

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

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| <p style="text-align: center;">NORTH ADAMS STATE BANK</p> <p>114 N. WARSAW ST. 213 W. WOOD ST. URSA, IL 62376 CAMP POINT, IL 62320</p> | <p style="text-align: center; font-size: small;">FOR CREDITOR USE</p> <p>DATE _____ CLASS NO. _____</p> <p>ACCOUNT NO. _____</p> <p>APPROVED <input type="checkbox"/> BY _____</p> <p>DECLINED <input type="checkbox"/> BY _____</p> |
|--|--|

| | | | | |
|------------------|--------------|----------------------|---------------|----------------------------------|
| AMOUNT REQUESTED | FOR HOW LONG | PAYMENT DATE DESIRED | WANT TO REPAY | PROCEEDS OF LOAN TO BE USED FOR: |
| \$ | months | | | |

SECTION A - INDIVIDUAL APPLICANT INFORMATION

| | | | | | |
|--|---------------|----------------------|---------------------|--|---|
| NAME (Last, First, Middle) | | | | | |
| BIRTHDATE | TELEPHONE NO. | DRIVER'S LICENSE NO. | SOCIAL SECURITY NO. | NO. DEPENDENTS | AGES OF DEPENDENTS |
| ADDRESS (Street, City, State & Zip) | | | | COUNTY | Do you <input type="checkbox"/> own or <input type="checkbox"/> rent? |
| PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) | | | | COUNTY | Did you <input type="checkbox"/> own or <input type="checkbox"/> rent? |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| BUSINESS PHONE | Ext. | POSITION OR TITLE | SALARY PER MONTH | | |
| | | | GROSS: \$ | NET: \$ | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | | | RELATIONSHIP | TELEPHONE NO. (Include Area Code) | |
| 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, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding | | | | | |
| SOURCES OF OTHER INCOME | | | | | AMOUNT PER MONTH |
| | | | | | \$ |
| Is any income listed in this Section likely to be reduced before the credit request is paid off? | | | | Have you previously received credit from us? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes - When? | |

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

| | | | | | |
|--|---------------|---|---------------------|--|--------------------|
| NAME (Last, First, Middle) | | | | | |
| BIRTHDATE | TELEPHONE NO. | DRIVER'S LICENSE NO. | SOCIAL SECURITY NO. | NO. DEPENDENTS | AGES OF DEPENDENTS |
| RELATIONSHIP TO APPLICANT (If Any) | | PRESENT ADDRESS (Street, City, State & Zip) | | | HOW LONG |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| BUSINESS PHONE | Ext. | POSITION OR TITLE | SALARY PER MONTH | | |
| | | | GROSS: \$ | NET: \$ | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| 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, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding | | | | | |
| SOURCES OF OTHER INCOME | | | | | AMOUNT PER MONTH |
| | | | | | \$ |
| Is any income listed in this Section likely to be reduced before the credit requested is paid off? | | | | Has Joint Applicant or Other Party ever received credit from us? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes - When? | |

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

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|-------------|----------------------------------|------------------------------------|--|
| APPLICANT | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (including single, divorced, and widowed) |
| OTHER PARTY | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (including single, divorced, and widowed) |

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 | NAME IN WHICH THE ACCOUNT IS CARRIED | SUBJECT TO DEBT? | VALUE |
|---|--------------------------------------|------------------|-------|
| CHECKING ACCOUNT NUMBER(S) (where) | | | |
| SAVINGS ACCOUNT NUMBER(S) (where) | | | |
| CERTIFICATE OF DEPOSIT(S) (where) | | | |
| MARKETABLE SECURITIES (issuer, type, no. of shares) | | | |
| REAL ESTATE (location, date acquired) | | | |
| LIFE INSURANCE (issuer, face value) | | | |
| AUTOMOBILES (make, model, year) | | | |
| OTHER (list) | | | |
| TOTAL ASSETS | | | |

OUTSTANDING DEBTS (Including charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

| CREDITOR | ACCOUNT NUMBER | NAME IN WHICH THE ACCOUNT IS CARRIED | ORIGINAL AMOUNT | PRESENT BALANCE | MONTHLY PAYMENTS |
|-----------------------------|--|--------------------------------------|-----------------|-----------------|------------------|
| LANDLORD OR MORTGAGE HOLDER | <input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage | | (OMIT RENT) | (OMIT RENT) | |
| AUTOMOBILES (describe) | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| TOTAL DEBTS | | | | | |

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month \$ _____
 Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____
 Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____
 Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

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). _____

SIGNATURES- I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Applicant's Signature _____ Date _____ Other Signature (Where Applicable) _____ Date _____
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FEDERAL CREDIT INSURANCE DISCLOSURE

I/We 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. If an insurance product or annuity is purchased: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. **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 below, I acknowledge that I have read, understand and 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.

TYPE OF CREDIT REQUESTED

Unsecured or Secured

- INDIVIDUAL CREDIT-relying solely on my income or assets;
- INDIVIDUAL CREDIT-relying on my income or assets as well as income or assets from other sources;
- JOINT CREDIT-We intend to apply for joint credit.

By signing below, I/We acknowledge that we are applying for the above marked credit.

Applicant

Date

Applicant

Date