

CREDIT APPLICATION

IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.

- ☐ If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- ☐ If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E. WE INTEND TO APPLY FOR JOINT CREDIT: _____
- ☐ If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN OR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required. The information you provide is protected by our privacy policy and federal law.

AMOUNT REQUESTED \$	PAYMENT DATE DESIRED	PROCEEDS OF CREDIT TO BE USED FOR
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SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First Middle)	BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE	Ext.
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Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a dependent of a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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ARE YOU A U.S. PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	MILITARY ID
	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:	OTHER (TRIBAL ID, ETC.)

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND	HOW LONG AT PRESENT ADDRESS?
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PREVIOUS ADDRESS (Street, City, State, & Zip)	HOW LONG AT PREVIOUS ADDRESS?	EMAIL ADDRESS
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PRESENT EMPLOYER (Company Name & Address)	OCCUPATION	POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR
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PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG WITH PREVIOUS EMPLOYER?
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YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS
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Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Alimony, child support, or separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
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Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Checking Acct. No. Where? Savings Acct. No. Where?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First, Middle)	RELATIONSHIP TO APPLICANT (If Any)	BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE	Ext.
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Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a dependent of a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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ARE YOU A U.S. PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	MILITARY ID
	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:	OTHER (TRIBAL ID, ETC.)

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND	HOW LONG AT PRESENT ADDRESS?
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PRESENT EMPLOYER (Company Name & Address)	OCCUPATION	POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR
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PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG WITH PREVIOUS EMPLOYER?
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YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS
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Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Alimony, child support, or separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
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Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Checking Account No. Where? Savings Account No. Where?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

APPLICANT <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)	OTHER PARTY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)
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APPLICANT <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)	OTHER PARTY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)
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APPLICANT <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)	OTHER PARTY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)
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SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes / No	NAMES OF OWNERS
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1.			
2.			
3.			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT (Omit Rent)	PRESENT BALANCE (Omit Rent)	MONTHLY PAYMENTS	PAST DUE? Yes / No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$	
TOTAL DEBTS			\$	\$	\$	

CREDIT REFERENCES (Paid off Accounts)	DATE PAID OFF

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you the co-maker, endorser, or guarantor on any loan or contract? ☐ No ☐ Yes - For Whom? To Whom?

Are there any unsatisfied judgments against you? ☐ No ☐ Yes - Amount \$ If "Yes", To Whom Owed?

Have you been declared bankrupt in the last 10 years? ☐ No ☐ Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

.....

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

.....

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

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SIGNATURES, CERTIFICATIONS AND AUTHORIZATIONS

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me. I understand that I must update the information contained in this Credit Application if either my financial condition materially changes or the financial institution makes a request orally or in writing.

I authorize you to contact me using any of the telephone numbers listed on the Credit Application or that I subsequently provide you in connection with my credit account. Including any numbers that are assigned to a paging service, cellular telephone service, specialized mobile radio service, other common carrier service or any other service for which I may be charged for the call. I further authorize you to contact me through the use of voice, text and email, and through the use of prerecorded/artificial voice messages or an automatic dialing device.

☐ **Electronic Signature** - If checked, I further agree that I have signed this Credit Application with one or more electronic signatures. I intend my electronic signature to have the effect of my written ink signature. I viewed and read the entire Credit Application and notices before I signed it. I received a paper copy of this Credit Application after it was signed. I understand that this Credit Application is in an electronic form that we will keep on file. We may rely on, and enforce, this Credit Application in the electronic form or as a paper version of the electronic form.

APPLICANT'S SIGNATURE _____ DATE _____ OTHER SIGNATURE (Where Applicable) _____ DATE _____

FEDERAL CREDIT APPLICATION INSURANCE DISLCOSURE

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

SMS NOTICE AND OPT IN/ OPT OUT DISCLOSURE FORM

Customer Name:

Cell Phone Number:

☐ New Customer

☐ Existing Customer

As a convenience to you, McKenzie Banking Company/Foundation Bank aka “the Bank” offers Short Message Service (SMS) notifications, commonly known as “text messages,” or by automated dialing devices in order to provide you with promotional offers, account and/or loan information.

How to Enroll

You may elect to receive these text messages by completing this form and initializing the type(s) of text messages you wish to receive:

___ Opt In – **Account / Loan / Marketing/ Solicitation** – The text message you receive may provide you with checking and/or loan account information or promotional offers on various bank products that we feel may be of interest to you.

___ Opt-Out – **Declined** - Does NOT want to receive text messages.

System/Hardware Requirements

To receive text message notifications, you must provide a valid cell phone number for a device with SMS text message capabilities (active service, sufficient storage capacity to receive text messages, etc.).

Charges and Fees

The Bank does not charge any fees for these services; however, you may be charged fees by your cell phone provider for receiving SMS text messages (as message and data rates may apply). If you are not familiar with your cell phone plan, it is highly recommended that you consult you cell phone provider before enrolling. You acknowledge that any rates and charges assessed by your cell phone provider are your responsibility and not the responsibility of the Bank.

Privacy

You understand that text messages sent by the Bank may contain private information. The Bank is not responsible if information contained in a text sent by the Bank is viewed by a third-party that may be in possession of your phone or that may have access to your text messages. If your cell phone number changes, you are responsible for immediately notifying the Bank.

Unsubscribing

You may unsubscribe from receiving text messages from the Bank at any time by calling or writing the Bank or replying STOP to any text message received.

Additional Terms and Conditions

By initialing above, you agree and consent to be contacted by the Bank via text message communication to the cell phone number you provide. This opt-in agreement applies to all accounts you may have with the Bank listed above. You understand that you are not required to enroll in these services as a condition of purchasing any goods or service. You further agree to indemnify, defend and hold the Bank harmless from and against any and all claims, losses, liability, cost and expenses (including reasonable attorneys' fees) arising from your provision of a mobile phone number that is not your own and /or your violation of applicable federal, state or local law, regulation or ordinance. Your obligation under this paragraph shall survive termination of the Agreement. This opt-in agreement incorporates by reference the terms and conditions of the original account / loan agreement with the Bank, including, but not limited to, the arbitration provision, the Bank is not liable for losses or damages arising from any delay in delivery or disclosure of private information to third-parties by your cell phone provider. The Bank reserves the right to modify or terminate our text message services for any reason, without notice and without liability to you or any other user or third-party.

Customer Signature

Date

Branch Employee

Date

Customer Signature

Date

Bank Use Only

☐ Add "TxtI" to CIF Comments in Vision for Customers Opted IN (DSP)

☐ Scan form to P Drive>Texting>2020>Month(Until further notice)

☐ Add "TxtO" to CIF Comments in Vision for Customers Opted OUT (DSP)

☐ Scan form to Bank Manager

☐ In Vision, Enter 1=Texting Opt IN; 2=Texting Opt OUT ; 0=Need Disclosure (if waiting on customer to sign Disclosure)



rev. October 2019

FACTS	WHAT DOES MCKENZIE BANKING COMPANY/FOUNDATION BANK DO WITH YOUR PERSONAL INFORMATION?		
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number, Employment, and Income ▪ Account balances, Payment History, Checks, and Deposits ▪ Credit History <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>		
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer's personal information; the reasons McKenzie Banking Company/Foundation Bank chooses to share; and whether you can limit this sharing.		
Reasons we can share your personal information		Does our bank share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		YES	NO
For our marketing purposes— to offer our products and services to you		YES	NO
For joint marketing with other financial companies		YES	NO
For our affiliates' everyday business purposes— information about your transactions and experiences		YES	NO
For our affiliates' everyday business purposes— information about your creditworthiness		YES	YES
For our affiliates to market to you		YES	YES
For non-affiliates to market to you		YES	YES
To limit our sharing	<p>Call your local branch or toll free at 1-866-416-2265 for additional information</p> <p>Visit us online: https://www.foundationbank.org</p> <p>Email us at: privacyinformation@foundationbank.org</p> <p>Please note:</p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>		
Questions?	Call 1-866-416-2265 or go to www.foundationbank.org		

Who we are

Who is providing this notice?

McKenzie Banking Company/Foundation Bank

What we do

How does McKenzie Banking Company/Foundation Bank protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does McKenzie Banking Company/Foundation Bank collect my personal information?

We collect your personal information, for example, when you

- Open an account or apply for a loan
- Pay your bills or deposit money
- Use your debit, ATM, or Credit Card

We also collect your personal information from others such as credit bureaus, or other companies

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes information about your creditworthiness
- affiliates from using your information to market to you
- sharing for non affiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

What happens when I limit sharing for an account I hold jointly with someone else?

- Any authorized consumer on a joint account may exercise the right to opt out.
- If one authorized consumer of a joint account exercises their right to opt out, then the Bank will apply this opt out to all associated joint consumers listed on the account.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and non-financial companies. *Our affiliates include financial companies such as Premier Financial Services, Inc.*

Non-Affiliates

McKenzie Banking Company/Foundation Bank does not share with non-affiliates so they can market to you.

Joint marketing

A formal agreement between non-affiliated financial companies that together market financial products or services to you. *Our joint marketing partners include:*

- AD&D Insurance Companies
- Club Account Provider Companies