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U.S. PERSON? YES NO (Complete all				10. NO TAXP#	AYER ID NO., BUT HAVE FILED		ISSUED DOC	UMENT NO.	OTHER (TRIBAL ID, ETC.)	
U.S. PERSON?										
U.S. PERSON?	STATE ID CARD NO.	STATE	DATE OF ISSUAND	E	DATE OF EXPIRATION		MILITARY ID)		
ARE YOU A			DATE OF ISSUANCE				MILITARY ID			
any or on aonyo of	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANC	38	DATE OF EXPIRATION			OF RESErve duty? Yes SOCIAL SECURITY NO. or TAX 1.D NO.		
	of the armed forces who is serving on a uard or Reserve duty?		No Yes			Are you a dependent of a member of the armed forces who is on active duty or on active Guard or Reserve duty?				
FULL NAME (Last, First, N			RELATIONSHIP TO (II Any)	annual las	IRTH DATE HOME PHONE		CELL P		BUSINESS PHONE	Ext.
SECTION B-I	NFORMATION REGARDING		PPLICANT	OR OTHE	R PARTY (Use sepa	arate shee	ets if nec	essary.)		
	EAREST RELATIVE NOT LIVING WITH YOU	CAPIGIN			Savings Acct. No.		RELATION	Where?	ELEPHONE NO. (Include Area C	ode)
	In this Section likely to be INo credit requested Is paid off? Yes (Evolain			Checking Acct. No.		1.0.1	A COLORADO AND A COLO		
S	PER	S OF UTHEN	INCOME					Have you ever received credit from us?	d 🗌 No [] Yes - When?	
	pport, or separate maintenance re		nder:	Court Orde			🗆 Ora	Understanding		
S Alimony child s	PER \$	income r	pro		eved of delw ton oh ur	It canside	red as a	hasis for renaving	this obligation	_
YOUR PRESENT GROSS	SALARY OR COMMISSION	PRESENT NET	T SALARY OR COM	AISSION	NO DEPENDENTS	AGES	OF OEPENDE	NTS		
PREVIOUS EMPLOYER (C	Company Name & Address)							1	HOW LONG WITH PREVIOUS	EMPLOYER?
PRESENT EMPLOYER (C	ompany Name & Address)				OCCUPATION	POSITION	OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR	
						PREVIOUS ADD		MAIL ADDHESS	_	
PREVIOUS ADDRESS (St	reat City State & Zint					HOW LONG AT	1	MAIL ADDRESS	ADDRESS?	
that apply) PHYSICAL RESIDENTIAL	OR BUSINESS STREET ADDRESS AND MAILING	ADDRESS (S	Street, PO Box, City,						HOW LONG AT PRESENT	
(Complete all	PASSPORT NO. & COUNTRY OF ISSUANCE:		DUAL TAXPAYER ID		AYER ID ND., BUT HAVE FILED TION FOR ONE. WHEN FILED:	GOVERNMEN AND COUNTR			OTHER (TRIBAL IO, ETC.)	
VES	STATE IO CARD NO.	STATE	DATE OF ISSUAN	CE	DATE OF EXPIRATION	DATE OF EXPIRATION M		D		
ARE YOU A U.S. PERSON?		-			_					
duty or on active G	duty or on active Guard or Reserve duty?					on active duty or on active Guard or Reserve duty?				
Are you a member of the armed forces who is serving on active					Are you a dependen	Are you a dependent of a memb		rmed forces who is se	arving 🗆 No	
FULL NAME (Last, First,	INFORMATION REGARDING		TH DATE	HOME PHONE	HOME PHONE			BUSINESS PHONE	Exi.	
\$				LEDS OF CREDIT	TO BE USED FOR	-	_			
person who o that will allow	pens an account. What this means for us to identify you. We may also ask to PAYMENT DATE DESIRE					sical addres: i let you kno	a, date of 1 w if additio	oirth, taxpayer identifi inal information is req	cation number and other uired.	rinformation
To help the or	IM overnment flaht the funding of terrorism	PORTAN and mon	T INFORMATI	tivities, the U	PROCEDURES FOR OPE ISA Patriot Act requires all	i financial in	stitutions t	o obtain, verify, and re	ecord information that lo	tentifies each
credit reques	clying for individual credit, but are relyi ted, complete all Sections except E to t requested credit is to be secured then	he extent p	possible, providi	y, child suppo ng informatio	n In B about the person or	n whose alim	income or iony, supp	ort, or maintenance pa	son as the basis for rep ayments or income or as	ayment of the ssets you are
	TO APPLY FOR JOINT CREDIT:	APPI	CANT	-	CO-APE	PLICANT				
WE INTEND 1	y Sections A and D. If the requested cred blying for joint credit with another person	lit is to be	secured, also co	mplete the firs	st part of Section C and Sec	ction E.		B. CLASSING CAN		1 () () () () () () () () () (
complete only	olying for individual credit in your own n		rections bef	ore compl	eting this Applicatio	on, and cl				lit roomate t
complete only	IMPORTANT: Please read				APPLICATION					

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Farm 501CD - 7/16

SECTION D - ASSET & DEE	BT INFORMA	ATION						
If Section B has been completed about both the Applicant and	d, this Section d Joint Appli	should be complete icant or Other Pe	e <mark>d, givin</mark> g information rson. Please mark	Applicant-related information about	d information with an ut the Applicant in thi	"A". If Section B was section.	as not complete	d, only give
ASSETS OWNED (Use separate	arate sheet i	f necessary.)						
DESCRIPTION OF ASSETS		VALUE	SUBJECT TO DEBT? Yes / No			ERS		
CASH			\$	1007110				
AUTOMOBILES (Make, Model, Year)								1
Laterate a state of the second se	*****	n de an an an an an an	a a a a a a artenar er e				ana e e e e	*****
2	*****		233333000000		9 (4. (4. (4. (4. (4. (4. (4. (4. (4. (4.			* * * * *
3. CASH VALUE OF LIFE INSURANCE (Issuer, Face	e Value)							
REAL ESTATE (Location, Date Acquired)								
MARKETABLE SECURITIES (Issuer, Type, No. o	of Shares)							
OTHER (List)								
TOTAL ASSETS			\$ +					
OUTSTANDING DEBTS (Inc	clude charge	accounts, installn	nent contracts, credit	cards, rent, mortg	ages, etc. Use sep	arate sheet if nece	essary)	
CREDITOR		TYPE OF DEBT OR ACC OUNT NUMBER	All and a second se	COUNT IS CARRIED	ORIGINAL	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes / No
LANDLORD OR MORTGAGE HOLDER		Rent Payment Mortgage			(Omit Rent)	(Ömit Rent)	TATIVIEIVIO	1057 140
					\$	\$	\$	
							L	
TOTAL DEBTS	TOTAL DEBTS				\$	\$	\$	
CREDIT REFERENCES (Paid off Accounts	5)						DATE PAI	D OFF
					\$			
			- H-14-1999	**************************************				
MY AUTO INSURANCE AGENT IS: (Name & Add	draes)							
NIT NOTE INCOMMULE ADDAT TO, INVITE & AUD	010357					and the second		
	Ves - For Whom	1?			To Whom?			
	Ves - Amount \$			If "Yes", To W	hom Owed?			
Have you been declared bankrupt in the	[] No			100 100 100				
OTHER OBLIGATIONS (For example, liability to p	Yes - Where? pay alimony, child su	pport, separate maintenance.	Use separate sheet if necessary.)		Year?			
SECTION E - SECURED CR		plete only if credit	is to be secured \ Br	ielly describe the r	property to be given	as security		
PROPERTY DESCRIPTION		piece only in credit	io to be secured. / Di	iony describe the p	soperty to be given	us socurity.		
		ar andre forson in a	14 14 14 141 141 141 141 141 14	(a) (a) (a) (a) (a) (a) (a)	****	(a)(a) a: a) a) a (a)	*****	4 :0 E E E
NAMES & ADDRESSES OF ALL CO-OWNERS OF	THE PROPERTY							
		a surra a a a a a	<u></u>		* * * * * * * * *		******	(*) (*) (*) (*) (*)
IF THE SECURITY IS REAL ESTATE, GIVE THE FL	ULL NAME OF YOUR	SPOUSE (if any):						
CREDIT DIS <u>C</u> LOSURES: An insura			ffered to you If you a		a product or an oner	w: (1) The incurs	o product or c=	uity is not
a deposit or other obligation of, product or annuity is <u>not insured</u> of an insurance product or annuit insurance product or annuity is <u>c</u> any of our affiliates; or, (2) Y	or guarantee by the Federa ty that involve offered we car	<u>d by,</u> this institutio al Deposit Insuranc es an <u>investment ri</u> nnot condition an e	n or our affiliate(s); (2 e Corporation or any of <u>sk,</u> there is <u>investmen</u> xtension of credit on e	2) With exception of ther agency of the Un trisk associated with ither of the followin	Federal Flood Insura nited States, this inst h the insurance produ g: (1) Your purchase	nce or Federal Crop Stution, or our affili uct, including the pro of an insurance pro) insurance, the ate(s); and (3) <u>ossible loss of v</u> duct or annuity	insurance In the case value. If an from us or
SIGNATURES	Handlan 1		Jadas I.a. J	Internal town	ad the intervence of	4/a) hu ===0 == 1/1		
Everything that I have stated in this App you will retain this Application whether employment history and answer	or not it is appro	oved. You are authorize	d to check my credit and	electronically, by signi the time 1 have applied	ed the insurance produc ing below, I acknowledge I for credit and fully und by of these disclosure	e that I have received t erstand the disclosures	he Credit Disclosu s noted above. I ar	n also being
APPLICANT'S SIGNATURE			DATE	OTHER SIGNATURE (Whe		s and i acknowledg	DATE	aignaidte.
X				X				

FEDERAL CONSUMER CREDIT DISCLOSURES

<u>CREDIT DISCLOSURES</u>: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is <u>not a deposit or other obligation of</u>, or <u>guaranteed by</u>, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is <u>not insured</u> 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 <u>investment risk</u>, there is <u>investment risk</u> associated with the insurance product, including the <u>possible loss of</u> <u>value</u>. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

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