PERSONAL LOAN APPLICATION

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 for you: When you open an account, we will ask 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.

INFORMATION ABOUT CREDIT REQUEST

Please Check Appropriate Box

If you are applying for individual credit or an individual account, in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A-D. If the requested credit or account is to be secured, also complete the first part of Section F.

If you are applying for joint credit with another person or for a joint account or an account that you and another person will use, complete all Sections, providing information in Section E about the joint applicant.

We intend to Applicant _	o apply for j	joint credit	:		Co-A	Applicant				
If you are applying for	or individual	credit or ar	ı individual	account, but	are relyir	ng on income from	n alimo	ony, child support	or s	eparate maintenance or
										ent possible, providing
information in Section AMOUNT OF LOAN REQUESTED	REQUESTED M	•		* **			s or inc	ome or assets you	are	reiying.
\$ NO				YOU EVER APPLIED TO US FOR A LOAN? NO YES WHEN?						
PURPOSE OF LOAN			COLLATE	ERAL OFFERED	AND HOW (OWNED				
				= = :		APPLICANT		D.A.TIE	COCT	AL OCCUPIENT NUMBER
NAME (Please print full name) HOM				IOME PHONE		CELL PHONE		BIRTH DATE SOCIA		AL SECURITY NUMBER
PRESENT STREET ADDRESS				YEARS THERE:		DRIVE	DRIVERS LICENSE NUMBER - STATE		ATE	
CITY AND STATE				ZIP		E-MAIL ADDRESS				
IMMEDIATE PREVIOUS ADDRESS					YEARS THERE: NO		NO OF	. OF DEPENDENTS - LIST BY AGE		
IMMEDIATE PREVIOUS ADDRESS										
CITY AND STATE					ZIP ARE Y Yes		OU A U.S. CITIZEN? No			
TWO NEAREST RELATIVES NOT LIVIN NAME	NG WITH YOU		A PRESENT OF DDRESS	R FORMER SPOU	JSE	CITÝ, STA	TE ZID			PHONE
1.		А	DDKLSS			CIII, SIA	IL ZII			THONE
2.										
MY PRINCIPAL FINANCIAL INSTITUT	TON IC.	Charlein A.	N.		. NT-	Ta as a				Loop
MY PRINCIPAL FINANCIAL INSTITUT	ION IS:	Checking Acco	ount No.	Savings Accoun	t No.	Cert. of Deposit		Safe Deposit		Loan
OTHER FINANCIAL INSTITUTIONS US	SED:	Checking Acco	ount No.	Savings Accoun	t No.	Cert. of Deposit		Safe Deposit		Loan
		<u> </u>	CONTANT D	***************************************		1	·			
PRESENT EMPLOYER		SE	CTION B	- INCOMI		EMPLOYMEN AND WAGES	T		М	IONTHLY INCOME
					\$				\$	
EMPLOYER ADDRESS			BUSINE	ESS PHONE				Alimony, child support, considered as a basis fo		parate maintenance income need ving this obligation.
			DATE O	OF EMPLOY						\$
POSITION OR TITLE	SUI	PERVISOR								\$
PREVIOUS EMPLOYER AND ADDRESS	S									
										\$
										\$
POSITION OR TITLE			YEARS	EMPLOYED	TOTAL MONTHLY INCOME \$					
Is any income listed in this Section likely to	be reduced in the	e next two years	or before the cre	edit requested is pa	aid off?	No	Yes	(Explain in detail, use se	parate	sheet if needed):
If you have chosen to disclose income from	alimony, child su	ipport or separat	e maintenance, i	is such income pur	suant to:	HOW LONG RECEI	VED?	HOW OFTEN?	FRO	M WHOM?
Written Agreement Court Decr Have you ever been bankrupt or had any jud					NII 0					
			ou? No	o Yes	When?					
Are you a co-maker, endorser, or guarantor	on any loan or co	ntract? No	Yes	For Whom?		T	o Whom?			Amount? \$
				ECTION C						
DESCRIPTION OF ASSET		VAL	UE OF ASSET	e Additional	Sheet II I	AMOUNT OF DEBT		T	NAM	E OF OWNER(S)
(Include Account Number, if applica	able)	VAL	OL OF ASSLT			AMOUNT OF BEBT			INZIVI	E OF OWNER(3)
	s				s					
					7					
	\$				\$					
	\$				\$					
	\$				\$					
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s					\$					
	\$				\$					
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	\$				٠					
	9				(e			1		

TOTAL ASSETS FROM ADDITIONAL SHEET

TOTAL ASSETS

SECTION D - LIABILITIES AND INDEBTEDNESS

(Use Additional Sheet If Needed)

List below all indebtedness to banks, credit unions, stores, finance companies, individuals and other creditors, including obligations to pay alimony, child support, separate maintenance, rent, mortgages, etc. COLLATERAL MONTHLY PAYMENT TYPE OF DEBT OR ACCOUNT NUMBER ORIGINAL DEBT CREDITOR PRESENT AMOUNT OWED \$ \$ TOTAL LIABILITIES FROM ADDITIONAL SHEET MONTHLY PAYMENTS LIABILITIES TOTALS MONTHLY DEBT ASSETS TO LIABILITIES SECTION E - JOINT APPLICANT, USER OR OTHER PARTY (Use Additional Sheet If Needed) NAME (Please print full name) HOME PHONE CELL PHONE BIRTH DATE SOCIAL SECURITY NUMBER PRESENT STREET ADDRESS YEARS THERE: DRIVERS LICENSE NUMBER - STATE CITY AND STATE ZIP E-MAIL ADDRESS IMMEDIATE PREVIOUS ADDRESS YEARS THERE: NO. OF DEPENDENTS - LIST BY AGE CITY AND STATE ZIP ARE YOU A U.S. CITIZEN? RELATIONSHIP TO APPLICANT CO-APPLICANT ENDORSER TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE CITY, STATE ZIP PHONE NAME ADDRESS 1 2.
MY PRINCIPAL FINANCIAL INSTITUTION IS: Checking Account No. Savings Account No. Cert. of Deposit Safe Deposit OTHER FINANCIAL INSTITUTIONS USED Checking Account No Savings Account No. Cert. of Deposit Safe Deposit SALARY AND WAGES PRESENT EMPLOYER OTHER INCOME: From Whom or Describe: Alimony, child income need not be revealed if you do not wish to have it com EMPLOYER ADDRESS BUSINESS PHONE pport, or separate maintenance red as a basis for repaying this DATE OF EMPLOY POSITION OR TITLE SUPERVISOR \$ PREVIOUS EMPLOYER AND ADDRESS \$ POSITION OR TITLE YEARS EMPLOYED TOTAL MONTHLY \$ INCOME Is any income listed in this Section likely to be reduced in the next two years or before the credit requested is paid off Yes (Explain in detail, use separate sheet if needed) If you have chosen to disclose income from alimony, child support or separate maintenance, is such income pursuant to:

Written Agreement

Court Decree
Other HOW LONG RECEIVED? HOW OFTEN? FROM WHOM? Court Decree Have you ever been bankrupt or had any judgments or garnishments against you? No Yes When? Are you a co-maker, endorser, or guarantor on any loan or contract? For Whom? To Whom? Amount? \$ SECTION F - MARITAL STATUS Complete this Section ONLY if the loan requested is to be secured, or you reside in a community property state, or you are relying on property located in a community property state to repay the loan. OTHER PARTY: APPLICANT: Married Separated Unmarried (including single, divorced and widowed) Married Separated Unmarried (including single, divorced and widowed) **SIGNATURES** Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not loan is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me APPLICANT SIGNATURE CO-APPLICANT/CO-SIGNER/GUARANTOR/ENDORSER SIGNATURE (Where Applicable) DATE DATE MORTGAGE LOAN ORIGINATOR INFORMATION THIS INFORMATION APPLIES TO CONSUMER LOANS SECURED BY A DWELLING (OTHER THAN HOME EQUITY LINE OF CREDIT OR CREDIT SECURED BY TIMESHARE PLAN INTEREST) Loan Originator's Phone Number (including area code) Loan Originator's Name Loan Originator Identifier Loan Origination Company's Name Loan Origination Company Identifier Loan Origination Company's Address

INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant: Lender:	BANK OF COMMERCE 1601 W Commerce Street PO Box 70 Duncan, OK 73534
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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 REAL	D, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.
APPLICANT:	
x	
Applicant	Date

INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant: Lender:	BANK OF COMMERCE 1601 W Commerce Street PO Box 70 Duncan, OK 73534
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APPLICANT:	
x	
Applicant	Date