# CONSUMER LOAN APPLICATION (ORIGINATION VERSION)

Credit Reques	sted Is:	Home Equity Loan		Collateral Se	ecure	d Loan Perso	onal Unsecured Loa	n		Account Requested:	Individu	ıal	Joint
Amount Requested Description of Collateral Offered								We intend to		nt cre	dit		
Purpose of Credit Request								Applicant	Initial	-	Co-Applicant		
If the Applicar	nt is married, he	or she may apply for ind	ividual cr	edit. For N	1arita	I Status, check one it	f a) you are applyin	g for a	a secured cred	lit; b) you reside in a commu	inity property	y state	9;
or c) you are r	relying on prope	Applica		as a pasis		PPLICANT II		ON		Co-Applicant			
Applicant Role	e.	Borrower	Co-Sign	er	<u> </u>	rantor	Applicant Role:			orrower Co-Signer	, П <sub>в</sub>	uarant	tor
		r Sr. if applicable)	CO-Olgi		Oue	iantoi	Co-Applicant Nar	ne (in				uaram	ioi
Social Security Number Home Phone (incl. area code) DOB (mm-dd-yyyy)					Social Security Number Home Phone (incl. area code) DOB (mm-dd-yyyy)								
Email Address	S						Email Address			<u> </u>			
☐ Married ☐ Dependents (not listed by Co-Applicant) ☐ Unmarried (include ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					☐ Married Dependents (not listed by Applicant) ☐ Unmarried (include								
☐ Separated ☐ single, divorced, widowed) no. ages						Separated single, divorced, widowed) no. ages							
Citizenship:	U.S. Ciess (street, city,		nce	Alien L	_ No	on-Resident Alien	Citizenship: U.S. Citizen Permanent Resident Alien Non-Resident Alien						Resident Alien
		rom Present Address					Present Address (street, city, state, ZIP) since  Mailing Address, if different from Present Address						
Former Addre	ess (street, city,	state. ZIP) fr	om If	residing at	pres	ent address for less th					to		
- Cimor riddro	(0.1001, 011),						Former Address (street, city, state, ZIP) from to						
		Applica	ant	EMPL	-0,	MENT / INC	OME INFO	RM.	ATION	Co-Applicant			
Name & Address	s of Employer		☐ Self	Employed		Yrs. on this job	Name & Address	of Er	mployer	☐ Self	f Employed		Yrs. on this job
						Full time							☐ Full time
Position/Title &	Type of Busines	s		Business I	Phone	e (incl. area code)	Position/Title & T	уре с	of Business		Business F	hone	(incl. area code)
Gross Monthly I	ncome	\$	_				Gross Monthly In	come	\$			—	
Name & Address	s of Employer		☐ Self	Employed		Dates	Name & Address of Employer			☐ Self Employed			Dates
						from							from
Position/Title &	Type of Busines	s		Business F	Phone	to e (incl. area code)	Position/Title & T	уре с	of Business		Business F	hone	to (incl. area code)
Name & Address	s of Employer		Self	Employed		Dates	Name & Address of Employer Self Employed Dafee					Dafee	
Name & Address of Employer  Self Employed  Dates  from				from	from								
Position/Title &	Type of Busines	s		Business I	Phone	to e (incl. area code)	Position/Title & T	уре с	of Business		Business F	hone	(incl. area code)
NOTICE: Alimor	ny, Child Suppor	t or Separate Maintenand	e Income	e need not l	ре ге	vealed if you do not v	vish to have it cons	sidere	d as a basis fo	r repaying this obligation.			
Other Income					\$	-	Other Income					\$	
Other Income					\$		Other Income					\$	
Other Income					\$	HOUSING IN	Other Income	N				\$	
Own 🗆	Rent since					Monthly Housing/F		A.S	Present Valu	9	Date Purc	hased	l
					C/	SH ASSET	INFORMAT	ION					
Financial Institut	tion Name								Saving Acco \$	unt Balance	Checking \$	Accou	unt Balance
APPLICA	ANT SIGN	ATURE(S)											
complete, and the with other parties as to Lender's e and responding me/us, and other representations, marketing comp	hat I/we did not es and to make a experiences or tra- to this loan apper marketing as tax return infor- nanies, and to ar	omit any important infor any investigation of my/o ansactions with my/our a lication; 2) originating th permitted by law. I/We mation consent, and auth by investor to whom Lene	mation. ur credit account. e loan; 3 e underst norization der may	I/We agree , either dire I/We unde B) servicing and that L as extend n sell all or a	e that ectly or rstan the I ender ot or ny pa	any property security or through any agency dand agree that Lencoan; 4) selling or trans will retain this apply to Lender, but also art of the loan, as we	ng the loan or cred by employed by Lender may obtain, use nsferring all or a p lication and any ot to to Third Parties, it all as to the affiliate	it will nder for e and art of ther continctudes, ago	not be used to or that purpos share my state the loan or a redit informat ling loan servi- ents, and any	ation or in any related document or any illegal or restricted properties. Lender may disclose to all e and federal tax return into y interest in it; and (5) into lon Lender receives, even if the loan, successors and assigns of Lapplication, credit or loan.	urpose. Lend ony other inter ormation for pernal marketi f no loan or on, governmen	der is rested purpos ing an credit at ager	authorized to verif d parties informatio ses of: 1) reviewin ialysis, marketing to t is granted. Thes ncy loan guarantors
x							x						
Applic	ant					Date	Co-Applicar	nt				Date	1

### ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant: Application Number:

Α	ssets	Liabilities	Liabilities					
Checking and Savings Accounts		Name and Address of Creditor						
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.	\$	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.	\$	Acct. No.	\$	\$				
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance				
	Ι.		T.	T-				
Acct. No.	\$	Acct. No.	\$	\$				
Stocks and Bonds Assets	Cook on Market Value	Name & Address of Company	Payment	Balance				
Number Description	Cash or Market Value							
	\$							
	\$	Acct. No.	\$	\$				
	\$	Name & Address of Company	Payment	Balance				
Life Insurance - Face Value	\$		1. 0,					
Real Estate Owned Assets	\$							
Vested Interest in Retirement Funds	\$							
Net Worth of Business Owned	\$	Acct. No.	\$	\$				
Automobiles Owned:		Name & Address of Company	Payment	Balance				
Year Make and Model	Cash or Market Value							
	\$							
	\$							
	\$	Acct. No.	\$	\$				
	\$	Name & Address of Company	Payment	Balance				
Other Assets Owned:								
Description	Cash or Market Value							
	\$							
	\$	Acct. No.	\$	\$				
	\$	Alimony/Child Support/Separate Maintenance Owed to	\$					
	\$	Joh Poleted Evenes	\$					
	\$	Job Related Expense	٩					
LIQUID ASSETS	\$	TOTAL MONTHLY PAYMENTS	\$					
TOTAL ASSETS	\$	TOTAL LIABILITIES	_					
NET WORTH		TOTAL EASIETIES	4					

<sup>&</sup>quot;\*" indicates obligations satisfied at or before loan closing.

INTERVIEWER INFORMATION					
Originator Name		Phone Number	Ext.		
Originator NMLSR Identifier	Originator License State and Number				
Company Name					
Company NMLSR Identifier	Company License State and Number				
Company Address (street, city, state, ZIP)					

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## INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant:		Friend Bank 220 East Lawrence Harris Hwy P O Box 640 Slocomb, AL 36375
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### **IMPORTANT**

## DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

### Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

### Credit Disclosures.

- 1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
- Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

### Acknowledgment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ,	RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.
APPLICANT:	
XApplicant	Date