

Member FDIC | Equal Housing Lender

Privacy Statement

UBank Personal Loan Application

	Committee of the control of the cont
First Name:	Last Name:
Submitted on:	
	Date of Application
Sample Date: 00/00/0000 (required)	
not be accepted.	be residents of Tennessee or Kentucky. If you are located outside of these areas, an online application will 9446) if you have questions regarding your financial needs.
	ne privacy of your personally-identifying information that you provide us online.
Section 326 of the USA PAT person who opens an accou	Procedures for Opening or Changing an New Account with UBank RIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each nt. This federal requirement applies to all new customers. This information is used to assist the United States nst the funding of terrorism and money-laundering activities.
	en you open an account, we will ask each person for their name, physical address, mailing address, date of hat will allow us to identify them.
Additionally, FinCEN has ad	opted what they describe as a "two pronged" approach to beneficial ownership.
	es all natural persons with 25% or more direct or indirect equity interest in a legal entity while the control with significant managerial responsibility (the Rule says "control, manage or direct") over the legal entity.
Security Notice: You should ONLY fill out this	con's driver's license and other identifying documents, and copy or record information from each of them. If you are using a browser with the latest security enhancements. If you don't have the latest www. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.
2. Complete application on-li	and gather the information you'll need. ne and click "Submit Application" or fax it to 423-784-7686. , QUIT your browser and restart it again after using this form.
	ersonal loans only and is NOT intended for commercial use. A valid social security number is required to the the information you will need before completing this form. Upon receipt of the application, we will send
	Loan Officer
	○ Kim Swafford, SVP
(required)	Herb Petrey, SVP
(. 574 56)	O I don't have a preference
	Personal Loan Request

Amount Requested:

(required)

Purpose of Loan (required)				
Type of Application: (required)	O Individual Applicant O Joint Applicant			
Joint Applicant Status: (if any) (required)	Co-Borrower Applicant Co-Signer Applicant No Joint Applicant			
Loan Type	_	(Principal + Interest monthly) erest only until principal due)		
Term Requested	6 Months 12 Months 18 Months 24 Months 36 Months Other:			
_		Applicant		
First Name	•	Middle Initial	Last Name	
Date of Birth		Social Security No.		
Driver's License No.		Driver's License State	Your E-mail Address	
Ho	ome/Cell Phone		Best Time To Call	
Are there any unsatisfied Judgments against you? (required)	O Yes			
Have you been declared bankrupt in the last 7 years? (required)	O Yes			
		Residence		

	Address Line 1			
Present Home Address (required)	Address Line 2			
	City	State	ZIP Code	
Years At Pres	sent Address	Your Monthly Re	ent or Mortgage Payment	
Years At Previous Address			Your Previous Address	
		Employment		
	EmployedSelf-Employed			
(required)	UnemployedRetired			
	O Student			
	our Present Employer		Employer Phone	
	Address Line 1			
Present Employer Address	Address Line 2			
	City	State	ZIP Code	
Gross Monthly Salary Your Position Years There				
You do not have to list alimo granting and repayment of th	is credit request.		vant us to consider it for the purposes of	
Applicant Other Income Other Monthly Income Source of Other Income				
Other	wonding income		burce of Other Income	
Previous Em	nployer (if less than 3 years at c	urrent employer)	Years at Previous Employer	

	Address Line 1			
Previous Employer Address	Address Line 2			
	City	State	ZIP	Code
		Additional Information		
Automatic Payment Information (required)	Checking/Savings	Account Number	Routing Number	Financial Institution Name
	Name of Creditor	Approx. Balance	Monthly Payme	ent Collateral, if any
Any Current Loans Elsewhere? (required)			_	
		Co-Applicant or Co-Sign	ner	
First Name Middle Initial Last Name				
Date of Birth Social Security No.				
Driver's License No		Driver's License State Your E-mail Address		Your E-mail Address
Home/Cell Phone		Best Time To Call		
	Co- <i>F</i>	Applicant or Co-Signer Re	sidence	
Present Home Address If different than Applicant	Address Line 1			
	Address Line 2			
	City	State	ZIP	Code
Years At Pres	sent Address	Your	Monthly Rent or Mortg	age Payment

Years At Previous Address			Your Previous Address		
Co-Applicant or Co-Signer Employment					
	Employed Solf Employed				
	Self-Employed				
	Unemployed				
	Retired				
	Student				
,	Your Present Employer		Employer Phone		
	Address Line 1				
Present Employer Address	Address Line 2				
	City	State	ZIP Code		
Gross Monthly Salary		Your Position	Years There		
ou do not have to list alimogranting and repayment of th	nis credit request.	e maintenance income unless you w	vant us to consider it for the purposes of		
Other Monthly Income Source of Other Income					
Previous Employer (if less than 3 years at current employer) Years at Previous Employer					
	Address Line 4				
Previous Employer Address	Address Line 1				
	Address Line 2	01.1	710.0		
	City	State	ZIP Code		
		t or Co-Signer Additional Information			

	Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any
Any Current Loans Elsewhere? (required)				
Applicant(s) Statement				
I/We have completed this recall information contained here				uarantee. I/We certify that
I/We authorize UBank to reta history, to secure follow up o persons, creditors and credit	redit reports concerning my			
I authorize my employer (pre any time. I acknowledge that subsequent loan be approve other pertinent information co	this application is subject to d, I agree to give UBank writ	approval of credit and ac	ceptance by UBank. Should	I my request for credit and
Purpose You are submitting an applic you an insurance product or				
Credit Disclosures 1. Lender, as a condition of gits affiliates.	granting you a loan, cannot r	equire that you purchase	an insurance product or ann	nuity from Lender or any of
2. Lender, as a condition of opposite or annunity from an in		equire your agreement no	t to obtain or prohibit you fro	om obtaining an insurance
Acknowledgment BY SIGNING DIGITALLY BE DISCLOSURE.	ELOW, I ACKNOWLEDGE TI	HAT I HAVE READ, RECI	EIVED AND UNDERSTAND	THIS INSURANCE
(required)	I/We AGREE with the	above statement		