



LAKESIDE STATE BANK
 PO Box 190
 Oologah, Oklahoma 74053 or
 PO Box 9
 Chelsea, OK 74016
 www.lakesidebankok.com

CONSUMER LOAN APPLICATION Ver05/15

PLEASE DO NOT USE THIS FORM FOR REAL ESTATE SECURED REQUESTS

Notice: Because there is a small risk that information transmitted via Internet email could fall into the wrong hands, Lakeside State Bank suggests that confidential information, such as account numbers or social security numbers, not be transmitted via email. Instead, please contact Lakeside State Bank directly at your nearest bank branch. Thank you.

USA PATRIOT ACT NOTICE

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. When you open an account, we will ask for your name, street address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. Business customers are asked to furnish documents related to the organization.

	Date	Amount Requested	Term (Length of Loan)
		\$	

Type of Collateral – describe the type of collateral offered and how owned

Year _____ Make & Model _____

INFORMATION REGARDING APPLICANT(S) – do not complete Joint Applicant information if you are applying for individual credit in your own name and are relying on your own income and assets and not the income or assets of another person as the basis for repayment of the credit requested.

Applicant's Name (include Jr. or Sr. if applicable)				Joint Applicant's Name (include Jr. or Sr. if applicable)			
Social Security Number		Home Phone		Birth Date		Social Security Number	
		Cell Phone				Home Phone	
						Cell Phone	
Marital Status (do not complete if you are applying for individual, unsecured credit)				Marital Status (do not complete if you are applying for individual, unsecured credit)			
Present Address (street, city, state, ZIP) _____ No. Yrs				Present Address (street, city, state, ZIP) _____ No. Yrs			
email address:				email address:			
Former Address (street, city, state, ZIP) _____ No. Yrs				Former Address (street, city, state, ZIP) _____ No. Yrs			
Name & Address of Employer			Yrs on this job	Name & Address of Employer			Yrs on this job
			Yrs employed in this profession				Yrs employed in this profession
Position/Title/Type of Business			Business Phone	Position/Title/Type of Business			Business Phone
Name & Address of Nearest Relative Not Living in Household		Phone	Relationship	Name & Address of Nearest Relative Not Living in Household		Phone	Relationship
Gross Monthly Income		Applicant	Joint Applicant	Total		Notice – Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Describe Other Income:	
Salary and Wages							
Other (see notice and list in "describe other income")							
						\$	
Landlord or Mortgage Holder:			Payment Amount	Rent / Own	My Principal Financial Institution is:		
					Type of Acct(s):		

Certification and Authorization: I/We certify that the information provided in this application is true and correct. My/our signature below authorized Lakeside State Bank to obtain a consumer report and to contact references to obtain loan balances or pay-off information and to check my credit and employment history.

Fair and Accurate Credit Transactions Act of 2003 Notice: We may report information about your loan to credit bureaus. Late payments, missed payments or other defaults on your loan may be reflected in your credit report.

FEDERAL NOTICE FOR SALE OF INSURANCE

Credit Disclosure – UNDER FEDERAL LAW, A LENDER MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER:

1. A REQUIREMENT TO PURCHASE AN INSURANCE PRODUCT FROM THE LENDER OR ANY OF ITS AFFILIATES, OR
2. AN AGREEMENT NOT TO OBTAIN, OR PROHIBITION FROM OBTAINING, AN INSURANCE PRODUCT FROM AN UNAFFILIATED ENTITY.

I/We hereby acknowledge receipt of the above disclosures.

Applicant's Signature	Date	Joint Applicants Signature My signature below reflects the intent to apply for joint credit and to be obligated for repayment of the loan requested if granted.	Date
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Lakeside State Bank

Insurance Product and/or Loan Product Disclosure for Credit Application

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, LSB may be soliciting, offering to sell, or will sell you an insurance product or loan product. Federal law requires LSB to provide you with the following disclosures.

Credit Disclosures

1. LSB, as a condition of granting you a loan, cannot require that you purchase an insurance product or loan product from LSB or any of its affiliates.
2. LSB, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or loan product from an unaffiliated entity.

Products Offered

1. Credit Life Insurance - May pay off your loan in the event of your death.
2. Accident & Health Insurance - May make your payments if you become injured or ill. The policy is retroactive 14 days.
3. GAP Financial Protection - Covers the financial gap between the actual cash value of your vehicle and the payoff amount of your loan in the event of total loss.
4. Route 66 Extended Warranty - A complete line of coverage designed to keep your vehicle on the road, protection against major mechanical expenses.
5. Consumer Credit Involuntary Unemployment Insurance - Covers protection against layoff, general strike, termination by employer without cause, or lockout.

Purchase Disclosure

The above products are not guaranteed by LSB or its affiliates. The products are not a deposit or other obligation, or guaranteed by LSB or its affiliates.

The above products are not FDIC insured. The products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, LSB or its affiliates.

Acknowledgement

By signing below, I/we acknowledge that I/we have read, received and understand this disclosure.

Applicant	date	Applicant	date
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By signing below I acknowledge on behalf of LSB that an oral disclosure of insurance was duly made to the applicant(s) and that the applicant(s) acknowledged receipt of the disclosure.

Authorized Signer	date	Products	G:\Docs\LoanSec\Disclosures\Loan
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“Big enough to serve you, Small enough to know you.”

www.lakesidebankok.com

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