

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:

Loan Credit Card Overdraft Line of Credit 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	

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NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

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

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CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

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

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						
			RENT/MTG					

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

OPTIONAL CREDIT INSURANCE

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

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

SIGNATURES

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.**

You hereby acknowledge Your intent to apply for joint credit _____ Applicant's Initials _____ Co-Applicant's Initials

X _____ **X** _____
 Signature of Applicant Date Signature of Spouse/Co-Applicant Date

LOAN OFFICER

OTHER APPROVING SIGNATURES

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"/> REFERRED TO CC <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 \$	ADDITIONAL INFORMATION
CREDIT MANAGER OR OTHER	DATE
<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 _____% or _____% based on Your creditworthiness.
APR For Balance Transfers	VISA Platinum _____% or _____% based on Your creditworthiness.
APR For Cash Advances	VISA Platinum _____% or _____% 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)."