

North Shore Trust and Savings VISA® & MasterCard® Application

PLEASE CHOOSE ONE: VISA Platinum Flex Miles VISA Platinum VISA Classic Flex Miles VISA Classic Gold MasterCard

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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.

PLEASE CHOOSE ONE: INDIVIDUAL APPLICATION JOINT APPLICATION if you intend to apply for joint credit initial here: Applicant _____ Co-Applicant _____

APPLICANT

LAST NAME	FIRST NAME	MIDDLE INITIAL	MOTHER'S MAIDEN NAME (For Security Purposes)	
STREET ADDRESS	CITY	STATE	ZIP CODE	YEARS AT ADDRESS
NAME OF LANDLORD OR MORTGAGE COMPANY <small><input type="checkbox"/> OWN <input type="checkbox"/> RENT</small>				
BIRTH DATE / /	SOCIAL SECURITY NUMBER		HOME PHONE ()	
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE	YEARS AT ADDRESS
NAME OF EMPLOYER OR SOURCE OF INCOME	POSITION OR TITLE		BUSINESS PHONE ()	NO. OF YEARS
PREVIOUS EMPLOYER (If less than 3 years at current position)	POSITION OR TITLE		BUSINESS PHONE ()	NO. OF YEARS
GROSS MONTHLY INCOME* \$ _____	OTHER INCOME* \$ _____	SOURCE OF OTHER INCOME		
*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.				
NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU		HOME PHONE ()	ADDRESS OF CLOSEST RELATIVE	

CO-APPLICANT

Complete the following questions about your spouse only if you live in a community property state, or if you choose to rely on the income or assets of your spouse. If you have a co-applicant or are requesting an authorization for a user of the account, provide information about that person. If you are relying on alimony, child support, or separate maintenance payments or on the income or assets of another person, complete regarding that person.

NAME OF SPOUSE/CO-APPLICANT	BIRTH DATE / /	SOCIAL SECURITY NUMBER		
BUSINESS EMPLOYER OR SOURCE OF INCOME	POSITION OR TITLE		BUSINESS PHONE ()	NO. OF YEARS
GROSS MONTHLY INCOME* \$ _____	OTHER INCOME* \$ _____	SOURCE OF OTHER INCOME		
*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.				

SIGNATURES

LOAN APPLICATION CERTIFICATION: Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not it is approved. You are authorized to check my/our employment history and to ask questions about my/our credit experiences. This application is submitted to obtain credit. I/We authorize you to release information to others about my/our credit history with you and agree this application will remain your property whether this application is approved or not. I/We have read the Credit Insurance Disclosure and understand that the purchase of Credit Account Protector is optional.

STATE LAW DISCLOSURES: Notice to New York State Residents: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports. Notice to Ohio Residents: Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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. Notice to Married Wisconsin Residents: No agreement, individual statement, or court order applying to marital property will adversely affect the creditor's interest unless the creditor, prior to the time credit is extended, is furnished with a copy of the agreement, statement, or order, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. Notice to California Residents: Regardless of your marital status, you may apply for credit in your name alone.

SIGNATURE OF APPLICANT X	DATE / /	SIGNATURE OF CO-APPLICANT (if applicable) X	DATE / /
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INTERNAL USE ONLY

Bank #3862

EMPLOYEE CODE:
(Not to exceed 5 alpha or numeric characters)

CL _____ CDS _____ DT _____ BY _____

OPTIONAL CREDIT ACCOUNT PROTECTOR

CREDIT INSURANCE DISCLOSURE

The purchase of insurance is optional. The extension of credit cannot be conditioned on either: (a) The consumer's purchase of an insurance product or annuity from the lender or any of its affiliates, or (b) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from any unaffiliated entity.

Yes! Please enroll me in the optional CAP insurance program. I have read and understood the insurance and cost disclosures as described herein.

Signature _____ Birth Date _____ / _____ / _____
(primary/first named applicant)