

GERMAN AMERICAN STATE BANK CONSUMER LOAN APPLICATION

| | | |
|--|-----------------------------------|---|
| Credit Requested Is: <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Collateral Secured Loan <input type="checkbox"/> Personal Unsecured Loan | | Account Requested: <input type="checkbox"/> Individual <input type="checkbox"/> Joint |
| Amount Requested \$ | Description of Collateral Offered | We intend to apply for joint credit Initial _____ |
| Purpose of Credit Request | | Applicant _____ Co-Applicant _____ |

If the Applicant is married, he or she may apply for individual credit. For Marital Status, check one if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.

| Applicant | | | APPLICANT INFORMATION | | | Co-Applicant | | |
|--|------------------------------|---|--|------------------------------|--|--------------|--|--|
| Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor | | | Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor | | | | | |
| Applicant Name (include Jr. or Sr. if applicable) | | | Co-Applicant Name (include Jr. or Sr. if applicable) | | | | | |
| Social Security Number | Home Phone (incl. area code) | DOB (mm-dd-yyyy) | Social Security Number | Home Phone (incl. area code) | DOB (mm-dd-yyyy) | | | |
| Email Address | | | Email Address | | | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed) | | Dependents (not listed by Co-Applicant) no. ages | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed) | | Dependents (not listed by Applicant) no. ages | | | |
| Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien | | | Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien | | | | | |
| Present Address (street, city, state, ZIP) since | | | Present Address (street, city, state, ZIP) since | | | | | |
| Mailing Address, if different from Present Address | | | Mailing Address, if different from Present Address | | | | | |
| If residing at present address for less than two years, complete the following: | | | | | | | | |
| Former Address (street, city, state, ZIP) from to | | | Former Address (street, city, state, ZIP) from to | | | | | |

| Applicant | | | EMPLOYMENT / INCOME INFORMATION | | | Co-Applicant | | |
|-----------------------------------|--|--|---------------------------------|-----------------------------------|--|--|------------------|--|
| Name & Address of Employer | | <input type="checkbox"/> Self Employed | Yrs. on this job | Name & Address of Employer | | <input type="checkbox"/> Self Employed | Yrs. on this job | |
| | | <input type="checkbox"/> Full time | | | | <input type="checkbox"/> Full time | | |
| Position/Title & Type of Business | | Business Phone (incl. area code) | | Position/Title & Type of Business | | Business Phone (incl. area code) | | |
| Gross Monthly Income \$ | | | | Gross Monthly Income \$ | | | | |
| Name & Address of Employer | | <input type="checkbox"/> Self Employed | Dates from to | Name & Address of Employer | | <input type="checkbox"/> Self Employed | Dates from to | |
| Position/Title & Type of Business | | Business Phone (incl. area code) | | Position/Title & Type of Business | | Business Phone (incl. area code) | | |
| Name & Address of Employer | | <input type="checkbox"/> Self Employed | Dates from to | Name & Address of Employer | | <input type="checkbox"/> Self Employed | Dates from to | |
| Position/Title & Type of Business | | Business Phone (incl. area code) | | Position/Title & Type of Business | | Business Phone (incl. area code) | | |

NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

| | | | |
|--------------|----|--------------|----|
| Other Income | \$ | Other Income | \$ |
|--------------|----|--------------|----|

| HOUSING INFORMATION | | | |
|--|-------------------------|------------------|----------------|
| <input type="checkbox"/> Own <input type="checkbox"/> Rent since | Monthly Housing/Rent \$ | Present Value \$ | Date Purchased |

| CASH ASSET INFORMATION | | |
|----------------------------|---------------------------|-----------------------------|
| Financial Institution Name | Saving Account Balance \$ | Checking Account Balance \$ |

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

X _____ X _____
Applicant Date Co-Applicant Date

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

Assets

Liabilities

Checking and Savings Accounts

| Name & Address of Institution | | Cash or Market Value | Name and Address of Creditor | | |
|-------------------------------|--|----------------------|------------------------------|---------|---------|
| Name & Address of Institution | | Cash or Market Value | Name & Address of Company | Payment | Balance |
| Acct. No. | | \$ | Acct. No. | \$ | \$ |
| Name & Address of Institution | | Cash or Market Value | Name & Address of Company | Payment | Balance |
| Acct. No. | | \$ | Acct. No. | \$ | \$ |
| Name & Address of Institution | | Cash or Market Value | Name & Address of Company | Payment | Balance |
| Acct. No. | | \$ | Acct. No. | \$ | \$ |
| Name & Address of Institution | | Cash or Market Value | Name & Address of Company | Payment | Balance |
| Acct. No. | | \$ | Acct. No. | \$ | \$ |
| Name & Address of Institution | | Cash or Market Value | Name & Address of Company | Payment | Balance |
| Acct. No. | | \$ | Acct. No. | \$ | \$ |
| Name & Address of Institution | | Cash or Market Value | Name & Address of Company | Payment | Balance |

Stocks and Bonds Assets

| Number | Description | Cash or Market Value | Name and Address of Creditor | | |
|-------------------------------------|-------------|----------------------|------------------------------|---------|---------|
| Number | Description | Cash or Market Value | Name & Address of Company | Payment | Balance |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | Acct. No. | \$ | \$ |
| | | \$ | Name & Address of Company | Payment | Balance |
| Life Insurance - Face Value | | \$ | | | |
| Real Estate Owned Assets | | \$ | | | |
| Vested Interest in Retirement Funds | | \$ | | | |
| Net Worth of Business Owned | | \$ | Acct. No. | \$ | \$ |

Automobiles Owned:

| Year | Make and Model | Cash or Market Value | Name and Address of Creditor | | |
|------|----------------|----------------------|------------------------------|---------|---------|
| Year | Make and Model | Cash or Market Value | Name & Address of Company | Payment | Balance |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | Acct. No. | \$ | \$ |
| | | \$ | Name & Address of Company | Payment | Balance |

Other Assets Owned:

| Description | Cash or Market Value | Name and Address of Creditor | | |
|-------------|----------------------|--|---------|---------|
| Description | Cash or Market Value | Name & Address of Company | Payment | Balance |
| | \$ | | | |
| | \$ | Acct. No. | \$ | \$ |
| | \$ | Alimony/Child Support/Separate Maintenance Owed to | \$ | |
| | \$ | Job Related Expense | \$ | |
| | \$ | | | |

LIQUID ASSETS

\$

TOTAL MONTHLY PAYMENTS

\$

TOTAL ASSETS

\$

TOTAL LIABILITIES

\$

NET WORTH

\$

INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant:

Lender:

German American State Bank
German Valley Branch
100 Church Street
Post Office Box 89
German Valley, IL 61039

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY
READ IT AND UNDERSTAND ITS CONTENT

Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosures.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

Acknowledgment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

APPLICANT:

X

Applicant

Date