

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

- 1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
- 2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today’s date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Applicant	Date	Applicant	Date
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ILLINOIS CHOICE OF AGENT ACT

You may obtain insurance required in connection with your loan or extension of credit from any insurance agent, broker, or firm that sells such insurance. Your choice of insurance provider will not affect our credit decision or your credit terms.

By signing, I acknowledge that I have received a copy of this form on today’s date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Applicant	Date	Applicant	Date
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REGULATION B NOTICE OF INTENT TO APPLY FOR JOINT CREDIT

We intend to apply for joint credit.

Applicant	Date	Applicant	Date
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