IMPORTANT APP	LICAN or mo	T INFORMATION: re forms of identific	Federa			LICATIO btain sufficient li es we may use o		erify your identity. You i	may be asked seve ion. The information	ral questions nyou provide
SECURED INDIVIDUAL CREDIT - relying solely on my income or assets UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.						FOR CREDITOR USE ATE CLASS NO CCOUNT NO PPROVED BY ECLINED BY				
AMOUNT REQUE	STED	FOR HOW LONG	PAY	MENT DATE DESIRED	WANT TO R ☐ MONTHL		PROCEEDS	OF LOAN TO BE USED	FOR:	
NAME (Last, First,	Middle		•	SECTION A - INDIV	IDUAL AI	PPLICANT II	NFORMATI	ON		
BIRTHDATE	TELE	PHONE NO.		DRIVER'S LICENSE NO		SOCIAL SECU	IRITY NO.	NO, DEPENDENTS	S AGES OF DEF	ENDENTS
ADDRESS (Street	, City, S	State & Zip)						COUNTY	Do you ☐ own or ☐ rent?	HOW LONG
PREVIOUS ADDF	IESS (S	Street, City, State &	Zip) (Co	mplete if less than 3 years	at present ac	ldress)		COUNTY	Did you ☐ own or ☐ rent?	HOW LONG
EMPLOYER (Con	pany N	ame & Address)								HOW LONG
BUSINESS PHON	E	Ext.	POSIT	ION OR TITLE		GROSS: \$		SALARY PER MONTH NET: \$		
PREVIOUS EMPL	OYER	(Company Name &	Address)						HOW LONG
NAME & ADDRES	S OF N	IEAREST RELATIV	ENOT	LIVING WITH YOU			RELATIONS	HP TELER	PHONE NO. (Includ	Area Code)
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. Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding SOURCES OF OTHER INCOME AMOUNT PER MONTH S										
	494.000	A CARLO SERVICE CONTRACTOR SERVICES	reduce	d before the credit request	is paid off?				viously received cre Yes - When?	dit from us?
SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state. NAME (Last, First, Middle)								state.		
BIRTHDATE		PHONE NO.		DRIVER'S LICENSE NO		SOCIAL SECU	RITY NO.	NO. DEPENDENTS	AGES OF DEF	ENDENTS
RELATIONSHIP T	O APP	LICANT (If Anv)	PRES	ENT ADDRESS (Street, C	itv. State & Zi	ip)				
			DANGE (S	시 사내 시민 사람들은 사람들은 대학교 중국 전환 경우		医环境性病 医多克克氏试验检试验		医骶骨骨骨 医甲基氏性 医克里特氏 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		HOW LONG
LW LOTEITOON	ากวทบ N	lama & Aririrace)								
		lame & Address)								HOW LONG
BUSINESS PHON	ΙĘ	Ext.		ION OR TITLE		GROSS; \$		SALARY PER MONTH NET: \$		HOWLONG
	ΙĘ					GROSS: \$				
PREVIOUS EMPL	E OYER	Ext. (Company Name & or separate mainte	Address enance i	s) Income need not be reve		o not wish to ha		NET: \$		HOW LONG
PREVIOUS EMPL	OYER	Ext. (Company Name & or separate maintenance	Address enance i))		o not wish to ha		NET: \$ ed as a basis for repay		HOW LONG
Alimony, child sup Alimony, child sup SOURCES OF OTI	OYER OYER opport, port, se HER IN d in this	Ext. (Company Name & or separate maintenance COME	Address enance l receive	s) Income need not be reve	☐ Written A	o not wish to ha	Oral Understandii Has Joi	ed as a basis for repaying AMOU \$ nt Applicant or Other Pa	ing this obligation	HOW LONG
Alimony, child sup Alimony, child sup SOURCES OF OTI	OYER Oyert, port, se	Ext. (Company Name & or separate maintenance COME s Section likely to be in)	Address enance i e receive	income need not be reve d under:	☐ Written A ed is paid off* N.C MAF i, or applicant	o not wish to ha greement C ? RITAL STATI Tesides in a cor	Has Joi	ed as a basis for repaying AMOU \$ nt Applicant or Other Pa	ing this obligation	HOW LONG

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person.

Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessar	y.)					
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CA	SUBJECT TO DEBT?		VALUE		
CHECKING ACCOUNT NUMBER(S) (where)						\$
SAVINGS ACCOUNT NUMBER(S) (where)						
CERTIFICATE OF DEPOSIT(S) (where)						
MARKETABLE SECURITIES (issuer, type, no. of shares)						
REAL ESTATE (location, date acquired)						
LIFE INSURANCE (issuer, face value)						
AUTOMOBILES (make, model, year)						
OTHER (list)						
TOTAL ASSETS						\$
OUTSTANDING DEBTS (Include charge accounts	, installment contracts, c	redit cards, rent, mortgages and other obliq	Transfer of		Transport State (1979)	
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	•	RIGINAL MOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	☐ Rent Payment ☐ Mortgage		(OM	IIT RENT)	(OMIT RENT)	\$
AUTOMOBILES (describe)						
TOTAL DEBTS			\$		\$	\$
Complete the follow Are you obligated to make Alimony, Support or Maintel If yes, to (Name & Address) Are you a co-maker, endorser, or guarantor on any loa Are there any unsatisfied judgments against you? Have you been declared bankrupt in the last 10 years?	nance Payments? in or confract? No No Yes If yes,	Yes If yes, for whom?		Amt. pe	r month \$ thom? mount \$	the to find the common of the contract of the contract of
		t yes, where? only if credit is to be secured. Briefly describe the	e properti	/ to be given a		u r
PROPERTY DESCRIPTION	- Single Complete	and the state of t		913.00		
NAMES & ADDRESSES OF ALL CO-OWNERS OF TI	HE PROPERTY					
IF THE SECURITY IS REAL ESTATE, GIVE THE FUL	L NAME OF YOUR SPO	DUSE (if any).				
SIGNATURES. I cortify that eventhing I have sta	ted in this application or	nd on any attachments is correct. Lender n	nav kan	a thie applies	tion whether or no	it is approved By

i certify that everything i have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Date

Prior Lake State Bank 16677 Duluth Ave SE Prior Lake, MN 55372

Consumer Protection in Sales of Insurance Disclosure

The following apply in connection with the insurance product you are purchasing or that is being offered for purchase.

- The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, the bank or an affiliate of the bank.
- The insurance product or annuity is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or (if applicable) an affiliate of the bank; and
- In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the product, including the possible loss of value.

In the case of an application for credit in connection with which an insurance product or annuity is solicited, offered, or sold, the bank will not condition an extension of credit on either:

- Purchase of an insurance product or annuity from the bank or any of its' affiliates;
 or
- An agreement not to obtain, or a prohibition on the customer from obtaining, an insurance product or annuity from an unaffiliated entity.

Acknowledgement of Receipt of Disclosures by Customer

I/we have received the disclosure form in writing and orally as evidenced by my/our signature(s) below.

Signature:	
Signature:	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.