

Type of account requested

IMPORTANT INFORMATION ABOUT OPENING AN 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

Check one to request the type of account that you are requesting. Married applicants may apply for separate accounts.
 Individual Account _____ (Applicant)
 Individual Account but relying on income from another source _____ (Co-Applicant)
 We intend to apply for joint credit. _____

Terms Requested

Loan Amount \$	Interest Rate	Type of Loan <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
# of months	Payment \$	Purpose <input type="checkbox"/> Home Improvement <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Other _____

Collateral & Insurance Information

Collateral type: (Make, Model, & Year if applicable)	Milage	Balance Owing \$	Name and Phone number of Insurance agent
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Primary Applicant Information

Name	Birth date	Social Security number	
Address (Street, City, State, Zip)	County	# of Years There	Drivers License Number
Home Phone	Business Phone	# of Dependants	Ages of Dependants
Employer/Self Employed	Position	# of Years Employed	Employer's Address
Monthly Income From Primary Employer Gross \$ / Net \$	Paid How Often (1 monthly, bi-weekly, weekly)		
Previous Employer (If Less Than 2 Years)	Position	# of Years Employed	Employer's Address
Name and Address of Applicant's Nearest Relative		Relationship	

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding.

Other Income/Source \$ /	How often - Other Income
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Co-Applicant (If Joint Account)

Name	Birth date	Social Security number	
Address (Street, City, State, Zip)	County	# of Years There	Drivers License Number
Home Phone	Business Phone	# of Dependants	Ages of Dependants
Employer/Self Employed	Position	# of Years Employed	Employer's Address
Monthly Income From Primary Employer Gross \$ / Net \$	Paid How Often (1 monthly, bi-weekly, weekly)		
Previous Employer (If Less Than 2 Years)	Position	# of Years Employed	Employer's Address
Name and Address of Applicant's Nearest Relative		Relationship	

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Other Income/Source \$ /	How often - Other Income
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Financial Information

Description of Current Assets			Outstanding Debts		
Description of Current Assets	Subject to Debt?	Value	Creditor Information	Present Balance	Monthly Payment
Checking Accounts (Bank Name)		\$	Mortgage Loan or Rent Payment	\$	\$
		\$	2nd mortgage	\$	\$
Savings Accounts (Bank Name)		\$	Auto loans	\$	\$
Primary Residence Value		\$		\$	\$
Automobiles (Make, Model, Year)		\$	Credit or Charge Cards	\$	\$
		\$		\$	\$
Life Insurance Cash Value (Issuer)		\$		\$	\$
Marketable Securities (Issuer, # of Shares)		\$		\$	\$
Other Real Estate (Location)		\$	Other	\$	\$
Other Assets		\$	Co-signed payment being made by applicant(s)	\$	\$
		\$		\$	\$
Total Assets		\$	Total Liabilities	\$	\$

Credit life and Accident and Health Insurance are not required to obtain credit.
 Hazard, Flood or Vendor's Single Interest ("VSI") Insurance may be required in connection with this loan. **LENDER'S DECISIONS WITH RESPECT TO THE LOAN APPLICATION ARE INDEPENDENT OF APPLICANT'S DECISION OF WHERE TO OBTAIN INSURANCE.** Applicant need not purchase insurance from Lender, its subsidiary, an affiliate or any particular unaffiliated third-party. The required insurance is available through brokers or agents other than Lender. Applicant's choice of insurance provider will not affect Lender's decision or the credit terms in any way, however, Lender reserves the right to refuse to accept an insurer for reasonable cause.
 I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



Council Bluffs Savings Bank

Mall Office
 1751 Madison Avenue
 Council Bluffs, IA 51503
 Ph (712)-322-3300 Fax (712)-322-3304

Main Bank
 117 Pearl Street
 Council Bluffs, IA 51503
 Ph (712) 322-1700 Fax: (712) 322-1703

Credit Life, Accident and Health, and Involuntary Unemployment Insurance are not required to obtain credit.

Hazard or Flood Insurance may be required in connection with this loan. **LENDER'S DECISIONS WITH RESPECT TO THE LOAN APPLICATION ARE INDEPENDENT OF APPLICANT'S DECISION OF WHERE TO OBTAIN INSURANCE.** Applicant need not purchase insurance from Lender, its subsidiary, an affiliate, or any particular unaffiliated third-party. The required insurance is available through brokers or agents other than Lender. Applicant's choice of insurance provider will not affect Lender's decision or the credit terms in any way, however, Lender reserves the right to refuse to accept an insurer for reasonable cause.

IMPORTANT INFORMATION

- **THIS INSURANCE IS NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, LENDER OR AN AFFILIATE OF LENDER.**
- **THIS INSURANCE IS NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES*, LENDER OR AFFILIATE OF LENDER.**

LENDER MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER:

- **APPLICANT'S PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM LENDER OR ANY OF ITS AFFILIATES, OR**
- **APPLICANT'S AGREEMENT NOT TO OBTAIN, OR A PROHIBITION ON APPLICANT FROM OBTAINING , AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY.**

*Flood insurance may be insured by a Federal Agency.

No insurance is provided unless a premium is paid and a policy is issued.

The persons signing below acknowledge that they have read and understand the above disclosure, and further acknowledge receipt of an exact copy of this disclosure. Applicant requests or declines the Credit Life, Accident and Health, Involuntary Unemployment, VSI, Hazard, and/or Flood Insurance as indicated above.

Dated:

Borrower:

Borrower:

Borrower:

Borrower:

