

CREDIT APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

- 1. If You live in Puerto Rico or a community property state, are You:**
☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced and Widowed)
- 2. Married applicants can apply for individual credit.** Indicate if You would like:
☐ Individual Credit ☐ Joint Credit with Your Spouse/Co-Applicant
- 3. Method of Payment:** ☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment
- 4. Frequency of Payment:** ☐ Monthly ☐ Other _____

Spouse/Co-Applicant Information

- 5. Complete Spouse/Co-Applicant Information only if:**
a. This is for joint credit with Your Spouse or other Co-Applicant;
b. Your Spouse will use Your Account;
c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
d. You live in a community property state or jurisdiction: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, or Puerto Rico.
- 6. Definitions:**
Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

Credit Applied For:

<input type="checkbox"/> Loan	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Overdraft Line of Credit	<input type="checkbox"/> Other _____
Purpose of Loan _____		Amount Requested \$ _____	
Collateral Offered _____		Term of Loan _____	

If applying for a Credit Card, please refer to the Important Credit Card Disclosures located on Page 3.

APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
EMAIL ADDRESS	DRIVER'S LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME AND ADDRESS OF PERSONAL REFERENCE NOT LIVING WITH YOU		CONTACT NUMBER	

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
EMAIL ADDRESS	DRIVER'S LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME AND ADDRESS OF PERSONAL REFERENCE NOT LIVING WITH YOU		CONTACT NUMBER	

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
MO. GROSS INCOME	
OTHER CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
MO. GROSS INCOME	
FORMER EMPLOYER	POSITION
YEARS THERE	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
MO. GROSS INCOME	
OTHER CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
MO. GROSS INCOME	
FORMER EMPLOYER	POSITION
YEARS THERE	

OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered (proof of other income required).

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NUMBER	APPROX. BALANCE

[illegible]

A=Applicant C=Spouse/Co-Applicant
D=Debts to be paid off if loan is granted.

[illegible]

Please answer the following questions. If a yes answer is given, explain on attached sheet.				A		C		TOTALS					
				YES	NO	YES	NO			YES	A NO	YES	C NO
1. Have You filed a petition for bankruptcy in the last 10 years?								Please Check: A=Applicant/Co-Signer C=Co-Applicant					
2. Have You ever had any auto, furniture or property repossessed?								6. Have You any Obligations not listed?					
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____								7. Do You have any past due bills?					
								8. Is any income You have listed likely to reduce in the next 2 years?					
4. Have You ever had credit in any other name? What name _____								9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____					
5. Have You any suits pending, judgments filed, alimony or support awards against You?													

An appropriate application/disclosure will be furnished at the time Your credit is approved.

You MUST CHECK ONE OR MORE of the boxes below.

You are interested in Credit Disability Insurance ☐ You are interested in Credit Life Insurance ☐

You are not interested in Credit Insurance ☐

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for a credit card or Feature Category contained in Our credit line account agreement and disclosure, You agree and understand that if approved, You are contractually liable according to the applicable terms of the credit card account agreement and disclosure and/or credit line account agreement and disclosure. You will receive a copy of that agreement and disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. If You are issued a credit card, debit card or ATM card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance and/or Line of Credit balance created through the use of Your debit card or ATM card.

X

Signature of Applicant _____ Date _____

X

Signature of Spouse/Co-Applicant _____ Date _____

ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED		ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED	
DESCRIBE COUNTER OFFER			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
LOAN OFFICER SIGNATURE		DATE	CREDIT LIMIT \$
CREDIT MANAGER OR OTHER		DATE	ADDITIONAL INFORMATION
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON _____ (DATE) BY _____			

IMPORTANT CREDIT CARD DISCLOSURES. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of the effective date of _____. You can call Us at (605) 374-3380 or write Us at 519 Main Street, PO Box 389, Lemmon, SD 57638 to inquire if any changes have occurred since the effective date.

Interest Rate and Interest Charges

Annual Percentage Rate (APR) For Purchases	VISA Platinum <u>8.99%</u> or <u>12.50%</u> based on Your creditworthiness.
APR For Balance Transfers	VISA Platinum <u>8.99%</u> or <u>12.50%</u> based on Your creditworthiness.
APR For Cash Advances	VISA Platinum <u>8.99%</u> or <u>12.50%</u> based on Your creditworthiness.
How to Avoid Paying Interest on Purchases	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of Your statement closing date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .

Fees

Set-Up And Maintenance Fees	
<ul style="list-style-type: none"> Additional Card 	For VISA Platinum, \$15.00 per additional Card
Transaction Fees	
<ul style="list-style-type: none"> Foreign Transaction 	1.00% of each foreign currency transaction in U.S. Dollars. 1.00% of each U.S. Dollar transaction that occurs in a foreign country.
Penalty Fees	
<ul style="list-style-type: none"> Late Payment Returned Payment 	Up to \$25.00 Up to \$29.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."