

**INSURANCE/ANNUITY CREDIT APPLICATION DISCLOSURE**

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

APPLICANT(S) NAME AND ADDRESS

LENDER NAME AND ADDRESS

You are applying for credit in connection with which an insurance product or annuity is solicited, offered, or sold. The following information is important to you:

1. We may not condition the extension of credit on your purchase of an insurance product or annuity from us or an affiliate.
2. We may not condition the extension of credit either by requiring your agreement not to obtain or by prohibiting you from obtaining an insurance product or an annuity from a company not related to us.

By signing below, I acknowledge that I received this Insurance/Annuity Credit Application Disclosure both orally and in writing.

\_\_\_\_\_  
Applicant Date

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Applicant Date

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Applicant Date

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Applicant Date

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Applicant Date

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Applicant Date