

# Sno Falls Credit Union

*Your Community Credit Union*



(425) 888-4004 | Toll Free (800) 243-7860 | Fax (425) 888-4240  
Mailing Address: PO Box 1978, Snoqualmie, WA 98065

## **PLEASE BRING THE FOLLOWING ITEMS WITH YOU WHEN YOU RETURN YOUR APPLICATION:**

- 1.) Property Tax Assessment
- 2.) Employment verification
  - 2 months pay stubs
  - 2 years tax returns if self-employed
- 3.) W-2's from most recent tax year
- 4.) 1 month Bank statements(if other than Sno Falls account)
- 5.) Investment statements (Includes 401K, IRA, Stock, Mutual Fund accounts, CD's)
- 6.) Copy of your Home Owners Insurance Policy
- 7.) Copy of flood insurance policy if you are in a flood hazard zone. (Will be determined by credit union service provider).
- 8.) Copy of 1<sup>st</sup> Mortgage statement showing current balance and 2<sup>nd</sup> mortgage statement (if applicable).

(HELOC CHECKLIST June 2009)

### **Branch Locations**

**Snoqualmie**  
9025 Meadowbrook Way SE  
Snoqualmie, WA 98065

**Fall City**  
33410 SE Redmond Fall City Rd  
Fall City, WA 98024

**North Bend**  
460 E North Bend Way  
North Bend, WA 98045

**Duvall**  
14110 Main Street  
Duvall, WA 98019

**Snoqualmie Ridge**  
7730 Center Blvd SE  
Snoqualmie, WA 98065

[www.snofalls.com](http://www.snofalls.com)

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## LOAN APPLICATION ADDENDUM HOME EQUITY LOC'S

Authorization to incur and agreement to pay fees:

By signing below, you are potentially committing yourself to a number of costs, whether or not the loan is approved. The costs are limited to those actually incurred in the processing of your loan application; for example, the appraiser's fees, title insurance report fee, or cancellation fee, etc. If these costs were incurred before your application was denied by SFCU or cancelled by you, you will be responsible for their payment and for attorney or collection expenses required to enforce this agreement.

I further agree to allow Sno Falls Credit Union to verify assets and request payoff statements for any loans that may be necessary in processing my transaction.

I understand and agree to the terms and conditions described above.

I acknowledge receipt of the Home Equity Early Disclosure.

\_\_\_\_\_  
APPLICANT Date

\_\_\_\_\_  
CO-APPLICANT Date

\_\_\_\_\_  
Sno Falls Loan Officer Date

(HELOC FEES ADDENDUM)

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Mailing Address: PO Box 1978, Snoqualmie, WA 98065

## Borrower's Authorization to Release Information

### To Whom It May Concern:

1. I/We have applied for a loan from a Lender. As a part of the application process, the Lender may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as a part of its quality control program.
2. I/We authorize you to provide the lender any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of tax returns.
3. The Lender may address this authorization to any party named in the loan application or disclosed by any consumer credit reporting agency or similar source.
4. A copy of this authorization may be acceptable as an original.
5. Your prompt reply to the Lender is appreciated.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Loan Officer's Signature

### Branch Locations

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# Request for Transcript of Tax Return

► **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code

**4** Previous address shown on the last return filed if different from line 3

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6** **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► \_\_\_\_\_

**a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .

**c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	Signature (see instructions)	Date	
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



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# Application

## 1 NOTE AND COMPLETE

Married Applicants may apply for a separate account.

**NOTICE TO OHIO APPLICANTS:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

- Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.
- Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Amount Requested \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Repayment:  Payroll Deduction  Cash  Automatic Payment  Military Allotment  \_\_\_\_\_

## STATEMENT OF INTENT

Are you interested in having your loan protected?  Yes  No  
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

## 2 APPLICANT INFORMATION

### APPLICANT

NAME (Last - First - Initial)		
DRIVER'S LICENSE NUMBER/STATE		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)		

### CO-APPLICANT SPOUSE

Referred to as "Other" Use "SAA" if information is "Same as Applicant"

NAME (Last - First - Initial)		
DRIVER'S LICENSE NUMBER/STATE		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)		

## 3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE		
ENDING/SEPARATION DATE		

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE		
ENDING/SEPARATION DATE		

**MILITARY**

## 4 INCOME INFORMATION

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME	OTHER INCOME
\$	\$
PER	PER
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME	OTHER INCOME
\$	\$
PER	PER
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

## 5 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	



# Sno Falls Credit Union

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## DATA COLLECTION FORM Information for Government Monitoring Purposes

Applicant Name: \_\_\_\_\_ Account: \_\_\_\_\_  
Co-Applicant Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below.

### Applicant

I do not wish to furnish this information

**ETHNICITY:**

Hispanic or Latino

Not Hispanic or Latino

**RACE:**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**SEX:**

Male

Female

### Co-Applicant

I do not wish to furnish this information

**ETHNICITY:**

Hispanic or Latino

Not Hispanic or Latino

**RACE:**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**SEX:**

Male

Female

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### To Be Completed by Interviewer

**Application taken by:** \_\_\_\_\_ **Interviewer's Name/phone number:** \_\_\_\_\_ **Name/Address of Interviewer's Employer:**  
\_\_\_\_ Face to Face \_\_\_\_\_ Sno Falls Credit Union  
\_\_\_\_ Mail \_\_\_\_\_ PO Box 1978  
\_\_\_\_ Telephone **Signature:** \_\_\_\_\_ Snoqualmie, WA 98065  
\_\_\_\_ Internet \_\_\_\_\_ **Date:** \_\_\_\_\_



HOME EQUITY EARLY DISCLOSURE
IMPORTANT TERMS OF OUR HOME EQUITY LINE OF CREDIT PLAN

This disclosure contains important information about our Home Equity Line of Credit Plans. You should read it carefully and keep a copy for your records.

AVAILABILITY OF TERMS: All of the terms described below are subject to change. If these terms change (other than the annual percentage rate) and you decide, as a result, not to enter into an agreement with us, you are entitled to a refund of any fees that you pay to us or anyone else in connection with your application.

SECURITY INTEREST: We will take a security interest in your home. You could lose your home if you do not meet the obligations in your agreement with us.

POSSIBLE ACTIONS: We can terminate your line, require you to pay us the entire outstanding balance in one payment, and charge you certain fees, if (1) you engage in fraud or material misrepresentation in connection with the plan; (2) you do not meet the repayment terms of this plan, or (3) your action or inaction adversely affects the collateral or our rights in the collateral.

We can refuse to make additional extensions of credit or reduce your credit limit if (1) any reasons mentioned above exist; (2) the value of the dwelling securing the line declines significantly below its appraised value for purposes of the line; (3) we reasonably believe that you will not be able to meet the repayment requirements due to a material change in your financial circumstances; (4) you are in default of a material obligation of the agreement; (5) government action prevents us from imposing the annual percentage rate provided for in the agreement; (6) the priority of our security interest is adversely affected by government action to the extent that the value of the security interest is less than 120 percent of the credit line; (7) a regulatory agency has notified us that continued advances would constitute an unsafe and unsound business practice, or (8) the maximum annual percentage rate is reached.

HOME EQUITY PLANS: We offer two plans, the "Fixed/Variable" plan and the "Traditional" plan; terms apply to both plans unless otherwise designated. They differ in the frequency of annual percentage rate changes.

MINIMUM PAYMENT REQUIREMENTS: You can obtain credit advances for 5 years. This period is called the "draw period." At our option, we may renew or extend the draw period. After the draw period ends the repayment period will begin. The length of the repayment period will depend on the balance at the time of the last advance you obtain before the draw period ends. You will be required to make monthly payments during both the draw and repayment periods. At the time of each credit advance a payoff period will be established. The payoff period may vary depending on the amount of your outstanding credit balance after you obtain an advance. The payoff period is shown in the following table:

Table with 2 columns: Range of Balances, Payoff Period. Rows: Up To - \$99,999.99 (180 Monthly Payments), \$100,000.00 - And above (240 Monthly Payments)

The payoff period will always be the shorter of the payoff period for your outstanding balance or the time remaining to the maturity date. Your payment will be set to repay the balance after the advance, at the current annual percentage rate, within the payoff period. Your payment will remain the same unless you obtain another credit advance. Your payment may also change if the annual percentage rate increases or decreases. Each time the annual percentage rate changes, we will adjust your payment to repay the balance within the original payoff period. Your payment will include any amounts past due and any amount by which you have exceeded your credit limit, and all other charges. Your payment will never be less than the smaller of \$150.00, or the full amount that you owe.

MINIMUM PAYMENT EXAMPLE: Fixed/Variable Plan: If you made only the minimum monthly payment and took no other credit advances it would take 6 years 8 months to pay off a credit advance of \$10,000 at an ANNUAL PERCENTAGE RATE of 5.5%. During that period, you would make 79 payments of \$150.00 and one (1) final payment of \$111.58.

MINIMUM PAYMENT EXAMPLE: Traditional Plan: If you made only the minimum monthly payment and took no other credit advances it would take 6 years 4 months to pay off a credit advance of \$10,000 at an ANNUAL PERCENTAGE RATE of 4.0%. During that period, you would make 75 payments of \$150.00 and one (1) final payment of \$78.32.

FEES AND CHARGES: In order to open, use and maintain a line of credit plan, you must pay the following fees to us:

Document Preparation Fee: \$200.00 (Due at closing)

You must pay certain fees to third parties to open the plan. These fees generally total between \$300.00 and \$1,000.00. If you ask, we will provide you with an itemization of the fees you will have to pay third parties.

PROPERTY INSURANCE: You must carry insurance on the property that secures this plan. If the property is located in a Special Flood Hazard Area we will require you to obtain flood insurance if it is available.

REFUNDABILITY OF FEES: If you decide not to enter into this plan within three business days of receiving this disclosure and the home equity brochure, you are entitled to a refund of any fee you may have already paid.

TRANSACTION REQUIREMENTS: The minimum credit advance that you can receive is \$5,000.00 for the first advance and \$1,000.00 for each subsequent advance.

TAX DEDUCTIBILITY: You should consult a tax advisor regarding the deductibility of interest and charges for the plan.

ADDITIONAL HOME EQUITY PLANS: Please ask us about our other available home equity line of credit plans.

**FIXED VARIABLE PLAN:** In the Fixed/Variable plan the initial interest rate is fixed for five years. The initial rate will be based on the index and margin used for subsequent rate adjustments.

**VARIABLE RATE FEATURE:** These plans have a variable rate feature and the annual percentage rate (corresponding to the periodic rate) and the minimum payment may change as a result. The annual percentage rate includes only interest and no other costs.

The annual percentage rate is based on the value of an index. The index is the monthly average of the Six Month Treasury Bill Rate (Auction High). Information about the index is published in the Wall Street Journal and is also available from the Treasury Dept. website: [www.publicdebt.treas.gov](http://www.publicdebt.treas.gov). We will use the most recent index value available to us as of 15 days before the date of any annual percentage rate adjustment.

To determine the annual percentage rate that will apply to your account, we add a margin to the value of the Index. If the rate is not already rounded we then round up to the next .125%.

Ask us for the current index value, margin and annual percentage rate. After you open a plan, rate information will be provided on periodic statements that we send you.

**RATE CHANGES:** For the Traditional plan, the annual percentage rate can change annually on the first day of October. For the Fixed/Variable plan, the annual percentage rate can change annually on the first day of October

after the expiration of the fixed rate period. The rate cannot increase or decrease more than 2.0 percentage points in any one year period. The maximum **ANNUAL PERCENTAGE RATE** that can apply is 12.0% or the maximum permitted by law, whichever is less. However, under no circumstances will the **ANNUAL PERCENTAGE RATE** go below 4.0%.

**MAXIMUM RATE AND PAYMENT EXAMPLES:** Fixed/Variable: If you had an outstanding balance of \$10,000, the minimum payment at the maximum **ANNUAL PERCENTAGE RATE** of 12.0% would be \$150.00. This annual percentage rate could be reached at the time of the 97th payment.

Traditional Plan: If you had an outstanding balance of \$10,000, the minimum payment at the maximum **ANNUAL PERCENTAGE RATE** of 12.0% would be \$150.00. This annual percentage rate could be reached at the time of the 37th payment.

**HISTORICAL EXAMPLE:** The following table shows how the annual percentage rate and the minimum payments for a single \$10,000 credit advance would have changed based on changes in the index over the past 15 years. The index values are from the month of January of each year. While only one payment per year is shown, payments may have varied during each year.

The table assumes that no additional credit advances were taken, that only the minimum payments were made, and that the rate remained constant during each year. It does not necessarily indicate how the index or your payments will change in the future.

6 MONTH TREASURY BILL RATE INDEX TABLE

Year (as of the month of January)	Index (Percent)	Margin <sup>(1)</sup>	ANNUAL PERCENTAGE RATE	Monthly Payment (Dollars)	Margin <sup>(1)</sup>	ANNUAL PERCENTAGE RATE	Monthly Payment (Dollars)
		(Percent) Traditional	Traditional	Traditional	(Percent) Fixed/Variable	Fixed/Variable	Fixed/Variable
1997	5.110	3.75	8.875	150.00 <sup>(3)</sup>	5.25	10.375 <sup>(4)</sup>	150.00 <sup>(3)</sup>
1998	5.070	3.75	8.875	150.00 <sup>(3)</sup>	5.25	10.375 <sup>(4)</sup>	150.00 <sup>(3)</sup>
1999	4.360	3.75	8.125	150.00 <sup>(3)</sup>	5.25	10.375 <sup>(4)</sup>	150.00 <sup>(3)</sup>
2000	5.520	3.75	9.375	150.00 <sup>(3)</sup>	5.25	10.375 <sup>(4)</sup>	150.00 <sup>(3)</sup>
2001	5.040	3.75	8.875	150.00 <sup>(3)</sup>	5.25	10.375 <sup>(4)</sup>	150.00 <sup>(3)</sup>
2002	1.740	3.75	6.875 <sup>(2)</sup>	150.00 <sup>(3)</sup>	5.25	8.375 <sup>(2)</sup>	150.00 <sup>(3)</sup>
2003	1.210	3.75	5.000	150.00 <sup>(3)</sup>	5.25	6.500	150.00 <sup>(3)</sup>
2004	0.970	3.75	4.750	150.00 <sup>(3)</sup>	5.25	6.250	150.00 <sup>(3)</sup>
2005	2.600	3.75	6.375		5.25	7.875	150.00 <sup>(3)</sup>
2006	4.290	3.75	8.125		5.25	9.625	
2007	4.930	3.75	8.750		5.25	10.250	
2008	2.840	3.75	6.750 <sup>(2)</sup>		5.25	8.250 <sup>(2)</sup>	
2009	0.310	3.75	4.750 <sup>(2)</sup>		5.25	6.250 <sup>(2)</sup>	
2010	0.160	3.75	4.000		5.25	5.500	
2011	0.180	3.75	4.000		5.25	5.500	

<sup>(1)</sup> This is a margin we have used recently; your margin may be different.

<sup>(2)</sup> This **ANNUAL PERCENTAGE RATE** reflects an annual percentage rate periodic cap of 2.000% per year.

<sup>(3)</sup> This payment reflects the minimum payment of \$150.00.

<sup>(4)</sup> The **ANNUAL PERCENTAGE RATE** does not change for the first five years of the Fixed/Variable plan.