



NOTICE: Upon the approval of the loan request, it will be necessary for all parties to the loan to complete the loan transaction at a Legacy Bank near you.

TELL US ABOUT YOUR LOAN NEED

Purpose of Loan:

Amount of Loan Requested:

Payment Request:

- Monthly
 2X per Month
 Weekly
 Other

When do you want to make your payment?

TELL US ABOUT YOURSELF

Applicant Name:

Social Security Number:

Driver's License Number:

Date of Birth:

Email Address:

Cell Number:

Present Mailing Address AND Residence Street Address (If different):

Years and Months at Current Address:

Previous Address (If at current address less than one year):

Years and Months at Previous Address:

Firm Name or Employer:

Gross Pay or Pension: Monthly
 Weekly
 Other

Business Address:

Business Phone Number:

Length of Present Employment:

Name of Most Closely Related Person Not Living With You:

Address of This Person:

Phone Number:

Name of Personal Reference (Non-relative):

Address of This Person:

Phone Number:

Are you serving in any branch of the military? Yes No

Do you have any active bankruptcies, levies, or judgements? Yes No

Have current or past loans with Legacy Bank been paid as agreed? Yes No

SIGNATURE

I (we) hereby affirm that the information contained in this application, including the information on the reverse side, is true, complete and correct and that the Lender is relying on this information if it makes the requested loan. Lender is authorized to make any investigation of my/our credit and/or employment status either directly or through any agency employed by Lender. Lender may disclose to any other interested parties Lender's experience with my/our account. Lender may keep this application even if it decides not to make the loan to me/us. The undersigned also acknowledges receipt of a copy of this application and the Notice of Right to Request Specific Reason(s) for Credit Denial.

Applicant's Signature

Title

Date

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract): because all or part of the applicant's income derives from any public assistance program: or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this creditor is:

**FDIC Consumer Response Center
1100 Walnut St., Box #11
Kansas City, MO 64106**

LIFE/DISABILITY INSURANCE

If you wish to purchase life or disability insurance to provide for payment of this loan should you die or become disabled, please request this from your Legacy Banker.



Preliminary Credit Disclosure

IMPORTANT.

Do not sign this form until you carefully read it and understand its contents.

Purpose

You have submitted an application for a loan and you may be purchasing an insurance product or annuity from Legacy Bank in connection with your loan. Federal law requires Legacy Bank to provide you with the following disclosures.

Disclosures

Legacy Bank may not condition an extension of credit on either:

1. The consumer's purchase of an insurance product or annuity from the bank or any of its affiliates; or
2. The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from an unaffiliated entity.

Acknowledgement

By signing below, I acknowledge that I have read, received, and understand this insurance disclosure. By Signing Below, I acknowledge that an oral disclosure has been made in addition to this written disclosure.

Applicant

Date

Applicant

Date



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CUSTOMER COPY