

CONSUMER LOAN APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for 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.

TO: Name/Address of Lender GNCBank N.A. PO Box 67 100 E Forest Girard, KS 66743-0067	What type of credit are you requesting? <i>(Please check appropriate box.)</i> <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> OPEN-END LINE OF CREDIT <input type="checkbox"/> CLOSED-END TERM LOAN <input type="checkbox"/> INDIVIDUAL (Own income or assets) <input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources) <input type="checkbox"/> JOINT (please initial) <input type="checkbox"/> COSIGNER
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Loan Amount	Interest Rate	Term	Payment	Purpose
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LOAN ORIGINATION COMPANY NAME: GNCBank N.A.	LOAN ORIGINATION COMPANY IDENTIFIER:
LOAN ORIGINATOR NAME:	LOAN ORIGINATOR LICENSE NUMBER:

APPLICANT/COSIGNER INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents
Previous Address <i>(if less than 2 years at current address)</i>					
Employer	Address				Phone Number
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
Previous Employer	Address			Position	How Long
Nearest Relative Not Living With You			Relationship		
Address			City	State	ZIP Code Relative's Phone Number
Present Mortgage Holder/Landlord					Phone Number

<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment \$
Immigration Status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:
Marital Status: Do not complete if this application is for individual unsecured credit unless responding party resides in a community property state or is relying on property located in such a state for repayment of the credit requested. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)	
Other Income: Amount \$	Frequency Source
Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below. Payment Received Pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding Alimony per Month \$ Child Support per Month \$ Separate Maintenance Payment per Month \$	

CO-APPLICANT INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents
Previous Address <i>(if less than 2 years at current address)</i>					
Employer	Address				Phone Number
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
Previous Employer	Address			Position	How Long
Nearest Relative Not Living With You			Relationship		
Address			City	State	ZIP Code Relative's Phone Number
Present Mortgage Holder/Landlord					Phone Number
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment \$				
Immigration Status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)					
Other Income: Amount \$	Frequency Source				
Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below. Payment Received Pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding Alimony per Month \$ Child Support per Month \$ Separate Maintenance Payment per Month \$					

ADDITIONAL INFORMATION

If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided.

Are you a guarantor or co-maker of any leases, contracts, or debts?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any suits or judgments pending against you?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankrupt in the last 10 years?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No

COLLATERAL 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.

CURRENT ASSETS

Please attach additional sheet(s) if more space is required for the Current Assets section.

DESCRIPTION OF ASSET	OWNER NAME(S)	SUBJECT TO LIEN: YES/NO	VALUE
Total Assets from Addendum			
TOTAL ASSETS			

OUTSTANDING DEBTS

The following are all of the loans or debts you presently owe, including charge accounts, installment contracts, credit cards, rents, mortgages, alimony, child support, and separate maintenance payments you are obligated to make. **Please attach additional sheet(s) if more space is required.**

Use the first column (Applicant Code) to indicate whether the debt is the responsibility of the Applicant (A), Co-Applicant (C), or Joint Applicants (J).

APPLICANT CODE	NAME OF CREDITOR	ACCOUNT NUMBER	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENTS	Check box if to be paid from proceeds
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
Total Debts from Addendum						
TOTAL DEBTS						

(If joint application, read singular pronouns in the plural.) I warrant the truth of the information contained in this application and that all statements made in this application are made for the purpose 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, assigns, and employees, to investigate and verify all information I provided to Lender, its agents, successors, and assigns. I understand that it is my sole and exclusive responsibility to determine all the tax effects of the loan and acknowledge that Lender, its agents, successors, and assigns, have not provided any tax advice to me. Lender, its agents, successors, and assigns, can give information about my loan to credit reporting agencies and others who may properly receive that information. If Lender approves this application and 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 whether or not my credit request is approved.

Certification: 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 liability for monetary damages to the Lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I made in this application or in any other manner.

Signature of Applicant or Cosigner	Date	Signature of Co-Applicant	Date
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

MILITARY ANNUAL PERCENTAGE RATE STATEMENT

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 transaction; 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).

Applicants may receive this notice verbally by calling LENDER'S TOLL FREE NUMBER: 1.888.675.8223

CREDITOR USE ONLY

Loan Approval (Indicate Conditions of Loan, if Any)

Date Application Received	Received By	Signature	Amount Requested
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Date Application Completed	Approved By	Amount Approved
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

This application was taken by: Face-to-Face Interview Mail Telephone Internet

Principal Reason(s) for Adverse Action Concerning Credit

- | | | |
|--|---|---|
| <input type="checkbox"/> No Credit File | <input type="checkbox"/> Unacceptable Type of Credit References | <input type="checkbox"/> Unable to Verify Credit References |
| <input type="checkbox"/> Insufficient Number of Credit References Provided | <input type="checkbox"/> Poor Credit Performance With Us | <input type="checkbox"/> Unable to Verify Employment |
| <input type="checkbox"/> Limited Credit Experience | <input type="checkbox"/> Temporary or Irregular Employment | <input type="checkbox"/> Unable to Verify Income |
| <input type="checkbox"/> Collection Action or Judgment | <input type="checkbox"/> Insufficient Length of Employment | <input type="checkbox"/> Unable to Verify Residence |
| <input type="checkbox"/> Garnishment or Attachment | <input type="checkbox"/> Insufficient Income for Amount of Credit Requested | <input type="checkbox"/> Value or Type of Collateral Not Sufficient |
| <input type="checkbox"/> Foreclosure or Repossession | <input type="checkbox"/> Excessive Obligations in Relation to Income | <input type="checkbox"/> Unacceptable Appraisal |
| <input type="checkbox"/> Delinquent Credit Obligations (past or present with others) | <input type="checkbox"/> Temporary Residence | <input type="checkbox"/> Unacceptable Leasehold Estate |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Insufficient Length of Residence | <input type="checkbox"/> We Do Not Grant Credit to Any Applicant on the Terms and Conditions You Request. |
| <input type="checkbox"/> Number of Recent Inquiries on Credit Bureau Report | | |
| <input type="checkbox"/> Other - Specify: | | |

Customer Identification Program (CIP) Record Information (Describe Additional Data Collected Pursuant to Institution's CIP)

Applicant/Cosigner:

Applicant/Cosigner Information Collected and Verified in Accordance with CIP (initial) _____

Co-Applicant:

Co-Applicant Information Collected and Verified in Accordance with CIP (initial) _____

CREDIT APPLICATION DISCLOSURE FOR INSURANCE / ANNUITY PRODUCTS

Name(s) / Address(es) of Applicant(s) ("you", "your")	Name / Address of Lender (Creditor) ("we", "us", "our") GNBank N.A. PO Box 67 100 E Forest Girard, KS 66743-0067
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**IMPORTANT NOTICE
DO NOT SIGN THIS FORM UNTIL YOU READ IT AND UNDERSTAND ITS CONTENTS**

CREDIT APPLICATION DISCLOSURE

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. The undersigned Applicant(s) hereby acknowledge(s) receipt of this Credit Application Disclosure For Insurance / Annuity Products on the date indicated below, and has read and understood its contents.

_____ Date _____
Applicant's Signature

_____ Date _____
Applicant's Signature

_____ Date _____
Applicant's Signature

_____ Date _____
Applicant's Signature

LENDER 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.

By _____

Date: _____

Its _____