

Thank you for choosing First Southern Bank for your banking needs.

To process your Consumer Loan Application, we will need additional information from you. Please provide the items listed below along with your completed application to us.

V	e appreciate your business!
	Copy of your most current paystub.
	Copy of your most recent W-2's.
	Copy of your Driver's License or Social Security Card.
	Copy of the title to any collateral being used.
	Name, agent, and phone number of your insurance company. (Declaration page needed showing First Southern Bank as lienholder).
	Completed covered borrower identification statement.

Please include the purpose for the loan request.

## CONSUMER LOAN APPLICATION

Credit Requested Is:	Home Equity Losn	Collatoral Se	cured Loan	sonal Unsecured Lo	Jan	Account Requested:		dual Joint
Arnount Requested	Description of Collateral Off	ered				We Inten	d to apply for jo Initial	pint credit
Purpose of Credit Request	ananan an					Applicant	mbar	Co-Applicant
If the Applicant is married, he of	r sha may apply for individual	credit. For M	arital Status, check one	lf a) you are apply	ing for a secured credi	t; b) you reside in a con	nmunity proper	ty state;
or c) you are relying on property		te es a basis fi		THE PARTY OF THE P		20 Appliant		
	Applicant		APPLICANT I		<b>C</b> 1	Co-Applicant		
Applicant Role:	Borrower Co-Si	gner 📙	Guarantor	Applicant Role:		rrower Co-Si	jner 🖵 (	Guarantor
Applicant Name (include Jr. or I	Sr. II applicable)			Co-Applicant N	ame (include Jr. or Sr.	if applicable)		
Social Security Number	Home Phone (inc), are	a code) D	(wm-dd-yyyy)	Social Security	Number	Home Phone (Incl. are	ra code) D(	OB (mm-dd-yyyy)
Emall Address				Email Address		· · · · · · · · · · · · · · · · · · ·		
Married		pendents inot	listed by Co-Applicant)	Married	Discovered the	De	pendents (not )	listed by Applicant)
Separated Single,	ried (include divorced, widowed) r	no. ag	95	Separated	Unmarried (In single, divord		no, age	15
Citizenship: U.S. Citize	en 🗌 Permanent Residen	t Alien	Non-Resident Alien	Citizenship:	U.S. Citizen	Permanent Residen	t Alien	Non-Resident Alien
Present Address (street, city, st	ate, ZIP) since		an de series en ser a ser de l'handen en de series en series d'an en	Present Address	s (street, city, state, ZI	P) since		
Mailing Address, if different from	n Present Address			Mailing Address	, if different from Pres	ient Address		
		If residing at p	resent address for less t	han two years, co	mplete the following:			
Former Address istreet, city, sta	ite, ZIP) from	t	o	Former Address	(street, city, state, ZI	P) from	to	2
	Applicant	EMPL	OYMENT / INC	OME INFO	RMATION C	o-Applicant		
Name & Address of Employer	Sel	f Employed	Yrs. on this job	Name & Addres	s of Employer		Salf Employed	Yrs. on this job
			Full time	-				Full time
Position/Title & Type of Business	a normal contraction and dependent of the second staff of the second staff of the second staff of the second st	Business Ph	ione (incl. area code)	Position/Title &	Type of Business		Business	Phone (incl. area code)
Gross Monthly Income	Ş	1		Gross Monthly I	ncome \$			
Name & Address of Employer	Sell	Employed	Dates	Name & Address	a of Employer	Πs	Self Employed	Dates
			10 A A A A A A A A A A A A A A A A A A A			_		
			from					from
		1	to					to
Position/Title & Type of Business		Business Ph	one (incl. area code)	Position/Title &	Type of Business		Business I	Phone (incl. area code)
Name & Address of Employer	Self	Employed	Dates	Name & Address	of Employer		Self Employed	Dates
			from					
			from					from
			10					to
Position/Title & Type of Business Business Phone (incl. area code)		one (incl. area code)	Position/Title & Type of Business Business Phone (inc			Phone (inci. area code)		
NOTICE: Alimony, Child Support or	Separate Maintenance Incom	a need not be	revealed if you do not w	vish to have it con	sidered as a basis for I	repaying this obligation.		
Other Income			\$	Other Income				5
			HOUSING IN	FORMATIC	N			
<u>л п</u> .			Monthly Housing/R	Children (Children (Childr	Present Value		Date Purc	hasad
Own Rent since			\$		\$			
		(	CASH ASSET I	NFORMAT	ION			
inancial Institution Name					Saving Account	t Balance	Checking	Account Balance
	1. 1. 1				1.0	in a star and a start day	1 2	-

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any lliegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other Interested parties information as to Lender's experiences or transactions with my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other Interested parties information. These representations and authorizations extend not only to Lender, but also to any insurer of the loan at to any investor to whom Lender may sell all or any part of the loan. I/We further suthorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

X Applicant

## ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

Assets Checking and Savings Accounts		Liabilities	Liabilities			
		Name and Address of Creditor	Name and Address of Creditor			
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
			ann de seu à secte a second de sec			
Acct. No.	\$	Acct. No.	8	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acci. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	¢	Acci. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acet. No.	8	Acct. No.	\$	4		
Stocks and Bonds Assets		Name & Address of Company	Payment	Balance		
Number Description	Cash or Market Value					
	\$					
	\$	Acct. No.	6	s		
	\$	Name & Address of Company	Payment	Balance		
Life Insurance - Face Value	\$		1 / arrigan			
Real Estate Owned Assets	\$					
Vested Interest in Retirement Funds	\$					
Net Worth of Business Owned	\$	Acct. No.	4	\$		
Automobiles Owned:		Name & Address of Company	Payment	Balance		
Year Make and Model	Cash or Market Value					
	\$					
	\$		Thu:			
	5	Acct. No.	\$	\$		
	\$	Name & Address of Company	Payment	Balance		
Other Assets Owned:						
Description	Cash or Market Value					
	\$					
	\$	Acct. No.	\$	S Contraction		
	\$	Alimony/Child Support/Separate Maintenance Owed to				
	\$	Job Related Expanse	5			
	\$					
LIQUID ASSETS	A REAL PROPERTY AND ADDRESS OF THE OWNER	TOTAL MONTHLY PAYMENTS	\$			
TOTAL ASSETS		TOTAL LIABILITIES	Construction of the local division of the lo			
NET WORTH						

"\*" indicates obligations satisfied at or before loan closing.

## REFERENCES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

	Applicant	PERSONAL REFERENCES	Co-Applicant
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone

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\*5585\*

## COVERED BORROWER IDENTIFICATION STATEMENT

Lender:

FIRST SOUTHERN BANK-Tower Square First Southern Bank-Tower Square 300 Tower Square Plaza P. O. Box 580 Marion, IL 62959-2405 (618) 997-4341

Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:

I AM a member of the U.S. Armed Forces, such as Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer or on active Guard and Reserve duty (generally for a period of 180 consecutive days or more).

APPLICANT:

Applicant

Date

I AM a dependent of a member of the U.S. Armed Forces on active duty as described above. Dependants include, for example, a member's spouse, a member's child under the age of twenty-one years old, or an individual for whom the member provided more than one-half of the individual's financial support for 180 days immediately preceding today's date.

APPLICANT:

Applicant

Date

----OR----

I AM NOT a regular or reserve member of the U.S. Armed Forces, such as Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer or on active Guard and Reserve duty (or a dependent of such a member).

APPLICANT:

Applicant

Date

Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.

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