

Consumer Loan Application

Passumpsic
Savings Bank
Your Bank. Your Way of Life.
passumpsicbank.com

(Continued from reverse side)

Financial Information

MONTHLY HOUSING EXPENSE:

If you own your home, answer the following:

No Mortgage or Total Monthly Mortgage Payment: \$ _____
 Yes No

Does the payment above include an escrow for taxes and insurance? Yes No

Annual property taxes: \$ _____ and amount of annual homeowner's insurance: \$ _____

Mortgage Holder's Name and Address: _____
 If you rent, answer the following: Total Monthly Rental Payment: \$ _____
 Landlord's Name and Address: _____

Deposit Accounts			
Type of Account	Account Number	Institution	Balance
Loans, Credit Cards, and Other Monthly Credit Obligations			
Type of Account	Account Number	Institution	Balance

Are you obligated to pay alimony, child support, or separate maintenance?
 Are you a co-maker, endorser, or guarantor on any other debt?
 Have you opened any new loan accounts in the last 30 days?
 Have you been declared bankrupt in the last 10 years?

Yes \$ Amount _____ No
 Yes \$ Amount _____ No
 Yes \$ Amount _____ No
 Yes No

I/we certify that all the statements on this application are correct and complete to the best of my/our knowledge. By signing below I/we acknowledge that I/we have received the disclosures attached to this application form, including the NOTICE OF RIGHT TO RECEIVE A COPY OF AN APPRAISAL, DISCLOSURES FOR SALE OF OPTIONAL CREDIT INSURANCE and IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. I/we acknowledge receipt of these disclosures orally and in writing.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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AREA BELOW FOR BANK USE ONLY

Form of Identification (Applicant)	I.D. Issued by	I.D. Number	Issue Date	Expiration Date
Form of Identification (Co-Applicant)	I.D. Issued by	I.D. Number	Issue Date	Expiration Date

Consumer Loan Application (Rev. 06/17)

St. Johnsbury • 497 Railroad Street (802) 748-3196 ■ St. Johnsbury Center • 1242 Memorial Drive (802) 748-3196
Lyndonville • 62 Broad Street (802) 626-9211 ■ Newport • 1 Gardner Street (802) 334-6529 ■ Danville • 53 Route 2 West (802) 684-8100
Island Pond • 49 Mill Street Ext. (802) 723-4100 ■ Littleton, NH • 81 Meadow Street (603) 444-1730
Groveton, NH • 40 State Street (603) 636-1223 ■ Lancaster, NH • 117 Main Street (603) 788-4715 ■ Whitefield, NH • 20 Jefferson Road (603) 837-9591

Tear off the section below and retain for your records before returning this application to the Bank.

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 to you:

When you open an account, we will ask you 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.

In some cases, identification will be requested for current account holders if original documentation was not obtained with the opening of a previous account. In all cases, protection of our customers' identity and confidentiality is our pledge to you.

DISCLOSURES FOR SALE OF OPTIONAL CREDIT INSURANCE (Credit Life/Credit Disability)

You are applying for a credit product from Passumpsic Savings Bank for which Credit Life Insurance and/or Credit Disability Insurance is available. Federal law requires us to provide you with the following disclosures:

- The Bank may not condition an extension of credit on your purchase of an insurance product from the Bank or any of its affiliates or your agreement not to obtain, or a prohibition on your obtaining an insurance product from an unaffiliated entity.
- These credit insurance products are:
 - NOT A DEPOSIT
 - NOT FDIC INSURED
 - NOT GUARANTEED BY THE BANK OR AN AFFILIATE OF THE BANK
 - NOT GUARANTEED BY ANY FEDERAL GOVERNMENT AGENCY

CONSUMER LOAN APPLICATION

I am applying for:

Individual Credit Joint Credit If you intend to apply for joint credit, please initial here: _____ (Applicant), _____ (Co-Applicant)
Amount Requested \$ _____ Requested Loan Term _____ Purpose of Loan _____

Indicate below if the credit requested is to be unsecured or secured:

Unsecured Secured If secured, indicate collateral: _____
 Secured If secured, indicate names of all owners of the collateral: _____

For Home Equity Loan requests only, complete the section below:

Closed-end Home Equity Loan Home Equity Line of Credit

Secured by (Address of Property): _____
Can anyone, other than the applicant(s) indicated below, claim a homestead interest* in the property that will secure repayment of the loan? YES NO
If YES, who may be able to claim a homestead interest? (Name): _____

*Vermont and New Hampshire law recognizes a homestead right in the spouse or civil union partner of the legal owner of real estate, which is used or kept as their primary home, even if the spouse or civil union partner is not a co-owner of that home. This homestead interest prevents creditors from attaching the entire homestead property without the written consent of both spouses or partners. Therefore, Passumpsic Savings Bank will require that both spouses or civil union partners sign the mortgage deed, or otherwise waive their homestead interest in the property, in order to insure that it is fully enforceable. You should consult an attorney for specific advice regarding homestead rights and for specific legal advice regarding benefits, protections, and responsibilities under Vermont and New Hampshire law.

Applicant Information - please print

Last Name		First Name		Middle Initial	Social Security No.	Date of Birth	City of Birth	Mother's Maiden Name	
Physical Address for Place of Residence (No., Street, City, State, Zip Code)									
Mailing Address (if different than above)									
Previous Home Address (if at current address less than two years) - (No., Street, City, State, Zip Code)					How Long?		Home Phone ()		
Present Employer					How Long?		Business Phone ()		
Address					Position		No. of Dependents		
Gross Salary (Income Verification May Be Required)					Previous Employer		How Long?		
<input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$					Address		Position		
<input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$					Gross Salary (Income Verification May Be Required)		How Long?		

(Alimony, child support, and separate maintenance income need not be revealed if you do not wish to have this source of income considered)

Alimony, Child Support or Separate Maintenance Income \$ _____
Other Gross Income Source of Other Income \$ _____
Is any of the income you listed likely to be reduced before the credit requested is paid off? Yes No

Name of Nearest Relative Not Living With You Relationship Relative's Address Relative's Phone ()

Co-Applicant Information (if property ownership/rental information is not the same, applicant and co-applicant should complete separate application forms)

Last Name		First Name		Middle Initial	Social Security No.	Date of Birth	City of Birth	Mother's Maiden Name	
Physical Address for Place of Residence (No., Street, City, State, Zip Code)									
Mailing Address (if different than above)									
Previous Home Address (if at current address less than two years) - (No., Street, City, State, Zip Code)					How Long?		Home Phone ()		
Present Employer					How Long?		Business Phone ()		
Address					Position		No. of Dependents		
Gross Salary (Income Verification May Be Required)					Previous Employer		How Long?		
<input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$					Address		Position		
<input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$					Gross Salary (Income Verification May Be Required)		How Long?		

(Alimony, child support, and separate maintenance income need not be revealed if you do not wish to have this source of income considered)

Alimony, Child Support or Separate Maintenance Income \$ _____
Other Gross Income Source of Other Income \$ _____
Is any of the income you listed likely to be reduced before the credit requested is paid off? Yes No

Name of Nearest Relative Not Living With You Relationship Relative's Address Relative's Phone ()

MEMBER FDIC



CONTINUE COMPLETING APPLICATION ON THE REVERSE SIDE

Tear off the section below and retain for your records before returning this application to the Bank.



IMPORTANT DISCLOSURES RELATING TO YOUR APPLICATION FOR CREDIT

Tear off this section of the application at the perforation line before returning your application to the Bank. Retain these disclosures for your records.

NOTICE OF RIGHT TO RECEIVE A COPY OF AN APPRAISAL

If this loan will be secured by a dwelling, you have the right to a copy of the appraisal report used in connection with your application for credit. The term *dwelling* means a residential structure that contains one to four family units whether or not that structure is attached to real property. The term includes, but is not limited to, an individual condominium or cooperative unit, and a mobile home or other manufactured home. The term *appraisal report* means the document(s) we relied upon in evaluating the value of your dwelling. If you wish to obtain a copy, please write to us at the mailing address we have provided below. We must hear from you no later than 90 days after we notify you about action taken on your credit application or you withdraw your application. In your letter, give us the following information:

- Your name and mailing address
- Your telephone number
- The address of the property for which the appraisal was prepared
- The date of your application
- The location of our office where you applied for credit

Send your request to:
Passumpsic Savings Bank
Retail Lending Department
P.O. Box 38
St. Johnsbury, VT 05819-0038

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