Hatboro Federal

215.675.4000 | www.hatborofed.com

Hatboro | Jamison | Warminster | Warrington

FACSIMILE TRANSMITTAL SHEET

TO: LENDING DEPT. -HOME EQUITY LINE OF CREDIT

FROM:

COMPANY: HATBORO FEDERAL SAVINGS

DATE:

FAX NUMBER: **267-803-0062**

TOTAL # OF PAGES:

PHONE NUMBER: 215-675-4424

SENDER'S REFERENCE NUMBER:

RE:

NOTES/COMMENTS:

Please print the attached documents for your loan application. Complete any necessary fields, sign, and return them to us, along with the required documentation items that are listed below. You may drop off your application at any of our branch offices or fax them back to Hatboro Federal Savings using this cover letter.

REQUIRED DOCUMENTATION FOR HOME EQUITY LOANS AND LINES OF CREDIT

- Paystubs (Copy of Two Most Recent)
- W-2's (Copy of Two Most Recent)
- Homeowner's Insurance Declaration Page
- Driver's License
- Federal Tax Return (Copy of Two Most Recent) – *Self Employed Borrowers or Borrowers with Rental Income only*

For Non-Owner Occupied Properties, please provide:

- Federal Tax Returns (Copy of Two Most Recent), W-2's (Copy of Two Most Recent), 2 Paystubs (Copy of Two Most Recent), Rent Roll, and Personal Financial Statement.

HOME EQUITY CONSUMER LOAN APPLICATION

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.

TO: Name/Address of Lender
Hatboro Federal Savings
229 South York Road
Hatboro, PA 19040
215-675-4424

What type of account are you applying for? *(Please check appropriate box):*
☐ INDIVIDUAL (Own income or assets) ☐ COSIGNER
☐ INDIVIDUAL (Own income or assets plus income or assets from other sources)
☐ JOINT *(please initial)* _____ _____
Are you interested in Credit Life/Disability Insurance that is offered by Lender if this loan is approved? *(Please check appropriate box)* ☐ YES ☐ NO

LOAN ORIGINATION COMPANY NAME: Hatboro Federal Savings
LOAN ORIGINATION COMPANY IDENTIFIER: 662952
LOAN ORIGINATOR NAME:
LOAN ORIGINATOR LICENSE NUMBER:

LOAN TERMS

Loan Amount | Interest Rate | Loan Type ☐ HELOC ☐ Closed End ☐ Fixed Rate ☐ Variable Rate (type): _____ ☐ Other _____

Term | Payment | Purpose

COLLATERAL INFORMATION

Property Address | Year Built | Purchase Date | Present Value

Title Holder | Title Holder Address

Insurance Carrier | Insurance Carrier Address

Current Mortgage Holder | Current Mortgage Holder Address | Current Mortgage Holder Phone

Monthly Mortgage Payment | Home Purchase Price | Balance Owing | Mortgage Loan Account Number

Additional Collateral Description

APPLICANT/COSIGNER INFORMATION

Name (Last) (First) (MI) (Suffix) | Taxpayer ID Number (SSN/TIN) | Date of Birth

Street Address | Driver's License/ID Number State | Home Phone Number

City State ZIP Code | County | How Long There | No. of Dependents | Age of Dependents

Previous Address *(if less than 2 years at current address)*

Employer | Employer Address | Employer Phone Number

Position | How Long | ☐ Gross ☐ Net ☐ Weekly ☐ Monthly $
How Often Paid | Average Monthly Overtime Pay $

Previous Employer | Previous Employer Address | Position | How Long

Nearest Relative Not Living with You | Relationship

Relative's Address City State ZIP Code | Relative's Phone Number

Immigration Status ☐ U.S. Citizen ☐ Perm. Resident of U.S. ☐ Other:

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.
Payment Received Pursuant to: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding
Alimony per Month $ Child Support per Month $ Separate Maintenance Payment per Month $

CO-APPLICANT INFORMATION

Name (Last) (First) (MI) (Suffix) | Taxpayer ID Number (SSN/TIN) | Date of Birth

Street Address | Driver's License/ID Number State | Home Phone Number

City State ZIP Code | County | How Long There | No. of Dependents | Age of Dependents

Previous Address *(if less than 2 years at current address)*

Employer | Employer Address | Employer Phone Number

Position | How Long | ☐ Gross ☐ Net ☐ Weekly ☐ Monthly $
How Often Paid | Average Monthly Overtime Pay $

Previous Employer | Previous Employer Address | Position | How Long

Nearest Relative Not Living with You | Relationship

Relative's Address City State ZIP Code | Relative's Phone Number

Immigration Status ☐ U.S. Citizen ☐ Perm. Resident of U.S. ☐ Other:

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.
Payment Received Pursuant to: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding
Alimony per Month $ Child Support per Month $ Separate Maintenance Payment per Month $

ADDITIONAL INFORMATION

Other Income: Applicant • Amount $ • Source
Other Income: Co-Applicant • Amount $ • Source

If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided.

Are you a guarantor or co-maker of any leases, contracts, or debts? Applicant: ☐ Yes ☐ No Joint Applicant/Other Party: ☐ Yes ☐ No

Are there any suits or judgments pending against you? Applicant: ☐ Yes ☐ No Joint Applicant/Other Party: ☐ Yes ☐ No

Have you been declared bankrupt in the last 10 years? Applicant: ☐ Yes ☐ No Joint Applicant/Other Party: ☐ Yes ☐ No

NOT FOR FNMA/FHLMC/FHA/VA USE

CURRENT ASSETS

Please attach additional sheet(s) if more space is required for the Current Assets section.

DESCRIPTION OF ASSETS	OWNER NAME(S)	SUBJECT TO LIEN: YES/NO	VALUE
Total Assets from Addendum			
TOTAL ASSETS			

OUTSTANDING DEBTS

The following are all of the loans or debts you presently owe, including charge accounts, installment contracts, credit cards, rents, mortgages, alimony, child support, and separate maintenance payments you are obligated to make. Please attach additional sheet(s) if more space is required for the Outstanding Debts section.

Use the first column (Applicant Code) to indicate whether the debt is the responsibility of the Applicant (A), Co-Applicant (C), or Joint Applicants (J).

APPLICANT CODE	NAME OF CREDITOR	ACCOUNT NUMBER	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENTS	Check box if to be paid from proceeds
						☐
						☐
						☐
						☐
						☐
						☐
	Total Debts from Addendum					
	TOTAL DEBTS					

IF THIS APPLICATION IS FOR A VARIABLE-RATE, RESIDENTIAL MORTGAGE LOAN, THE FOLLOWING DISCLOSURE APPLIES: The interest rate on your mortgage loan is subject to change in the future. Changes in the index will affect the rate and term of the mortgage loan in the following manner:

The index used for variable rate interest rate adjustments is

.

If the mortgage lender offers to give you a mortgage with a variable interest rate, you are entitled by law to also be offered a mortgage with an interest rate which will not change. By law, this fixed interest rate mortgage must be offered to you at reasonably competitive terms and rate.

(If joint application, read singular pronouns in the plural.) I warrant the truth of the information contained in this application and that all statements made in this application are made for the purpose of obtaining the loan applied for. I warrant that the financial obligations I disclosed in this application and in support of this application are complete and that I have no other outstanding financial obligations of any kind, including any guarantor or cosigner liability. Lender, its agents, successors, and assigns, will rely on the information contained in this application, and I have a continuing obligation to amend and supplement the information provided in this application if any of the material facts I represented should change before closing. If I have left any spaces in this application blank, Lender, its agents, successors, and assigns, may assume the information requested is adverse. I authorize Lender, its agents, successors, assigns, and employees, to investigate and verify all information I provided to Lender, its agents, successors, and assigns. I understand that it is my sole and exclusive responsibility to determine all the tax effects of the loan and acknowledge that Lender, its agents, successors, and assigns, have not provided any tax advice to me. Lender, its agents, successors, and assigns, can give information about my loan to credit reporting agencies and others who may properly receive that information. If Lender approves this application and Lender, its agents, successors, and assigns, are required to report the amount of interest paid on the loan to the Internal Revenue Service, I understand that Lender, its agents, successors, and assigns, will report using the Social Security Number (tax identification number) shown above. I understand that if the Social Security Number is incorrect, that I may be subject to Internal Revenue Service penalties. I understand Lender, its agents, successors, and assigns, will keep this application whether or not my credit request is approved.

Certification: I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentations of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq., and liability for monetary damages to the Lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I made in this application or in any other manner.

Signature of Applicant or Cosigner	Date	Signature of Co-Applicant	Date

CREDITOR USE ONLY

Interest: ☐ Fixed Simple ☐ Variable Simple If Variable Interest Rate: ☐ Floor Rate _____ % ☐ Ceiling Rate _____ %
☐ Interest Adjustments _____ ☐ Index _____

Payments: ☐ Monthly ☐ Quarterly ☐ Other, describe ▶ First Payment Due:

Billing: ☐ Coupon Book ☐ Billing Statement ☐ Payroll Deduction ☐ Charge Account No. ☐ DDA ☐ SAV

Insurance: ☐ Single Life Credit ☐ Joint Life Credit ☐ Disability

	APPLICANT	CO-APPLICANT	TOTAL		
Base Income	$	$	$	All Monthly Payments	$
Other Income	$	$	$	Total Obligations ÷ Income	%

Loan Approval *(Indicate Conditions of Loan, If Any)*

This application was taken by: ☐ Face-to-Face Interview ☐ Mail ☐ Telephone ☐ Internet

Date Application Received	Received By	Amount Requested
Date Application Completed	Approved By	Amount Approved

Rescindable?	RESPA Applicable?	Funding Date	Initial Advance
☐ Yes ☐ No	☐ Yes ☐ No		

Principal Reason(s) for Adverse Action Concerning Credit

- ☐ No Credit File
- ☐ Insufficient Number of Credit References Provided
- ☐ Limited Credit Experience
- ☐ Collection Action or Judgment
- ☐ Garnishment or Attachment
- ☐ Foreclosure or Repossession
- ☐ Delinquent Credit Obligations (past or present with others)
- ☐ Bankruptcy
- ☐ Number of Recent Inquiries on Credit Bureau Report
- ☐ Other - Specify:
- ☐ Unacceptable Type of Credit References
- ☐ Poor Credit Performance With Us
- ☐ Temporary or Irregular Employment
- ☐ Insufficient Length of Employment
- ☐ Insufficient Income for Amount of Credit Requested
- ☐ Excessive Obligations in Relation to Income
- ☐ Temporary Residence
- ☐ Insufficient Length of Residence
- ☐ Unable to Verify Credit References
- ☐ Unable to Verify Employment
- ☐ Unable to Verify Income
- ☐ Unable to Verify Residence
- ☐ Value or Type of Collateral Not Sufficient
- ☐ Unacceptable Appraisal
- ☐ Unacceptable Leasehold Estate
- ☐ We Do Not Grant Credit to Any Applicant on the Terms and Conditions You Request.

Customer Identification Program (CIP) Record Information *(Describe Additional Data Collected Pursuant to Institution's CIP)*

Applicant/Cosigner:

☐ Applicant/Cosigner Information Collected and Verified in Accordance With CIP *(initial)* _____

Co-Applicant:

☐ Co-Applicant Information Collected and Verified in Accordance With CIP *(initial)* _____

NOT FOR FNMA/FHLMC/FHA/VA USE

Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: *Check one or more*

☐ Hispanic or Latino
- ☐ Mexican ☐ Puerto Rican ☐ Cuban
- ☐ Other Hispanic or Latino – *Print origin:* _____

  For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

☐ Not Hispanic or Latino

☐ I do not wish to provide this information

Sex

☐ Female

☐ Male

☐ I do not wish to provide this information

Race: *Check one or more*

☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe:* _____

☐ Asian
- ☐ Asian Indian ☐ Chinese ☐ Filipino
- ☐ Japanese ☐ Korean ☐ Vietnamese
- ☐ Other Asian – *Print race:* _____

  For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
- ☐ Other Pacific Islander – *Print race:* _____

  For example: Fijian, Tongan, and so on.

☐ White

☐ I do not wish to provide this information

To Be Completed by Financial Institution (*for application taken in person*):

Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	○ NO	○ YES
Was the sex of the Borrower collected on the basis of visual observation or surname?	○ NO	○ YES
Was the race of the Borrower collected on the basis of visual observation or surname?	○ NO	○ YES

The Demographic Information was provided through:

○ Face-to-Face Interview (*includes Electronic Media w/ Video Component*) ○ Telephone Interview ○ Fax or Mail ○ Email or Internet

Borrower Name:_____

Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: *Check one or more*

☐ Hispanic or Latino
- ☐ Mexican ☐ Puerto Rican ☐ Cuban
- ☐ Other Hispanic or Latino – *Print origin:* _____

  For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

☐ Not Hispanic or Latino

☐ I do not wish to provide this information

Sex

☐ Female

☐ Male

☐ I do not wish to provide this information

Race: *Check one or more*

☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe:* _____

☐ Asian
- ☐ Asian Indian ☐ Chinese ☐ Filipino
- ☐ Japanese ☐ Korean ☐ Vietnamese
- ☐ Other Asian – *Print race:* _____

  For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
- ☐ Other Pacific Islander – *Print race:* _____

  For example: Fijian, Tongan, and so on.

☐ White

☐ I do not wish to provide this information

To Be Completed by Financial Institution (*for application taken in person*):

Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	○ NO	○ YES
Was the sex of the Borrower collected on the basis of visual observation or surname?	○ NO	○ YES
Was the race of the Borrower collected on the basis of visual observation or surname?	○ NO	○ YES

The Demographic Information was provided through:

○ Face-to-Face Interview (*includes Electronic Media w/ Video Component*) ○ Telephone Interview ○ Fax or Mail ○ Email or Internet

Borrower Name:_____

Hatboro Federal

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Hatboro | Jamison | Warminster | Warrington

BORROWER (S) HOMEOWNER'S INSURANCE AUTHORIZATION

I hereby authorize Hatboro Federal Savings to be added to the mortgagee clause on my/our insurance policy. In addition, I/we authorize Hatboro Federal Savings to receive information on my/our policy as needed.

_____Date:

Name: (signature)

_____Date:

Name: (signature)

MORTGAGEE CLAUSE: HATBORO FEDERAL SAVINGS
P.O. BOX 550
HATBORO, PA. 19040

Insurance Co: _____Policy#_____

Agent: _____Effective thru_____

Phone# _____ Fax# _____

Contacted by:_____ Date_____

Member FDIC

EQUAL HOUSING LENDER

BORROWER'S BLANKET SIGNATURE AUTHORIZATION

BORROWER NAME(S)/ADDRESS

_____
_____
_____
_____

LENDER NAME/ADDRESS

HATBORO FEDERAL SAVINGS
229 S. YORK ROAD
HATBORO, PA. 19040

I HEREBY AUTHORIZE HATBORO FEDERAL SAVINGS, ITS AGENTS OR ASSIGNS, TO VERIFY MY PAST AND PRESENT EMPLOYMENT EARNINGS RECORDS, BANK ACCOUNTS, STOCK HOLDINGS AND ANY OTHER ASSETS NEEDED TO PROCESS MY LOAN APPLICATION.

I FURTHER AUTHORIZE HATBORO FEDERAL SAVINGS TO ORDER A CONSUMER CREDIT REPORT AND VERIFY OTHER CREDIT INFORMATION, INCLUDING PAST AND PRESENT MORTGAGE REFERENCES AND ANY OTHER LIABILITY INFORMATION.

IT IS UNDERSTOOD A PHOTOCOPY OF THIS FORM WILL ALSO SERVE AS AUTHORIZATION.

THE INFORMATION HATBORO FEDERAL SAVINGS OBTAINS IS TO BE USED IN THE PROCESSING OF MY MORTGAGE LOAN APPLICATION. THIS INFORMATION MAY ALSO BE OBTAINED IN CONJUCTION WITH A QUALITY CONTROL REVIEW OF THE FILE AFTER THE LOAN HAS CLOSED.

_____ _____
BORROWER SIGNATURE DATE

_____ _____
BORROWER SIGNATURE DATE

PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE MORTGAGOR UNDER ITS PROGRAM. IT WILL NOT BE DISCLOSED OUTSIDE THE AGENCY EXCEPT AS REQUIRED BY LAW. YOU DO NOT HAVE TO PROVIDE THIS INFORMATION, BUT IF YOU DO NOT YOUR APPLICATION FOR APPROVAL AS A PROSPECTIVE MORTGAGOR OR BORROWER MAY BE DELAYED OR REJECTED. THE INFORMATION REQUESTED IN THIS FORM IS AUTHORIZED BY TITLE 38, USC, CHAPTER 37 (IF VA); BY 12 USC SECTION 1701 ET SEQ (IF HUD/FHA); BY 42 USC SECTION 1452 b (IF HUD/CPD); AND TITLE 42 USC, 1471 ET SEQ, OR 7 USC, 1921 ET SEQ (IF USDA/FmHA).

HUD/FHA LOANS

NOTICE TO BORROWERS: THIS IS NOTICE TO YOU AS REQUIRED BY THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978 THAT HUD/FHA HAS A RIGHT OF ACCESS TO FINANCIAL RECORDS HELD BY FINANCIAL INSTITUTIONS IN CONNECTION WITH THE CONSIDERATION OR ADMINISTRATION OF ASSISTANCE TO YOU. FINANCIAL RECORDS INVOLVING YOUR TRANSACTION WILL BE AVAILABLE TO HUD/FHA WITHOUT FURTHER NOTICE OR AUTHORIZATION BUT WILL NOT BE DISCLOSED OR RELEASED BY THIS INSTITUTION TO ANOTHER GOVERNMENT AGENCY OR DEPARTMENT WITHOUT YOUR CONSENT EXCEPT AS REQUIRED OR PERMITTED BY LAW.

HOME EQUITY LINE OF CREDIT
EARLY DISCLOSURE

229 S York Road Hatboro, PA 19040
Phone number: (215) 675-4424
NMLS Company Identifier: 662952
NMLS Originator Identifier: 685720

In this disclosure the words "you" and "your" mean the recipient of this disclosure, and the words "we," "us" and "our" mean Hatboro Federal Savings, the Lender listed above. "e" means an estimate.

IMPORTANT TERMS OF OUR HOME EQUITY LINE OF CREDIT

RETENTION OF INFORMATION. This disclosure contains important information about our home equity line of credit, Home Equity Line of Credit ("Account"). You should read it carefully and keep a copy for your records.

AVAILABILITY OF TERMS. All of the terms described below are subject to change. If these terms change (other than the Annual Percentage Rate) and you decide, as a result, not to enter into an Agreement with us, you are entitled to a refund of any fees you paid to us or anyone else in connection with your application.

SECURITY INTEREST. We will take a security interest in your home (collateral). You could lose your home if you do not meet the obligations in your Agreement with us.

POSSIBLE ACTIONS. We can terminate your Account and require you to pay us the entire outstanding balance in one payment if: you engage in fraud or material misrepresentation in connection with the Account; or you do not meet the repayment terms; and/or your action or inaction adversely affects the collateral or our rights in the collateral.

We can refuse to make additional extensions of credit or reduce your credit limit if: the value of the dwelling securing the Account declines significantly below its appraised value for purposes of the Account; or we reasonably believe you will not be able to meet the repayment requirements due to a material change in your financial circumstances; or you are in default of a material obligation in the Agreement; or government action prevents us from imposing the Annual Percentage Rate provided for or impairs our security interest such that the value of the interest is less than 120 percent of the credit line; or a regulatory agency has notified us that continued advances would constitute an unsafe and unsound practice; and/or the maximum Annual Percentage Rate is reached. The initial Agreement permits us to make certain changes to the terms of the Agreement at specified times or upon the occurrence of specified events.

MINIMUM PAYMENT REQUIREMENTS. You can obtain advances of credit for 15 years (the "Draw Period"). During the Draw Period, payments will be due monthly. Your minimum periodic payment will be equal to the interest that has accrued on your Account as of the closing date of each billing statement.

After the Draw Period ends, you will no longer be able to obtain credit advances and must pay the outstanding balance over 15 years (the "Repayment Period"). During the Repayment Period, payments will be due monthly. Your minimum periodic payment will be equal to 1/180 of the outstanding principal balance, determined and fixed as of the end of the Draw Period, plus accrued interest as of the closing date of each billing statement.

MINIMUM-PAYMENT EXAMPLE. If you made only the minimum monthly payments and took no other credit advances, it would take 30.00 years to pay off a credit advance of $10,000.00 at an **ANNUAL PERCENTAGE RATE** of 5.00%. During the Draw Period, you would make 180 monthly payments of $41.67. During the Repayment Period, you would make 179 monthly payments varying between $97.23 and $56.02. This would be followed by one final payment of $54.99.

FEES AND CHARGES. To open and maintain your Account, you must carry insurance on the property securing your Account and pay us the following fees:

Annual Non-Use Fee	$50.00	*******

******* Annual Non-Use Fee of $50.00 may be charged annually. The Fee will be charged to the consumer's Account as an Advance.

You must also pay certain fees to third parties. These fees generally total between $1,600.00 and $3,500.00. The following are the third party fees you must pay:

If you tell us you have decided not to enter into the Account within three business days of receiving this Disclosure and the Consumer Financial Protection Bureau brochure "What You Should Know About Home Equity Lines of Credit" in person, or within six business days after the day we mail them to you, as the case might be, any fees or charges you might have already paid will be refunded.

TAX DEDUCTIBILITY. You should consult a tax advisor regarding the deductibility of interest and charges for the Account.

OTHER PRODUCTS. If you ask, we will provide you with information on our other available home equity products.

MINIMUM TRANSACTION REQUIREMENTS. The minimum ongoing credit advance for this Account is $250.00. ***The maximum allowable number of Advance Checks in any one month is five (5) and the maximum allowable number of Order of Withdrawals in any one month is five (5).***

VARIABLE RATE FEATURE. The Account has a variable rate feature. The Annual Percentage Rate (corresponding to the periodic rate) and the minimum payment can change as a result. This Annual Percentage Rate does not include costs other than interest. The Annual Percentage Rate is based on the value of an index. The index is the Wall Street Journal published Prime Rate ("Index") (if published in a range, the highest number in the range will be used) and is published in the Wall Street Journal. To determine the Annual Percentage Rate that will apply to your

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Account, we subtract a margin from the value of the index. Ask us for the current index value, margin and Annual Percentage Rate. After you open an Account, rate information will be provided on periodic statements that we furnish to you.

RATE CHANGES. The Annual Percentage Rate can change monthly. The maximum **ANNUAL PERCENTAGE RATE** that can apply is 21.000%. Apart from this rate cap, there is no limit on the amount by which the rate can change in any one-year period, except that under no circumstances will the rate ever be less than 3.000% per annum.

MAXIMUM-RATE AND PAYMENT EXAMPLE. If the **ANNUAL PERCENTAGE RATE** during the Draw Period equaled the 21.000% maximum and you had an outstanding balance of $10,000.00, your minimum payment would be $175.00. The maximum Annual Percentage Rate could be reached the first time your Annual Percentage Rate changes, unless your initial rate is equal to the maximum, in which case it would be reached immediately. If you had an outstanding balance of $10,000.00 at the beginning of the Repayment Period, the minimum payment at the maximum **ANNUAL PERCENTAGE RATE** of 21.000% would be $230.56. This Annual Percentage Rate could be reached at the beginning of the Repayment Period.

HISTORICAL EXAMPLE. The following table shows how the Annual Percentage Rate and the minimum payments for a single $10,000.00 credit advance would have changed based on changes in the index over the past 15 years. The index values are from the rate in effect as of the last business day of July of each year. While only one payment amount per year is shown, payments would have varied during each year. The table assumes that no additional credit advances were taken, that only the minimum payments were made, and that the rate remained constant during each year. It does not necessarily indicate how the index or your payments will change in the future.

Year	Index	Margin*	ANNUAL PERCENTAGE RATE	Minimum Periodic Payment
2011	3.250%	- 0.250%	3.000%	$25.00
2012	3.250%	- 0.250%	3.000%	$25.00
2013	3.250%	- 0.250%	3.000%	$25.00
2014	3.250%	- 0.250%	3.000%	$25.00
2015	3.250%	- 0.250%	3.000%	$25.00
2016	3.500%	- 0.250%	3.250%	$27.08
2017	4.250%	- 0.250%	4.000%	$33.33
2018	4.750%	- 0.250%	4.500%	$37.50
2019	5.250%	- 0.250%	5.000%	$41.67
2020	3.250%	- 0.250%	3.000%	$25.00
2021	3.250%	- 0.250%	3.000%	$25.00
2022	5.500%	- 0.250%	5.250%	$43.75
2023	8.500%	- 0.250%	8.250%	$68.75
2024	8.500%	- 0.250%	8.250%	$68.75
2025	7.500%	- 0.250%	7.250%	$60.42 1/

* This is a margin we have used recently.
1/ Draw period ends on the 15th year.

ADDITIONAL PROVISIONS. ADDITIONAL MISCELLANEOUS FEES AND CHARGES
(CHARGEABLE AS A CREDIT ADVANCE)
$25.00 Exceeding Credit Limit Fee
$25.00 NSF (on payment)
$25.00 Under Minimum Draw Fee
$5.00 Exceeding Maximum Number of Advance checks per month
$5.00 Exceeding Maximum Number of Withdrawals per month

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Form **4506-T**
(June 2023)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **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-T, visit *www.irs.gov/form4506t*.**

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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. ▶ _____

a **Return Transcript,** which 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-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which 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. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which 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. Most requests will be processed within 10 business days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. 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, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** 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.

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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 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. 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-T 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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — **Date**

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — **Date**

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t*. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to *www.irs.gov* and search IVES.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

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. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

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

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

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

CAUTION *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 and returned to you if the box is unchecked.*

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T 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-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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.

Note: 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.

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.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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-T 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.; and **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-T 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.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094