

# COMMERCIAL LOAN APPLICATION

CREDIT REQUESTED				
Amount Requested	Term of Credit Requested	Loan Type	Credit Request <input type="checkbox"/> Applicant Only <input type="checkbox"/> Joint With Co-Applicant(s)	
Market Survey	Purpose of Credit Request	App #	We intend to apply for joint credit: Applicant _____ Co-Applicant _____	
COMPLETION INSTRUCTIONS FOR APPLICANT				
Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual credit. <b>(Do Not complete Marital Status question below if application is for individual unsecured credit)</b>				
APPLICANT INFORMATION:				
Applicant is a: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Cosigner <input type="checkbox"/> Grantor <input type="checkbox"/> Other _____				
Name of Applicant (Business Name or Last Name if Individual)		Applicant First Name (If individual)		SSN/TIN#
Assumed Business Names (If Any)		Filing Dates	Filing Locations	DBA Name
Check Appropriate Box <input type="checkbox"/> If you are applying for individual credit 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, do not complete the section for marital status. <input type="checkbox"/> If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person on whose alimony, support or maintenance payments or income or assets you are relying. <input type="checkbox"/> If you are applying for joint credit with another applicant, complete all sections and attach joint application.				Marital Status (If Individual Borrower) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Street Address		City	ST	Zip Code Phone Number
Mailing Address		City	ST	Zip Code
Principal Office Address (if not listed above)		City	ST	Zip Code
State of Organization	Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> A Proprietorship <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association <input type="checkbox"/> A Trust <input type="checkbox"/> A Gov't Entity <input type="checkbox"/> A LLC			
SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT				
Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
Use Additional Sheet if Necessary				

**FINANCIAL AND INCOME STATEMENT SUMMARY**

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.

Total Assets: \$ \_\_\_\_\_

Total Annual Income: \$ \_\_\_\_\_

Total Liabilities: \$ \_\_\_\_\_

Total Annual Expenses: \$ \_\_\_\_\_

Net Worth: \$ \_\_\_\_\_

Net Annual Cash Flow: \$ \_\_\_\_\_

☐ See Attached Financial statements.
**RELATIONSHIP INFORMATION - APPLICANT'S HISTORY WITH LENDER**
☐ New Customer

Customer Since(MM-YYYY): \_\_\_\_\_

Last Financial Statement Date(MM-DD-YYYY): \_\_\_\_\_

☐ Existing Customer

Last Tax Return Date on File(YYYY): \_\_\_\_\_

Last Credit Report Date(MM-DD-YYYY): \_\_\_\_\_

Last Credit Bureau: \_\_\_\_\_

**Liabilities with Lender**

Direct: \$ \_\_\_\_\_

Contingent: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Deposits with Lender**

DDA Avg: \$ \_\_\_\_\_

Other Avg: \$ \_\_\_\_\_

Total Avg: \$ \_\_\_\_\_

**Total Credit With Lender**

New Credit: \$ \_\_\_\_\_

Proposed Total: \$ \_\_\_\_\_

**SIGNERS FOR THIS APPLICANT**

Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number

Use Additional Sheet If Necessary

**APPLICANT SIGNATURES**

I/We hereby apply for the loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand and agree that Lender may obtain, use and share my state and federal tax return information for purposes of: 1) reviewing and responding to this loan application; 2) originating the loan; 3) servicing the loan; 4) selling or transferring all or a part of the loan or any interest in it; and (5) internal marketing analysis, marketing to me/us, and other marketing as permitted by law. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations, tax return information consent, and authorizations extend not only to Lender, but also to Third Parties, including loan servicers, any insurer of the loan, government agency loan guarantors, marketing companies, and to any investor to whom Lender may sell all or any part of the loan, as well as to the affiliates, agents, and any successors and assigns of Lender and Third Parties. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

**APPLICANT:**

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Use Additional Sheet If Necessary

**FOR LENDER'S USE ONLY**

Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Branch 1	Application Date	Application No.	Commitment No.	Loan No.

Decision and Comments: ☐ Approved ☐ Denied ☐ Incomplete ☐ Counteroffer ☐ Conditional Approval ☐ Withdrawal ☐ Other: \_\_\_\_\_

# APPRAISAL NOTICE

**Applicant:**

**Lender:**

**SECURITY NATIONAL BANK  
WITT  
PO BOX 427  
1 W Broadway  
Witt, IL 62094  
(217) 594-2221**

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

By signing below, you acknowledge receipt of this Appraisal Notice.

**APPLICANT:**

**X**

**Applicant**

**Date**

**X**

**Applicant**

**Date**

## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Please complete:

- Purpose for forwarding information:  
Loan qualification & income verification
- Name and address to whom the information is being disclosed to:  
Security National Bank  
1 W Broadway P.O. Box 427  
Witt, IL 62094  
P:217-594-2221 F:217-594-2255
- Duration of Consent: \_\_\_\_\_

I/we, \_\_\_\_\_, authorize

\_\_\_\_\_  
(name of accounting firm/preparer)  
to disclose to Security National Bank my tax return information for the most recent three filed tax returns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov)

Form <b>4506-C</b> (October 2022)	Department of the Treasury - Internal Revenue Service <h2 style="margin: 0;">IVES Request for Transcript of Tax Return</h2>	OMB Number 1545-1872
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Do not sign this form unless all applicable lines have been completed.

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

For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> <i>(if joint return and transcripts are requested for both taxpayers)</i>		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
<b>1b. First taxpayer identification number</b> <i>(see instructions)</i>			<b>2b. Spouse's taxpayer identification number</b> <i>(if joint return and transcripts are requested for both taxpayers)</i>		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
<b>3. Current address</b> <i>(including apt., room, or suite no.)</i> , city, state, and ZIP code <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>			b. City	c. State	d. ZIP code
<b>4. Previous address shown on the last return filed if different from line 3</b> <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>			b. City	c. State	d. ZIP code
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
i. IVES participant name			ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address <i>(including apt., room, or suite no.)</i>			v. City	vi. State	vii. ZIP code
<b>5b. Customer file number</b> <i>(if applicable) (see instructions)</i>			<b>5c. Unique identifier</b> <i>(if applicable) (see instructions)</i>		
<b>5d. Client name, telephone number, and address</b> <i>(this field cannot be blank or not applicable (NA))</i>					
i. Client name					ii. Telephone number
iii. Street address <i>(including apt., room, or suite no.)</i>			iv. City	v. State	vi. ZIP code

**Caution:** This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. *(see instructions)*

**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 for line 6 transcripts

a. Return Transcript ☐      b. Account Transcript ☐      c. Record of Account ☐

**7. Wage and Income transcript** *(W-2, 1098-E, 1099-G, etc.)* ☐

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a ☐      Line 2a ☐

**8. Year or period requested.** Enter the ending date of the tax year or period using the mm dd yyyy format *(see instructions)*

/   /   /   /   /   /   /   /   /   /

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

<b>Sign Here</b>	<b>Signature for Line 1a</b> <i>(see instructions)</i>		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	<b>Print/Type name</b>			
	<b>Title</b> <i>(if line 1a above is a corporation, partnership, estate, or trust)</i>			
	<b>Spouse's signature</b> <i>(required if listed on Line 2a)</i>			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	<b>Print/Type name</b>			

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-C and its instructions, go to [www.irs.gov](http://www.irs.gov) and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

**What's New.** Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Designated Recipient Notification.** Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note:** If you are unsure of which type of transcript you need, check with the party requesting your tax information.

**Where to file.** The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

## Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

## Specific Instructions

**Line 1a/2a** (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b** (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c** (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript 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 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** Account Transcript 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.

**Line 6c.** Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**Line 8.** Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**Corporations.** Generally, Form 4506-C 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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

**All others.** See 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, the District of Columbia, and U.S. commonwealths and possessions 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-C 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.  
**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-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
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.

**Authorization To Release Information**

TO MY/OUR EMPLOYER, BANKS, LANDLORDS, CREDITORS, ETC:

This is your authorization to furnish any and all employment and earnings records, information regarding any bank and deposit accounts, information regarding my residence, and any information regarding my/our credit accounts to:

**Security National Bank  
1 W Broadway  
Witt, IL 62094  
Telephone # (217) 594-2221  
Fax # (217) 594-2255**

A copy of this signed authorization shall be accepted as an original.

All materials and facts collected from said investigation for the purpose of this transaction will become the property of Security National Bank.

This shall also apply to reverification as part of any Quality Control Program Review of a closed loan.

Your prompt reply will be sincerely appreciated.

I/We hereby authorize release of all information requested by the above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# INSURANCE DISCLOSURE FOR CREDIT APPLICATION

**Applicant:**

**Lender:**

SECURITY NATIONAL BANK  
WITT  
PO BOX 427  
1 W Broadway  
Witt, IL 62094  
(217) 594-2221

## 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.
2. 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 READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.**

**APPLICANT:**

X	<input type="text"/>	<input type="text"/>
	Applicant	Date

X	<input type="text"/>	<input type="text"/>
	Applicant	Date

# *Security National Bank*

## **Electronic Signature Authorization and Disclosure**

### **E-Sign Disclosure**

This Security National Bank E-Sign Disclosure ("Disclosure") applies to the qualifying accounts that you have. The words "we," "us," and "our" means Security National Bank and the words "you" and "your" means you, the individual(s) who have qualifying accounts.

As used in this Disclosure, "Communication" means any authorization, agreement, disclosure, notice, or other information related to your Account(s), including but not limited to information that we are required by law to provide to you in writing. It should be noted that electronic communication is not required by Security National Bank. You may choose to receive all communication by paper if you so choose.

### **The Scope of Communications to Be Provided in Electronic Form**

When you select "I agree to the terms" with respect to the loan, you agree that we may provide you with any Communications relating to that Account in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic Communications and transactions includes, but is not limited to:

- Initial disclosures or agreements
- Notices or disclosures

### **Method of Providing Communications to You in Electronic Form**

All Communications that we provide to you in electronic form will be provided via e-mail at the e-mail address you specify on this disclosure.

### **How to Withdraw Consent**

You may withdraw your consent to receive Communications in electronic form by contacting us at 217-594-2221. We may treat your provision of an invalid e-mail address or the subsequent malfunction of a previously valid address as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic Communications. Any withdrawal of your consent to receive electronic Communications will be effective only after we have a reasonable period of time to process your withdrawal.

### **How to Update Your Records**

It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this Disclosure Account(s), and to maintain and update promptly any changes in this information. You can update such information (such as your e-mail address) by contacting an SNB employee.

### **Hardware and Software Requirements**

In order to access, view, and retain electronic Communications that we make available to you, you must have:

- E-mail Address
- Internet browser
- An e-mail account with Internet service provider and e-mail software in order to participate in our electronic Communications programs

- A personal computer, operating system and telecommunications connections to the Internet capable of receiving, accessing, displaying, and either printing or storing, communications received in electronic form from us via a plain text-formatted e-mail.

## Requesting Paper Copies

We will not send you a paper copy of any Communication from us, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic Communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made no later than seven years after we first provided the electronic communication to you. To request a paper copy, contact us by telephone at 217-594-2221. We may charge you a reasonable service charge for the delivery of paper copies of any Communication provided to you electronically pursuant to your authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any Communication that you have authorized us to provide electronically.

## Communications in Writing

All Communications in either electronic or paper format from us to you will be considered “in writing.” You should print or download for your records a copy of your Early Disclosures, this Disclosure, your initial authorization to receive e-mail disclosures, any changes to that authorization, and any other Communication that is important to you.

## Federal Law

You acknowledge and agree that your consent to electronic Communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

## Termination/Changes

We reserve the right, in our sole discretion, to discontinue the provision of your electronic Communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.

By signing below the applicant acknowledges their intent to voluntarily receive correspondence electronically:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_