

## Personal Loan Application

First Name:	Last Name:			
Submitted on:				
several questions and to pro sources to confirm the inform Privacy Policy:				
Our privacy policy protects to	le privacy or your personally-identifying information	on that you provide us offine.		
		ni, Kosciusko, Whitley, Allen, Noble, Elkhart, Marshall, oads branch if you reside outside of these counties.		
Identification Procedures Re law requires all financial insti What this means for you: Wh	itutions to obtain, verify, and record information th	ne, address, date of birth, and other information that will		
You should ONLY fill out this	s form on-line if you are using a browser with the low. This form is NOT cached (saved in your comp	atest security enhancements. If you don't have the latest uter's memory) when you QUIT your browser.		
	ne and click "Submit Application." , QUIT your browser and restart it again after usi	ng this form.		
		nercial use. A valid social security number is required to ng this form. Upon receipt of the application, we will send		
	Auto Loan Reques	t		
Purpose of Loan: (required)				
Amount Requested: (required)				
	Individual Credit - relying solely on my inco	me or assets		
Type of Application: (required)	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 cre	edit		
If you are applying for Joint Credit, please insert your	Applicant Initials	Co-Applicant Initials		

initials below: (required)

Term Requested: First Name	<ul><li>24 mos.</li><li>36 mos.</li><li>Other:</li></ul>	Applicant Middle Initial	Last Name		
Date of Birth		Social Security No.			
Your E-mail Address					
Home Phone Work Phone					
_		Residence			
Your Primary Residence: (required)	Own with Mortgage No Mortgage Rent Other:				
Address Information (required)	Address Line 1  Address Line 2  City	State	ZIP Code		
Years At Present Address Your Monthly rent or Mortgage Payment					
Your Previous Address			Years at Previous Address		
Home Information  Property Address (If different from above)  Years in this Area					

Current Mortgage Holder					
Purchase Price		Market Value	Mortgage Balance		
		Employment			
	Your Present E	imployer	Phone		
Address Information (required)	Address Line 1 Address Line 2				
, ,	City	State	ZIP Code		
Monthly G	ross Salary	Position/Title	Employment Date		
You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.  Other Monthly Income  Source of Other Income					
Previous Employer Y		Year	s at Previous Employer		
Address Information (required)	Address Line 1 Address Line 2				
` '	City	State	ZIP Code		
Additional Information					
	Your Checking Account	Number	Institution Name		
	Your Savings Account N	umber	Institution Name		

Name of Creditor	Approx. Balar	nce Mo	onthly Payment	Collateral, if any	
Total Amount of Other Monthly Payments not listed				-	
above:		Co-Applicant			
		Middle Initial		Last Name	
Date of Birth			Social Security No.		
Your E-mail Address					
Home Phone			Work Phone		
	(	Co-Applicant Residence	•		
Your Primary Residence:	Own with Mortgage Own Clear Rent Other:				
Address Information	Address Line 1  Address Line 2  City	State	ZIF	<sup>2</sup> Code	
Years At Present Address		Your	Your Monthly Rent or Mortgage Payment		
Your Previous Address Years at Previous Address		us Address			

Co-Applicant Home Information					
Property Address (If different from above)			Years in this Area		
Current Mortgage Holder					
Purchase Price		Market Value	Mortgage Balance		
		Co-Applicant Employment			
Your Present Employer			Phone		
Address Information	Address Line 1 Address Line 2				
	City	State	ZIP Code		
Monthly Gross Salary		Position / Title	Employment Date		
- You do not have to list alimogranting and repayment of the		ate maintenance income unless y	ou want us to consider it for the purposes of		
Other Monthly Income Source of Other Income			Source of Other Income		
Previous Employer		Years at Previous Employer			
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
	Co-,	Applicant Additional Information			
	Your Checking Account No	umber	Institution Name		

Your Savings Account Number		Institution Name			
Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any		
Total Amount of Other Monthly Payments not listed above:  Assets	Value	Title He	ld Name		
Contact Method					
What is the best option to contact you? (required)	Phone Number	Email Address			
NOTICE:  Note: By signing this application I he obligations except as listed and thes and I have not applied for or have be information provided by me for the pused and maintained in accordance	e are correct to the best of my kno een adjudicated bankrupt except a urposes of opening and maintainir	owledge. I further certify that no li s indicated on this application. Y ng an account. All applicable info	itigation is pending against me ou may investigate any of the		
(required)	I/We AGREE with the above statement				