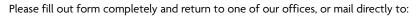
Life Insurance Line Of Credit Application

Welcome, and thank you for choosing us for your financing needs.





Town Bank 850 W. North Shore Dr. Hartland, WI 53029

IMPORTANT: Before submitting this application, please attach a cop	y or your	1110361666	it iiisaiaiic	se poney statement.				
Please check the box that applies (one box must be checked):		Loan Purpose						
O I am applying for a loan in my name only and will rely on my own income/assets to repay.								
O We intend to apply for joint credit.								
 I am applying for this loan in my name only but will rely on the income or assets of another person to repay. 		Requested Loan Amount						
IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT – To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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 for your name, physical address, date of birth, taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.								
If the Applicant is married, he or she may apply for individual credit. For Marital Status, check on if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.								
APPLICANT								
First Name	M.I.		Last Name					
Home Address		City		State/		ate/ZIP		
O Own O Rent		How long there?						
Name of Present Landlord/Mortgage Holder								
Prior Address (only if present address is less than 2 years)								
Primary Phone			Secondary Phone					
Email Address								
Social Security No.		Date of Birth						
O Married O Separated O Unmarried (including single, divorced, widowed)			Are you a party to a civil union entered in IL or similar relationship legally entered in another state? O Yes O No					
U.S. Citizen? O Yes O No			Permanent Resident Alien? O Yes O No					
Driver's License No.		State		Date Issued		Expiration		
Other ID (State, Military, Tribal, etc.)		State/Agcy.		Date Issued		Expiration		
Employer						How long there?		
Address		•			Phone			
Type of Business?			Occupation/Title					
Are there any outstanding judgements against you? O Yes O No Explanation and amount if any:			Have you ever declared bankruptcy in the last 7 years? O Yes O No Explanation and amount if any:					

CO-APPLICANT										
First Name		M.I.	Last Name							
Home Address			City	City			State/ZIP			
O Own			How long th	How long there?						
Name of Present Landlord/Mortgage Holder										
Prior Address (only if present address is less than 2 years)										
Primary Phone			Secondary Phone							
Email Address										
Social Security No.	Date of Birth									
O Married O Separated O Unmarried (including single, divorced, widowed)			Are you a party to a civil union entered in IL or similar relationship legally entered in another state? O Yes O No							
U.S. Citizen? O Yes O No			Permanent Resident Alien? O Yes O No							
Driver's License No.			State		Date Issued			Expiration		
Other ID (State, Military, Tribal, etc.)			State/ Agcy	<i>'</i> .	Date Issued	Date Issued		Expiration		
Employer					•		How long tl	here?		
Address			-				Phone			
Type of Business?			Occupation/Title							
Are there any outstanding judgements against you? O Yes O No Explanation and amount if any:				Have you ever declared bankruptcy in the last 7 years? O Yes O No Explanation and amount if any:						
	_									
APPLICANT INSURANCE POLICY INFORMATION Insurance Carrier	ON			. =	2 24					
Whole life policy? • Yes • No				Premium Payment Frequency? O Monthly O Quarterly O Annually						
Policy Issue Date			Face Amour	ace Amount of Policy (Death Benefit))	\$			
·			Policy Prem	licy Premium Payment Amount			\$			
Policy Number			Cash Surren	Cash Surrender Value (CSV)			\$			
Insurance Agent Name			Date of Cash Surrender Value (CSV)							
Insurance Agent Email			Policy Owner							
Insurance Agent Phone	gent Phone → Attach most recent insurance policy statement or current insurance policy illustration							ent insurance policy illustration.		
Agreement: I/We certify that everything stated in this application and on any 18 United States Code 1014, prescribes criminal penalties for false statements in le my/our eligibility for credit. I/We agree that this statement shall remain your procherein, and to determine my/our credit worthiness, including, but not limited to, credit, references, present and former employers, merchants, landlords and credit reporting agency on any application, you may disclose the information to all app payments, or other defaults on your account may be reflected in your credit burn	pan application to Fede operty, whether or not procuring consumer cr tors. Each applicant co licants in any notificatic	rally insured bar the application edit reports fro nsents that, up	nks. I/We certif is accepted. You am consumer re on denial of this	fy that the fore, ou are authorize porting agencie s application ba	going statement ed to make all ir es and credit inf used on consum	its are true and nquiries you de ormation from er report or inf	complete and em necessary t banks and othe ormation recei	made for the purpose of determining o verify the accuracy of the statements er financial institutions and extenders of ved from a person other than a consumer		
Applicant's Signature	Date		Co-Applicant's Signature			Date				
FOR INTERNAL USE ONLY										
Date Application Received	NMLS #				Ho	w Applicatior	n Was Receiv	ed		