

Non Home Loan Consumer Application

Impact Bank is located solely within the State of Kansas, county of Sumner, USA. Our trade area includes Sumner County and under certain circumstances neighboring counties including Sedgwick, Harper, and Cowley. Applications outside our trade area will not be accepted through the Internet.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

* Required Fields

Non Home Loan Consumer Application

Requested Loan Amount:* \$.00

Purpose of Loan:*

If Purpose of Loan involves a vehicle, please provide the Year,

Make, Model and Mileage:

Please read following directions before completing this application, and choose the appropriate circle.

Individual Credit

Check here if you are applying for individual credit. This means you are applying in your own name and are relying on your own income or assets, NOT those of another person as the basis for repayment.

Complete only the **applicant information**.

Joint Credit

Check here if you are applying for joint credit. This means you are applying for credit with another person and will be relying on both your and their income or assets as the basis for repayment.

We intend to apply for joint credit.

Applicant: (please initial)

Co-Applicant: (please initial)

(Required if Joint Credit selected)

Complete both the **applicant information** and, the **co-applicant information**.

Applicant Information

Are you an existing customer of Impact Bank? Yes No

First Name:*

Middle Initial:

Last Name:*

Date of Birth:*

/ /
(mm/dd/yyyy)

Mother's Maiden Name:

Telephone Number:*

- -

Email Address:

Address Information

Street Address:*

(If Military, APO, or FPO Address or if N/A, Next of Kin or Friend.)

City/State/Zip Code:*

/ /

Number of Years in
Residence:

Mailing Address:
(if different than current)

City/State/Zip Code:

/ /

Previous Address:

City/State/Zip Code:

/ /

Number of Years in
Residence:

Applicant Personal Identification Information

Social Security Number:*

- -

or Tax ID Number:

Driver's License Number:*

State Issued:*

Date Issued:*

/ /
(mm/dd/yyyy)

Date Expires:*

/ /
(mm/dd/yyyy)

State ID Number:

State Issued:

Date Issued:

/ /
(mm/dd/yyyy)

Date Expires:

/ /
(mm/dd/yyyy)

Other ID:
(Military ID, Tribal ID, etc)

Additional Applicant Information

Number of Dependents:

Ages of Dependents:

Checking Account Number:

Institution or Branch:

Savings Account Number:

Institution or Branch:

If Applying For Secured
Credit: *

Married

Separated

Unmarried (single, divorced, widowed)

Name of Nearest Relative: *
(not living with you)

Relative's Street Address: *

City/State/Zip Code: *

/

/

Relationship: *

Telephone Number: *

-

-

Applicant Employment Information

Present Employer: *

Position:

Work Address:

City/State/Zip Code:

/

/

Years Employed with this
company:

Name of Supervisor:

Annual Gross Salary: * \$.00

Present Net Salary or
Commission: %

Hourly Wage:
(if applicable) \$

Hours Worked per Week:

Previous Employer:

Years Employed with this
company:

Previous Employer Address:

City/State/Zip Code:

/

/

Other Income Amount: \$ Weekly Monthly Yearly

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 or
separated maintenance
income received under: Court Order Written Agreement Oral Understanding

Source of Other Income:

Is any income in this section
likely to be reduced before
the credit requested is paid
off? No Yes If Yes, Explain:

Co-Applicant Information

Are you an existing customer
of Impact Bank? Yes No

First Name: *

Middle Initial:

Last Name:

Date of Birth: * / /
(mm/dd/yyyy)

Mother's Maiden Name:

Telephone Number: * - -

Email Address:

Address Information

Street Address: *
(If Military, APO, or FPO Address or if N/A, Next of Kin or Friend.)

City/State/Zip Code: * / /

Number of Years in
Residence:

Mailing Address:
(if different than current)

City/State/Zip Code: / /

Previous Address:

City/State/Zip Code: / /

Number of Years in
Residence:

Co-Applicant Personal Identification Information

Social Security Number: * - - or Tax ID Number:

Driver's License Number: *

State Issued: *

Date Issued: * / /
(mm/dd/yyyy)

Date Expires: * / /
(mm/dd/yyyy)

State ID Number:

State Issued:

Date Issued: / /
(mm/dd/yyyy)

Date Expires: / /
(mm/dd/yyyy)

Other ID:
(Military ID, Tribal ID, etc)

Additional Co-Applicant Information

Number of Dependents:

Ages of Dependents:

Checking Account Number:

Institution or Branch:

Savings Account Number:

Institution or Branch:

Credit:*

Married

Separated

Unmarried (single, divorced, widowed)

Name of Nearest Relative: *
(not living with you)

Relative's Street Address: *

City/State/Zip Code: *

/

/

Relationship: *

Telephone Number: *

-

-

Co-Applicant Employment Information

Present Employer: *

Position:

Work Address:

City/State/Zip Code:

/

/

Years Employed with this
company:

Name of Supervisor:

Annual Gross Salary: * \$.00

Present Net Salary or
Commission: %

Hourly Wage:
(if applicable) \$

Hours Worked per Week:

Previous Employer:

Years Employed with this
company:

Previous Employer Address:

City/State/Zip Code:

/

/

Other Income Amount: \$ Weekly Monthly Yearly

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 or
separated maintenance
income received under: Court Order Written Agreement Oral Understanding

Source of Other Income:

Is any income in this section
likely to be reduced before
the credit requested is paid
off? No Yes If Yes, Explain:

Marital Status

(Do not complete if this is an Application for individual unsecured credit.)

Note: Please provide the following information for both the Applicant and the Co-Applicant:

Applicant

Married

Separated

Unmarried (Single, Divorced, Widowed)

Co-Applicant

Married

Separated

Unmarried (Single, Divorced, Widowed)

List All Assets Owned

Note: Please provide the following information for both the Applicant and the Co-Applicant:

Description of Assets	Value	Subject to Debt		Names of Owners
Cash	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Cash Value of Life Insurance (Issuer, Face Value)	\$	Yes	No	
Real Estate (Location, Date Acquired)	\$	Yes	No	
Marketable Securities (Issuer, Type, No. of Shares)	\$	Yes	No	
Other (List)	\$	Yes	No	
Total:	\$			

Co-Applicant

Description of Assets	Value	Subject to Debt		Names of Owners
Cash	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Cash Value of Life Insurance (Issuer, Face Value)	\$	Yes	No	
Real Estate (Location, Date Acquired)	\$	Yes	No	
Marketable Securities (Issuer, Type, No. of Shares)	\$	Yes	No	
Other (List)	\$	Yes	No	
Total:	\$			

Outstanding Debts

Note: Include charge accounts, installment contracts, credit cards, rent mortgages, etc.

Creditor	Type of Debt or Account #	Name in Which Account is Carried	Original Debt \$	Present Balance \$	Monthly Payments \$	Past Due?	
Landlord or Mortgage Holder	Rent Mortgage		(Omit Rent)	(Omit Rent)	(Rent)	No	Yes
						No	Yes
						No	Yes
						No	Yes
						No	Yes
						No	Yes
						No	Yes

Total Debts: \$

	Type	Amount	Weekly	Monthly
Do you presently pay:	Alimony	\$		
	Support	\$		
	Maintenance	\$		

Other Monthly Obligations (excluding liability to pay alimony, child support, separate maintenance.)

Is any income listed on this application likely to be reduced before the credit request is paid off? If "Yes", Explain:

Are you a co-maker, endorser, or guarantor on any loan or contract? *

Yes If "Yes", For Whom: To Whom:

No

Are there any unsatisfied judgements against you? *

Yes If "Yes", For Whom: To Whom:

No

Have you declared bankruptcy in the last 10 years? *

Yes If "Yes", For Whom: To Whom:

No

Applicant Insurance Information

Please complete the following section if securing this loan with a vehicle or property.

Insurance Agent:

Insurance Agent Address:

City/State/Zip Code: _____ / _____ / _____

Insurance Agent Telephone:	-	-
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Secured Credit

Note: Complete only if credit is to be secured.

Briefly describe the property to be given as security:

Address:

By completing this loan application, you certify that the information in it and on any attachments is correct and you authorize Impact Bank to verify such information, to obtain credit reports, to verify any other credit references, and to make such other investigation as Impact Bank deems appropriate. **UPDATED FINANCIAL INFORMATION:** Impact Bank may request from reporting agencies from time to time credit reports on you and request new financial information directly from you or others for the purpose of updating Impact Bank records. You agree to promptly provide such financial information to Impact Bank. Impact Bank may rely on such information to make credit decisions concerning your loan. You agree to notify Impact Bank of any adverse change in your financial condition.

CREDIT DISCLOSURES: An insurance product may be offered with this product. If an insurance product is offered an extension of credit cannot be conditioned on either of the following: (1) Your purchase of an insurance product from this Bank or any of our affiliates; or (2) Your agreement NOT to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this Application you agree that you have read and understand these Disclosures.

Applicant Signature: *

Co-Applicant Signature:
(where applicable)

There is a small risk that information transmitted via Internet email could fall into the wrong hands, so Impact Bank suggests that confidential information, such as account numbers or social security numbers, not be transmitted via email. For protection of your financial information, we believe it is best to print completed forms and mail or drop them off at our nearest branch. Thank you.

By completing this loan application, you certify that the information in it and on any attachments is correct and you authorize Impact Bank to verify such information, to obtain credit reports, to verify any other credit references, and to make such other investigation as Impact Bank deems appropriate. UPDATED FINANCIAL INFORMATION: Impact Bank may request from reporting agencies from time to time credit reports on you and request new financial information directly from you or others for the purpose of updating Impact Bank records. You agree to promptly provide such financial information to Impact Bank. Impact Bank may rely on such information to make credit decisions concerning your loan. You agree to notify Impact Bank of any adverse change in your financial condition.

CREDIT DISCLOSURES: An insurance product may be offered with this product. If an insurance product is offered an extension of credit cannot be conditioned on either of the following: (1) Your purchase of an insurance product from this Bank or any of our affiliates; or (2) Your agreement NOT to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this Application you agree that you have read and understand these Disclosures.

Applicant Signature: *

Co- Applicant Signature:
(where applicable)

There is a small risk that information transmitted via Internet email could fall into the wrong hands, so Impact Bank suggests that confidential information, such as account numbers or social security numbers, not be transmitted via email. For protection of your financial information, we believe it is best to print completed forms and mail or drop them off at our nearest branch. Thank you.

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24 N. Main
Caldwell, KS
620.845.6444

206 E. Harvey
Wellington, KS
620.326.3361

FEDERAL CONSUMER CREDIT DISCLOSURES

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured 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 investment risk, there is investment risk associated with the insurance product, including the possible loss of value. 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.

INSTRUCTIONS

After completing this application please mail or deliver to a location listed above. If you need assistance in completing this application please feel free to call us at the phone number listed above.



We sincerely appreciate the opportunity to serve you.

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