

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: _____

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 Is the property visible from the road? Yes No

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)							How Long?	Home Phone ()
Mailing Address (if different than above)								Business Phone ()
Previous Home Address (if at current address less than two years) - (No., Street, City, State, Zip Code)							How Long?	No. of Dependents
Present Employer			How Long?	Previous Employer			How Long?	
Address		Position		Address		Position		
Gross Salary <small>(Income Verification May Be Required)</small> <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$				Gross Salary <small>(Income Verification May Be Required)</small> <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$				
(Alimony, child support, and separate maintenance income need not be revealed if you do not wish to have this source of income considered)								
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 <input type="checkbox"/> No <input type="checkbox"/>			
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)							How Long?	Home Phone ()
Mailing Address (if different than above)								Business Phone ()
Previous Home Address (if at current address less than two years) - (No., Street, City, State, Zip Code)							How Long?	No. of Dependents
Present Employer			How Long?	Previous Employer			How Long?	
Address		Position		Address		Position		
Gross Salary <small>(Income Verification May Be Required)</small> <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$				Gross Salary <small>(Income Verification May Be Required)</small> <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$				
(Alimony, child support, and separate maintenance income need not be revealed if you do not wish to have this source of income considered)								
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 <input type="checkbox"/> No <input type="checkbox"/>			
Name of Nearest Relative Not Living With You			Relationship	Relative's Address			Relative's Phone ()	

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Financial Information

MONTHLY HOUSING EXPENSE: If you own your home, answer the following:

No Mortgage or Total Monthly Mortgage Payment: \$ _____

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: _____

Do you own other real estate? Yes No If Yes: Annual Property Taxes \$ _____ Annual Insurance \$ _____

If you rent, answer the following: Total Monthly Rental Payment: \$ _____

Landlord's Name and Address: _____

I authorize Passumpsic Savings Bank to gather information about me and to obtain a credit report at any time in order to verify or re-verify any information in connection with this transaction needed for: approving the application, reviewing the account, increasing the credit line on the line of credit note, for the purpose of taking collection action on the account or other legitimate purposes associated with this account. If this application is approved, I authorize the Bank to give information about my Passumpsic Savings Bank account to others. If this is a joint application, each applicant agrees that the liability of the account will be joint and several and that each applicant will at all times be separately liable for the full amount of any balance due on the account. This application remains the property of Passumpsic Savings Bank.

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? Yes \$ Amount _____ No
 Are you a co-maker, endorser, or guarantor on any other debt? Yes \$ Amount _____ No
 Have you opened any new loan accounts in the last 30 days? Yes \$ Amount _____ No
 Have you been declared bankrupt in the last 10 years? Yes No

NOTICE TO CO-SIGNER: Your signature on this application means that you will be equally liable for repayment if this credit request is approved. If the borrower does not pay, the lender has a legal right to collect from you.

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



Passumpsic Bank
Start your adventure.

passumpsicbank.com

IMPORTANT DISCLOSURES RELATING TO YOUR APPLICATION FOR CREDIT

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 request to:

Passumpsic Savings Bank
Retail Lending Department
P.O. Box 38,
St. Johnsbury, VT 05819-0038

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

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

Berlin • 282 Berlin Mall Rd (802) 751-4395 ■ 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