CREDIT APPLICATION

Check Card Choice: ☐ MasterCard ☐ Visa

Check Account Choice: ☐ Individual Account (Signature required for joint applicant) ☐ Joint Account _____ ☐ Credit Limit Increase

Credit Limit Requested $ _____

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.

APPLICANT

Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name	First	Middle			Social Security Number
Date of Birth	No. of Dependents	Home Phone ( )	☐ Own ☐ Rent ☐ Other		Monthly Payment $
Current Address	City	State	Zip Code		How Long (yrs)
Mailing Address (if different from above)	City	State	Zip Code		How Long (yrs)
Previous Address (if less than 2 years at present address)	City	State	Zip Code		How Long (yrs)
Employer	Self Employed ☐ Yes ☐ No	Work Phone ( )			Date Employed
Address	Position / Occupation				Monthly Gross Income $
Name and Address of Previous Employer (if less than 2 years at present employer)					How Long (yrs)
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.					Amount per Month $
Nearest Relative (Not Living With You)		Home Phone			Relationship
Their Address	City	State	Zip Code		

CO - APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name	First	Middle			Social Security Number
Date of Birth	No. of Dependents	Home Phone ( )	☐ Own ☐ Rent ☐ Other		Monthly Payment $
Current Address	City	State	Zip Code		How Long (yrs)
Previous Address (if less than 2 years at present address)	City	State	Zip Code		How Long (yrs)
Employer	Self Employed ☐ Yes ☐ No	Work Phone ( )			Date Employed
Address	Position / Occupation				Monthly Gross Income $

CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			$	$
2. Bank Credit Card /Bank Name and Address			$	$

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	**14.40%**
Other APR's	Cash Advance APR: 14.40% Balance Transfer APR: 14.40%
Grace Period for repayment of balances for purchases	25 Days on average
Method of computing the balance for purchases	Average Daily Balance (excluding new purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	$2.00
Balance Transfer Fee	None
Late Payment Fee	$2.00
Return Payment Fee	None
Over-the-Credit-Limit Fee	None

The information about the costs of the card described in this application is accurate as of April 2004. This information may have changed after that date. To find out what may have changed, write us at 123 South Urberg Avenue, Blair, WI 54616.

INSURANCE PROTECTION REQUEST

YES Yes! Please enroll me in the optional credit protection insurance program. I have read and understood the insurance and cost disclosure as described herein. I am under age 71 and I understand that my coverage will terminate at age 71.

X _____ **BIRTHDAY** ____ / ____ / ____

(primary/first-named applicant) (eligible to age 71)

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. No provision of any marital property agreement, unilateral statement under 766.59, Wisconsin Stats. or court decree under 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

X _____ X _____

Applicant Signature Date Co-Applicant Signature Date

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

☐ Credit Card Account Number _____ Amount to be transferred $ _____

Signature _____

FOR INTERNAL USE ONLY

MasterCard Account No.			Visa Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY

CONSUMER PROTECTION DISCLOSURES: CREDIT INSURANCE IS: NOT A DEPOSIT; NOT FDIC-INSURED; NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY; AND NOT GUARANTEED BY THIS FINANCIAL INSTITUTION. PURCHASE OF CREDIT INSURANCE IS NOT A CONDITION OF OBTAINING CREDIT. IF COVERAGE IS DESIRED, IT MAY ALSO BE PURCHASED ELSEWHERE.

Credit Account Protector (CAP) Benefit Description

Credit Account Protector (CAP) helps protect your credit rating and your family by making your minimum monthly payments, up to a maximum of $500 per month, if you become involuntarily unemployed, totally disabled, or take an unpaid leave of absence for 30 days or more. It will pay your balance in full, up to a maximum of $10,000, if you or your spouse die or suffer dismemberment.

Total benefits are limited to the lesser of your outstanding balance as of the date of loss or $10,000. CAP costs no more than 81¢ per $100 of your balance each month and there's no charge when there's no balance on your account. Interest (except for CA life and disability benefits), premium accrued and charges made after the date of loss are not covered. The purchase of credit insurance is optional, is not a condition of loan approval, and is potentially unnecessary for a person with other life or disability insurance. You may cancel at any time. Financed premiums are subject to the same financing rates as the credit transaction. The effective date of coverage is the next statement billing date after receipt and acceptance of your enrollment. If you enroll, carefully read the certificates which we send you. Enroll now by signing and returning the bottom of your application.

Fraud Notice: Any person who knowingly and with intent to defraud or deceive any insurer files a claim containing any false, incomplete or misleading information may be guilty of a crime. Penalties may include imprisonment, fines and denial of insurance benefits.

Eligibility: You are eligible for CAP if you are a cardholder, under the age of 71 (age 65 in CA; 66 in DE; 70 in AZ, ND) and your account is in good standing. The person whose signature appears on the enrollment form is designated as the primary cardholder; only one primary cardholder per account. CAP covers only the primary cardholder for disability, unemployment and family leave. You must be insured at date of loss to qualify for benefits. Benefits are determined as of the date of loss. Coverage stops when you reach age 71 (age 65 in CA; 66 in DE; 70 in AZ, ND; 72 in NM) or when your account becomes 90 days past due. Spousal benefits are not available in NJ, NY, NC, PA & TX. CAP is not available in VA. CO residents must be currently employed to enroll.

Unemployment Benefit: Unemployment must be involuntary and does not cover retirement, resignation, incarceration, periods in which you are paid for work previously done, or self-employed people unless the business is closed for financial reasons. You must be gainfully employed at least 30 hours per week at the time of loss, and you must register at your local unemployment office. Unemployment benefits are not available in HI, ME, MA, MN, NY, PA & VT. Strike is not covered in IL & NY. In AZ, there is no maximum age limitation for involuntary unemployment insurance.

Family Leave Benefit: The unpaid leave of absence must be due to special circumstances (i.e., birth or adoption of a child, accident or illness affecting an immediate family member, a call to active military duty or residence in a federally declared disaster area). You must be employed a minimum of 30 hours per week. Family leave resulting from a pre-existing illness of an immediate family member will not be covered in the first six months. Your coverage must be in force for 90 days before any claims are covered, and each covered claim is limited to six months of benefits. In CA, insurance premiums are reimbursed during family leave claims. Family leave benefits are not available in CT, HI, KS, MA, MD, ME, MN, NH, NM, NY, OR, PA, TX & VT.

Life, Dismemberment and Disability Benefits: For CA and TN, CAP pays the balance on the account as of date of death of the primary account holder or the joint account holder up to $10,000. AL suicide excluded first year. A dismemberment is defined as loss of sight in both eyes or a hand or a foot. Dismemberment is not covered in AL, CA, KS, MN, NJ, NY, PA, RI & WA. Total disability means that due to accidental injury or sickness you are unable to perform the duties of your occupation and you must be attended by a licensed physician other than yourself. Disability benefits for ME & MA residents commence on the 31st day of disability. To be eligible for disability coverage, you must be gainfully employed 30 hours per week at the time your claim begins except in CA, GA, ID, IN, ME, MD, MI, MO, NJ, NM, NC, OK, OR, TN, TX, VT & WA. Disability benefits are not available in NY & PA. CA residents are not covered for disabilities resulting from normal pregnancy or intentionally self-inflicted injuries and may receive only limited benefits for other disabilities or suicide.

Monthly Program Costs Per $100 Balance: 81¢ in AR, DE, DC, IL, IN, KY, LA, MS, OK, TN, WV; 80¢ in MT, RI; 79.2¢ in FL; 79.1¢ in OH; 79¢ in SD; 76¢ in AL, CA, ID, IA, MI, NV, NC, ND, SC, WY; 73¢ in UT; 72¢ in WI; 71¢ in AK, GA, NJ; 68¢ in NE; 66¢ in MO; 65¢ in KS, WA; 58¢ in OR; 56¢ in NH; 55.9¢ in NM; 55¢ in AZ and CT; 53.5¢ in MD; 47.2¢ in CO; 30¢ in MN; 25.3¢ in TX; 22¢ in MA; 19¢ in HI, VT; 18.4¢ in ME; 7.38¢ in NY; 7¢ in PA. The cost will be charged to your account each month. Premium rates can be increased upon written notice. If you cancel coverage within 30 days after receipt of your certificate, all premiums will be refunded.

Insurance Providers: Life, Dismemberment and Disability insurance underwritten by: The United States Life Insurance Company in the City of New York, New York, NY (forms G-19115(99.08)/19081(99.08)) in NY; American General Assurance Company, Schaumburg, IL (form 280 in ME, forms 275 and 296 in all other states). Involuntary Unemployment and Family Leave insurance underwritten by: American General Indemnity Company, Omaha, NE (form USI & UIC Series) members of American International Group, Inc; Montgomery Ward Insurance Company, Schaumburg, IL (form 260 & 264 Series); and GE Casualty Insurance Company, Ft. Washington, PA (form 360 & 364 Series).

You may separately purchase particular types of credit insurance if you live in NJ or TX: NJ residents may choose life and disability insurance coverage only (20¢ per $100 balance); and TX residents may choose life & disability insurance coverage only (19.6¢ per $100 balance). Please write to American General Bancassurance Services, Inc., CAP Services, PO Box 1579, Neptune, NJ 07754-1579 and request a special CAP enrollment form for Cardholder Services.

PA residents: your signature on the enrollment form indicates your request for a special CAP application form as you may not enroll through this offer.

This disclosure is accurate as of January 1, 2004 and may be subject to change.

When You Use The...

Union Bank of Blair

Credit Card for the purchase of goods or services, the following benefits are yours!

- ***Automatic Travel Accident Insurance***

  When you use this card to purchase your entire travel fare on a common carrier you are automatically provided with Travel Accident Insurance coverage. Your spouse and eligible dependent children are also covered when their travel fare is purchased with this card. This coverage is provided to you at **NO EXTRA COST.** See your description of coverage for complete coverage details.

- ***Toll-Free Travel Reservation Service***
- ***Quarterly Newsletter***
- ***VisionCare***
- ***Bonus Travel Dividends***
- ***Pharmacy Discounts***
- ***Key Registration***
- ***Credit Card Registration***
- ***Auto Rental Discount***
- ***Warranty Services***
- ***Travel & Emergency Services***