

Member FDIC | Equal Housing Lender

## **Privacy Statement**

## UBank Secure Contact Us Form

| First Name:   | Last Name:  |  |  |  |  |
|---|---|--|--|--|--|
| Submitted on:   |   |  |  |  |  |
| Product Information   |   |  |  |  |  |
| How would you like us to<br>answer you? (required)                      | <ul> <li>Telephone</li> <li>Fax</li> <li>E-Mail</li> </ul>  |  |  |  |  |
|   |   |  |  |  |  |
| General Comments:<br>Request Product<br>Information Lending<br>Products | <ul> <li>Automobile Loan</li> <li>Automobile Refinancing</li> <li>Home Improvement Loan</li> <li>Line of Credit (Business or Personal)</li> <li>Mortgage Loan</li> <li>Mortgage Refinancing</li> <li>Personal Unsecured Loan</li> <li>Personal Unsecured Loan Refinancing</li> <li>Small Business Loan</li> </ul> |  |  |  |  |
| Request Product<br>Information Deposit<br>Products                      | <ul> <li>Business Checking</li> <li>Money Market Account</li> <li>Personal Checking Accounts</li> <li>Personal Savings Accounts</li> </ul>  |  |  |  |  |

| Investment Products   | Certificates of Deposit   | :         |                   |  |  |
|---|---|-----------|-------------------|--|--|
|   | Retirement Accounts   |           |                   |  |  |
| Other Products or<br>Services   |   |           |                   |  |  |
| Request CD Rate Quote<br>(required)   | Amo   | unt       | CD Term           |  |  |
|   | Мо  | nths      | Years             |  |  |
| CD Term:  | (   | C         | 0                 |  |  |
| How would you like your interest payments?  | <ul> <li>Quarterly</li> <li>Semi-Annually</li> <li>Annually Until Maturity</li> </ul> | 1         |                   |  |  |
| If you would like to apply<br>for a loan or would like to<br>know about our loan<br>products, please fill out the<br>Secure Loan Application<br>on our website or call<br>423-784-9446. If you have<br>any other questions, you<br>may ask them below.<br><i>THANK YOU!</i> |   |           |                   |  |  |
| Contact Information   |   |           |                   |  |  |
| First Name  |   | Last Name | E-Mail Address    |  |  |
| Mailing Address (required)  | Address Line 1  |           |                   |  |  |
|   | Address Line 2  |           |                   |  |  |
|   | City  | State     | ZIP Code          |  |  |
| Area Code / Phone No.<br>(required)   |   |           |                   |  |  |
| F   | ax Number (if any)  |           | Best Time To Call |  |  |