



Consumer Application Information

Please Note: We lend to Massachusetts residents only.

- Print the forms to your printer
- Complete and sign the application form and other documentation and bring to the branch that is most convenient to you.

The following information should be included and returned with your application:

- Important Notice to Insurance Customer Form
- Joint Application Verification
- Notice of Right to Transfer
- CIP Form
- Copy of Drivers License or other photo identification
- Verification of Income
 - Paystubs and W-2 Form
 - Letter of Benefits or Direct Deposit Account Statement
 - Two Years Signed Federal Tax Returns (Self-Employed or Rental Income)

We will contact you the next business day after receiving your application.

For more information regarding the status of your application, please contact us at 1-800-322-8233.



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.

Revised 07/19/2006



Important Notice To Insurance Customers

The insurance product or annuity you are considering purchasing is not a deposit or other obligation of, or guaranteed by the Bank or any of its affiliates.

This insurance product or annuity is not insured by the FDIC, any other agency or the United States, or the Bank and its affiliates.

If the insurance product or annuity you are considering purchasing contains investment risk, there is a possibility that it may suffer a loss of value. Variable insurance products contain this risk.

If you are applying for a loan in connection with which an insurance product is being offered or sold, please be advised that we are prohibited from requiring that you purchase the insurance product from us as a condition of our extension of credit to you. We also, may not condition the extension of credit to you based on a prohibition or an agreement not to obtain an insurance product or annuity from an unaffiliated entity.

If you are considering the purchase of credit insurance in connection with a consumer loan, and you already have adequate life or disability coverage through another source, you may not want or need credit insurance.

Additional Insurance and Third Party Payment Addendum

I/We understand and agree:

- that any insurance premiums paid to insurance companies as part of this transaction will involve money retained by you or paid back to you as commissions or other remuneration;
- that some other payments to third parties as part of this transaction may also involve money retained by you or paid back to you as commissions or other remuneration.

Waiver of Mortgage Life and/or Disability Insurance

I/We agree that Country Bank has offered me/us the opportunity to purchase Mortgage Life and Disability Insurance in conjunction with our mortgage application. At this time, I/We do not want to purchase the insurance but understand that we can apply for Life and/or Disability at any time.

Borrower Initial: _____ Co-Borrower Initial: _____

I/We hereby acknowledge that I/We have reviewed the above disclosure with the sales representative, or agent and have been provided an opportunity to discuss any questions that I/We may have had.

Name

Date

Name

Date

() The above disclosures were provided orally to the customer.

THIS FORM MUST BE SIGNED AND THE BOX MUST BE CHECKED BEFORE APPLICATION CAN BE REVIEWED.

CONSUMER LOAN APPLICATION

IMPORTANT: READ THESE DIRECTIONS AND CHECK THE APPROPRIATE BOX BEFORE COMPLETING THIS APPLICATION. Please check one box:

If you are applying for **individual credit** in your own name 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, complete all "Applicant" information.

If this is an application for **joint credit** with another person, complete all Parts, providing information in Part III about the applicant and the joint applicant.

We intend to apply for joint credit _____ (Initials)
APPLICANT CO-APPLICANT

If you are applying for individual credit, but **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 applicable Parts to the extent possible, providing information in Part III about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

PART I - YOUR LOAN REQUEST

AMOUNT REQUESTED \$ _____		TERM (in months) _____		PURPOSE _____	
<input type="checkbox"/> Vehicle Purchase Loan	<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> RV	YEAR _____	<input type="checkbox"/> New <input type="checkbox"/> Used	MAKE / MODEL _____	PURCHASE PRICE \$ _____
<input type="checkbox"/> Personal Loan	LOAN SECURED BY <input type="checkbox"/> CD <input type="checkbox"/> Savings		<input type="checkbox"/> Unsecured <input type="checkbox"/> Other: _____		BALANCE \$ _____
<input type="checkbox"/> Home Equity Loan	(If applicable) Do you live at the property you are improving? <input type="checkbox"/> Yes <input type="checkbox"/> No				ACCOUNT NUMBER _____
	If NO, what is the address of the property? _____				
	What percent of the proceeds will be used for home improvements? _____ %				

PART II - INFORMATION ABOUT YOU (Applicant and Co-Applicant are each and both called "You".)

APPLICANT			CO-APPLICANT (If answer is the same as applicant, write "same".)		
FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME
SOCIAL SECURITY NO.	DATE OF BIRTH	NO. OF DEPENDENTS	SOCIAL SECURITY NO.	DATE OF BIRTH	NO. OF DEPENDENTS
Do not complete if this is an application for individual unsecured credit. <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated			Do not complete if this is an application for individual unsecured credit. <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		
DRIVER'S LICENSE NO. OR OTHER IDENTIFICATION NUMBER		PHONE NUMBER	DRIVER'S LICENSE NO. OR OTHER IDENTIFICATION NUMBER		PHONE NUMBER
PHYSICAL ADDRESS (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			PHYSICAL ADDRESS (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.		
MAILING ADDRESS (if different than Physical Address)			MAILING ADDRESS (if different than Physical Address)		
PREVIOUS ADDRESS (street, city, state & ZIP code) (Complete if less than 2 years at present address)			PREVIOUS ADDRESS (street, city, state & ZIP code) (Complete if less than 2 years at present address)		
MONTHLY RENT / MORTGAGE \$ _____	TAX / INS / CONDO FEES (if not in mortgage payment) \$ _____		MONTHLY RENT / MORTGAGE \$ _____	TAX / INS / CONDO FEES (if not in mortgage payment) \$ _____	
NAME OF MORTGAGE HOLDER / LANDLORD			NAME OF MORTGAGE HOLDER / LANDLORD		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		

DECLARATIONS

	APPLICANT		CO-APPLICANT		
Any outstanding judgements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Declared bankruptcy last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Property repossessed or foreclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Party in lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pay Alimony or Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Co-maker on obligation not listed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the answer is Yes to any of the above, please attach explanation.					
Are you a:		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Citizen		
		<input type="checkbox"/> Non-resident Alien	<input type="checkbox"/> Non-resident Alien		
		<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Resident Alien		

NAME AND ADDRESS OF NEAREST FRIEND / RELATIVE NOT LIVING WITH YOU (street, city, state, ZIP code)		NAME AND ADDRESS OF NEAREST FRIEND / RELATIVE NOT LIVING WITH YOU (street, city, state, ZIP code)	
RELATIONSHIP	PHONE NUMBER	RELATIONSHIP	PHONE NUMBER

(FOR LENDER USE ONLY: APPLICATION FOR CONSUMER LOAN, UNSECURED OR SECURED BY COLLATERAL.)

PART III - INFORMATION ABOUT YOUR WORK AND INCOME

APPLICANT

CO-APPLICANT (If answer is the same as applicant, write "same".)

NAME AND ADDRESS OF PRESENT EMPLOYER <input type="checkbox"/> SELF EMPLOYED		YRS. ON THIS JOB	NAME AND ADDRESS OF PRESENT EMPLOYER <input type="checkbox"/> SELF EMPLOYED		YRS. ON THIS JOB
		YRS. EMPLOYED IN THIS LINE OF WORK / PROFESSION			YRS. EMPLOYED IN THIS LINE OF WORK / PROFESSION
POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)	POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)
MONTHLY INCOME: \$			MONTHLY INCOME: \$		
NAME AND ADDRESS OF PREVIOUS EMPLOYER <input type="checkbox"/> SELF EMPLOYED		DATES (from - to)	NAME AND ADDRESS OF PREVIOUS EMPLOYER <input type="checkbox"/> SELF EMPLOYED		DATES (from - to)
		MONTHLY INCOME \$			MONTHLY INCOME \$
POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)	POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)
OTHER INCOME * SOURCE(S)			OTHER INCOME * SOURCE(S)		
\$ / mo.			\$ / mo.		

* **OTHER INCOME:** Income from alimony, child support, or separate maintenance payments need not be revealed if you choose not to rely on it as a basis for repaying this obligation.

PART IV - INFORMATION ABOUT YOUR LIABILITIES: Tell about any accounts you wish to pay off or close.

Check here if additional debt is listed on an attached sheet.

PAY-OFF	CLOSE	CREDITOR	ACCOUNT NUMBER	AMOUNT OWED	MONTHLY PAYMENT	ACCOUNT HELD BY

PART V - You hereby apply for the loan or credit described in this application. You certify that you have made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that you did not omit any important information. You 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 your credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with your account. You understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. You further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to your application, credit or loan.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

COMPLETE THIS SECTION ONLY FOR HOME IMPROVEMENT LOANS OR LOANS FOR PURCHASE OR REFINANCE OF APPLICANT'S/S' DWELLING. INFORMATION FOR GOVERNMENT MONITORING PURPOSES.

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 discriminate neither on the basis of this information, nor 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 or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT <input type="checkbox"/> I do not wish to furnish this information.	CO-APPLICANT <input type="checkbox"/> I do not wish to furnish this information.
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be Completed by Loan Originator - This information was provided: In a face-to-face interview In a telephone interview By the applicant and submitted by fax or mail By the applicant and submitted via e-mail or the Internet

LOAN ORIGINATOR'S SIGNATURE	DATE
X	
LOAN ORIGINATOR'S NAME (print or type)	LOAN ORIGINATOR IDENTIFIER
	LOAN ORIGINATOR'S PHONE NUMBER (including area code)
LOAN ORIGINATOR COMPANY'S NAME	LOAN ORIGINATOR COMPANY IDENTIFIER
	LOAN ORIGINATOR COMPANY'S ADDRESS

LENDER USE ONLY:



Joint Application Verification

Federal law requires that a person's intent to be a joint applicant be evidenced at the time of application. Please place a checkmark in the appropriate box below affirming your intentions and initial where indicated.

If you intend to apply for joint credit, please initial here _____ _____
Applicant Co-Applicant

If you intend to apply for individual credit, please initial here _____
Applicant