

CONSUMER LOAN APPLICATION INSTRUCTIONS

Dear Applicant:
To process your application for a Consumer Loan, you will need to supply the following items:
☐ Completed application signed by all applicants
☐ Two most recent pay stubs for all applicants (If you are self-employed, two most recent tax returns for all applicants)
Copy of Driver's License for all applicants (The USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account)
☐ If you are retired, please attach a copy of your Social Security and/or Pension Award Letter
We would be happy to make photocopies of any of the above requested original items for you, while you wait, and return the originals to you.
If you have any questions, please do not hesitate to contact us.

Phone: 856-358-7000



6 South Main Street, Elmer, NJ 08318 Phone: 856-358-7000 x0500 ◆ Fax: 856-358-7145

Consumer Loan Application

To assist 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, address, date of birth, and other information that will allow us to identify you, which may include your driver's license or other identifying documents.

		What ty	pe of a	acco	unt are you a	pplying for	? (che	eck appro	priat	e box)				
□ INDIVIDUAL: Own name, relying on your own income or assets, and not the income or assets of another person as the basis for repayment of the loan requested. Complete all sections, except those that apply to co-applicants.						ng all info	are applying formation in the				n, comple	ete all	sections,	
					,									
Applicant					C	Co-Applicant		<u> </u>						
					Loa	n Product								
Loan Type Requ	ested: 🗆 Secur	red (complete	e collate	ral sec	tion)	☐ Unsecured		☐ Over	draft Pr	otection				
Amount request	ted		Numbe	er of M	1onths to Repay		Purpo	ose of Loan						
					APPLICAN'	ΓINFORMA	TION							
APPLICANT NA	AME				7111 2107111	CO-APPLICA								
Home Address						Home Addre	SS							
City, State, Zip						City, State, Zi	р							
Date of Birth		Social S	ecurity #	<u> </u>		Date of Birth								
☐ Married ☐ U.S. Citiz ☐ Separated ☐ Permane		Permanent Resident Alien Non-Perm Resident Alien		_ 55pa.acsa										
Home Phone # Cell Phone #			one #			Home Phone	Home Phone # Cell Phone #			e #				
Email Address		<u>'</u>				Email Addres	iS							
Current Employ	er					Current Emp	Current Employer							
Address of Emp	loyer					Address of Employer								
# Years	Title/Position					# Years		Title/Positi	ion					
Business Phone	#					Business Pho	ne#							
☐ Full Time ☐ Part Time Gross Salary \$			☐ We		☐ Full Time ☐ Part Time	I Gross Salary S			☐ Weel	([□ Month			
Other Income* \$			☐ We		Other Income* C		☐ Weel☐ Year		☐ Month					
Source of Other Income*				Source of Other Income*										
Previous Employer Title/Position			١	Previous Employer Title/Position										
Business Phone # # Years				Business Phone # # Years										
Driver's License Number and State Issue Date Exp. Date			Exp. Date	Driver's Licer	nse Num	nber and Sta	te		Issue D	ate	Exp.	Date		
Name of Neares	st Relative	Relationshi	p p	Pł	l none Number	Name of Nea	rest Re	lative	Relati	onship	l	Phon	e Nun	nber

^{*}Alimony, Child Support, Separate Maintenance Income or other income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

(if this	loan will be se	ecured, p	Collate		vill be used to secure t	he loan)		
☐ Vehicle, Boat, Trailer, Motorcycle Make: Model:						Year:		
	Serial Number:			Insurance Company:		Mileage:		
☐ FNBE Certificate of Dep	osit or Savings	Account	#:	Owner:		Balance: \$		
☐ Other:		•						
Collateral Estimated Value	:\$							
			Financial Info	ormation				
Primary Residence		/1 11		T		L		
□ Own	Mortgage Hold	er/Landloi	rd	Mortgage Balance	Monthly Payment	Annual Taxes/Insurance (if not included in mortgage)		
☐ Rent				\$	\$	\$		
Creditors (include: charge a	ccounts, credit card	s, installme	nt loans, mortgages, rent, etc.)	l	L			
Creditor 1			Balance \$		Monthly Payment \$			
Creditor 2			Balance \$		Monthly Payment \$			
Creditor 3			Balance \$		Monthly Payment \$			
Creditor 4			Balance \$		Monthly Payment \$			
Checking/Savings								
Checking Institution			Branch Location		Account #			
Savings Institution			Branch Location		Account #			
					Applicant	Co-Applicant		
Have you ever filed for per	sonal bankruptc	y or served	d as an officer in a company that	t has filed bankruptcy?	☐ Yes ☐ No	☐ Yes ☐ No		
			If ye	s, where and what year:				
Are you a co-applicant, en	dorser, or guarar	ntor on any	y loan?		☐ Yes ☐ No	☐ Yes ☐ No		
				If yes, to whom:				
			Present Balance	e and Monthly Payment:	\$	\$		
Are there any unsatisfied judgments against you?					☐ Yes ☐ No			
If yes, to whom:								
Present Balance and Monthly Payment:					\$	\$		
Other obligations (i.e., liability to pay alimony, child support, etc.?					☐ Yes ☐ No	☐ Yes ☐ No		
If yes, to whom:								
	Present Balance and Monthly Payment: \$ \$							
			A. dan	ant Dades Co				
☐ Lwould like my monthly	, payment deduc	tod from a	Automatic Payme a checking account to be establis		Rank of Elmor			
□ i would like my monthly	грауппент иейис	iea irom a			Dalik UI EIIIIEL.			
			Consumer Loan	Application				

Representations and Warranties

The information contained in this statement is provided to induce you to extend credit to the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant credit. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any changes in name, address, or employment and of any material adverse, change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligation to you. In the absence of such notice or a new and full written statement, this should be considered a continuing statement and substantially correct. If the undersigned fail to notify you a required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.



Equal	Credit	Opport	tunity	Act	Notice
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The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of their race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050, 1-800-613-6743.

Fair Credit Reporting Act Notice

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Federal Billing Rights Summary

In case of errors or questions about your bill: If you think your bill is wrong, or if you need more information about a transaction on your bill, write us, on a separate sheet, at P.O. Box 980, Elmer, NJ 08318 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, please provide the following information: your name and account number, the dollar amount of the suspected error; describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you questioned.

New Jersey Billing Rights Summary

This statement represents an accounting agreement between the bank and you. If there is an error on it, call it to the Bank's attention promptly, in writing. Failure to do so within three months from the date of this statement may bar your right to have the error correct. Notice: You may act under State Law provisions only after the time under Federal law has expired, however, doing so may result in the loss of important rights that could be preserved by acting more promptly under Federal Law.

I certify that I have read the foregoing statement and all statements and information on this application and that the information furnished is complete, true and correct to the best of my knowledge and belief. I authorize you to make such inquiries regarding the information furnished herein as may be required relating to this application and authorize anyone to furnish it and I agree this statement shall remain your property whether or not credit is granted. I further agree to notify you of any material change in the above statements. In addition, I was informed of the USA Patriot Act, Disclosure of Right to Receive an Appraisal, Equal Credit Opportunity Act Notice, Fair Credit Reporting Act Notice, Federal Billing Rights Summary, and the New Jersey Billing Rights Summary shown on this application.

I acknowledge that I have received the following disclosure:

1. The First National Bank of Elmer Privacy Policy

Signature	Date	Signature	Date





Phone: 856-358-7000 x0500 • Fax: 856-358-7145

Privacy Disclosure

FACTS	WHAT DOES The First National Bank of Elmer DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security Number and Income • Account Balances and Payment History • Credit History and Checking Account Information When you are no longer our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customer's personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer's personal information; the reasons The First National Bank of Elmer chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does The First National Bank of Elmer share?	Can you limit this sharing?
For our everyday business purposes – Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – To offer our products and services to you	No	We Don't Share
For joint marketing with other financial companies	Yes	No
For our affiliate's everyday business purposes – Information about your transactions and experiences	No	We Don't Share
For our affiliate's everyday business purposes – Information about your creditworthiness	No	We Don't Share
For non-affiliates to market you	No	We Don't Share

Questions?	Call (856) 358-7000 or go to www.ElmerBank.com
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What we do	
How does The First National Bank of Elmer protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does The First National Bank of Elmer collect my	We collect your personal information, for example, when you:
personal information?	 Open an Account or Deposit Money Pay your bills or apply for a Loan Give us Your Income Information
	We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only:
	 Sharing for affiliate's everyday business purposes-information about your creditworthiness Affiliates from using your information to market to you Sharing for nonaffiliates to market to you
	State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • The First National Bank of Elmer has no affiliates.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • The First National Bank of Elmer does not share with nonaffiliates so they can market to you.
Joint Marketing	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • The First National Bank of Elmer does not share with nonaffiliates so they can market to you.

