \$	er Age of Dependents bber
Street Address City Previous Address <i>(if less than 2 yr</i> Employer Position Previous Employer	State rears at current address	(First) (S)	Address	\$ APPLIC	•	INFORMATION (MI) Driver's License/I County Gross Net	Separate M Taxpayer II D Number	D Number (SSN/TIN) Stat How Long There Weekly Monthly Average Monthly C Position	te No. \$	Date of Birth Phone Numbro of Dependents Phone Num e Pay \$	er Age of Dependents Iber
Street Address City Previous Address <i>(if less than 2 yr</i> Employer Position Previous Employer Nearest Relative Not Living With Y	State rears at current address	(First) (S)	Address How Long	\$ APPLIC	•	INFORMATION (MI) Driver's License/I County Gross Net	Separate M	D Number (SSN/TIN) Stat How Long There Weekly Monthly Average Monthly C Position Relationship	te No. \$	Date of Birth Phone Numb of Dependents Phone Num e Pay \$	er Age of Dependents iber iow Long Number
Street Address City Previous Address (if less than 2 y Employer Position Previous Employer Nearest Relative Not Living With Y Address Present Mortgage Holder/Landlord Own	State rears at current address	(First) (S)	Address How Long	\$ APPLIC	•	INFORMATION (MI) Driver's License/I County Gross Net	Separate M	D Number (SSN/TIN) Stat How Long There Weekly Monthly Average Monthly C Position Relationship	te No. \$	Date of Birth Phone Numb of Dependents Phone Num e Pay \$ the second seco	er Age of Dependents iber iow Long Number
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Street Address City Previous Address <i>(if less than 2 y)</i> Employer Position Previous Employer Nearest Relative Not Living With Y Address Present Mortgage Holder/Landlord Cown Immigration Status U.S. Cit Married	State rears at current address You Rent	(First) (S) Add esident of U.S	Address Address How Long City Monthly Payr Unmarried (i	\$ APPLIC	e How	INFORMATION (MI) Driver's License/I County Gross Net	Separate M	D Number (SSN/TIN) Stat How Long There Weekly Monthly Average Monthly C Position Relationship	te No. \$	Date of Birth Phone Numb of Dependents Phone Num e Pay \$ the second seco	er Age of Dependents iber iow Long Number
Street Address City Previous Address <i>(if less than 2 y)</i> Employer Position Previous Employer Nearest Relative Not Living With Y Address Present Mortgage Holder/Landlord Down Immigration Status U.S. Ci Marital Status: Married Other Income: Amount \$ Alimony, Child Support, Separate	State rears at current address You You Rent itizen Perm. Re Separated Maintenance Payment	(First) (First) (S) (Add esident of U.S) (Free S: You are r	Address Address How Long ress City Unmarried (i quency not required to	\$ APPLIC. ZIP Code Intervention	e How single,	INFORMATION (M) Driver's License/I County County Gross Net Often Paid divorced, and wide	Separate M	D Number (SSN/TIN)	te No. \$ Overtime Rela	Date of Birth Phone Numbr of Dependents Phone Num Phone	er Age of Dependents Age of Dep
Street Address City Previous Address (If less than 2 yr Employer Position Previous Employer Nearest Relative Not Living With Y Address Present Mortgage Holder/Landlord Coven Immigration Status U.S. Ci Marital Status: Married Other Income: Amount \$ Alimony, Child Support, Separate income from alimony, child support Payment Received Pursuant to:	State rears at current address You You Rent itizen Perm. Re Separated Maintenance Payment	(First) (First) (First) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	Address Address How Long Iress City Monthly Payr City Monthly Payr City Iumarried (i quency not required to the as a basis ritten Agreement	\$ APPLIC ZIP Code I I I I I I I I I I I I I I I I I I I	e How single,	INFORMATION (M) Driver's License/I County County Gross Net Often Paid divorced, and wide	Separate M	D Number (SSN/TIN) Stat How Long There Weekly Monthly Average Monthly Position Relationship ZIP Code separate maintenance p the information below.	te No. \$ Overtime ayment	Date of Birth Phone Numb of Dependents Phone Num e Pay \$ f ative's Phone Phone Num s. However,	er Age of Dependents Age of Dep
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			COLL	ATERA	AL INFORMATION				
Collateral to Secure Account: The description should include make, year, length, loan value, selling price, existing liens, serial numbers, name(s) of titleholder(s), legal description, license or registration numbers, etc., as may be applicable.									
				CURR	ENT ASSETS				
Please attac	h additional sheet(s) if more space is required DESCRIPTION OF ASSET	I for the Cu	urrent Assets sect		IER NAME(S)				/ALUE
	DESCRIPTION OF ASSET			OWN			SUBJECT TO LIEN		VALUE
Total Assets	from Addendum								
TOTAL ASS									
			0	UTST	ANDING DEBTS		1		
	g are all of the loans or debts you presently ou are obligated to make. Please attach addi					cards, rer	nts, mortgages, alimony	y, child support, and	separate maintenance
Use the firs	t column (Applicant Code) to indicate whethe	r the debt i	is the responsibility	of the	e Applicant (A), Co-Applicant	(C), or Jo	pint Applicants (J).		
	1								
APPLICANT CODE	NAME OF CREDITOR		ACCOUNT NUMBER		ORIGINAL AMOUNT		CURRENT BALANCE	MONTHLY PAYMENTS	Check box if to be paid from proceeds
						+			
	Total Debts from Addendum								+
	TOTAL DEBTS					1			
of obtaining the loan applied for. I warrant that the financial obligations I disclosed in this application and in support of this application are complete and that I have no other outstanding financial obligations of any kind, including any guarantor or cosigner liability. Lender, its agents, successors, and assigns, will rely on the information contained in this application, and I have a continuing obligation to amend and supplement the information provided in this application if any of the material facts I represented should change before closing. If I have left any spaces in this application blank, Lender, its agents, successors, and assigns, may assume the information requested is adverse. I authorize Lender, its agents, successors, and assigns, have not provided any tax advice to me. Lender, its agents, successors, and assigns, and employees, to investigate and verify all information any properly receive that information. If Lender approves this application and lender, its agents, successors, and assigns, have not provided any tax advice to me. Lender, its agents, successors, and assigns, are required to report the amount of interest paid on the loan to the Internal Revenue Service, I understand that Lender, its agents, successors, and assigns, will report using the Social Security Number (tax identification number) shown above. I understand that if the Social Security Number is incorrect, that I may be subject to Internal Revenue Service penalties. I understand Lender, its agents, successors, and assigns, will keep this application. I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentations of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq., and l									
Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transactions; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card).									
Loan Appro	val (Indicate Conditions of Loan, if Any)		(CREDIT	OR USE ONLY				
Date Applicati	on Received By								Amount Requested
Date Anylinetics Completed Associated By									
Date Application Completed Approved By Amount Approved									
This application was taken by: Face-to-Face Interview Mail Telephone Internet									
Principal	Reason(s) for Adverse Action Concerning Cred	it							
	Credit File ficient Number of Credit References Provided	1		Unac	cceptable Type of Credit Refer	ences	Un	able to Verify Credit R	eferences
	ed Credit Experience	-		_	r Credit Performance With Us			able to Verify Employm	ent
	ection Action or Judgment			_	porary or Irregular Employment fficient Length of Employment			able to Verify Income able to Verify Residence	e
	ishment or Attachment closure or Repossession			_	fficient Income for Amount of		· –	lue or Type of Collatera	I Not Sufficient
	iquent Credit Obligations (past or present wi	th others)		-	essive Obligations in Relation	to Income		acceptable Appraisal	Estate
	ruptcy ber of Recent Inquiries on Credit Bureau Rep	ort		_	fficient Length of Residence		We	e Do Not Grant Credit	to Any Applicant
	ber of Recent Inquiries on Credit Bureau Rep r - Specify:	ort	L	_			on	the Terms and Conditi	ons You Request.
Customer	dentification Program (CIP) Record Information	n <i>(Describe</i>	Additional Data	Collecte	d Pursuant to Institution's CIF	9			
Applicant/Co	signer:								
Ann	cant/Cosigner Information Collected and Ver	ified in Acc	ordance with CIP	(initial)					
Applicant/Cosigner Information Collected and Verified in Accordance with CIP (initial)									
Co-A	pplicant Information Collected and Verified i	n Accordanc	e with CIP <i>(initia</i>	0					
e									

IMPORTANT NOTICE

DO NOT SIGN THIS FORM UNTIL YOU READ IT AND UNDERSTAND ITS CONTENTS

Insurance and/or annuity products may be solicited, offered or sold in connection with the type of credit for which you have applied. We cannot, as a condition for you to obtain the credit:

- require you to purchase an insurance product or annuity from us, or from any of our affiliates; or
- make you agree not to obtain, or prohibit you from obtaining, an insurance product or annuity from another company that is not affiliated with us.

INSURANCE / ANNUITY PRODUCTS DISCLOSURE

Any insurance product or annuity that you may agree to purchase from us or our affiliates:

- is not a deposit or other obligation of ours, or our affiliates; and
- is not guaranteed by us or our affiliates; and
- is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States (with the exception of any federal crop insurance or federal flood insurance); and
- is not insured by us or our affiliates; and
- if the insurance product or annuity that you agree to purchase from us or our affiliates involves investment risk, this risk includes the possible loss of value and principal.

ACKNOWLEDGMENT. Each undersigned Applicant hereby acknowledges receipt of this Credit Application Disclosure For Insurance / Annuity Products on the date indicated below, and has read and understood its contents.

Signatures are set forth below:

x		
	Date	
x		
	Date	

CERTIFICATION. The undersigned hereby certifies that on behalf of Lender he/she orally provided the above disclosures to the Applicant(s) on the date noted below.

First National Bank Minnesota

By _____ Date: _____

Its

JOINT CREDIT APPLICATION

By signing below, applicants acknowledge their intent to apply jointly for the credit requested.

Date _____
