

Coastal States Bank

Cash Value Line of Credit Application

Requested Line Amount \$ _____
 Increase Credit Line to \$ _____

Life Insurance Company _____
 Name of Agent _____
 Agent's Phone/E-mail _____

Purpose of Requested Borrowing _____
 Business Purpose _____ Consumer Purpose _____

Applicant Information

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____ Date of Birth (mm/dd/yy) _____
 Home Address _____ City _____ State _____ Zip Code _____ Years at this Address _____
 Home Phone _____ Cell Phone _____ E-Mail Address _____ Driver's License # _____ State _____ Issue (mm/dd/yy) _____ Expires (mm/dd/yy) _____
 Employer _____ Business Address _____ City _____ State _____ Zip Code _____
 Position/Title/Type of Business _____ Business Phone _____ Years Employed _____

Co-Applicant Information (if applicable)

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____ Date of Birth (mm/dd/yy) _____
 Home Address _____ City _____ State _____ Zip Code _____ Years at this Address _____
 Home Phone _____ Cell Phone _____ E-Mail Address _____ Driver's License # _____ State _____ Issue (mm/dd/yy) _____ Expires (mm/dd/yy) _____
 Employer _____ Business Address _____ City _____ State _____ Zip Code _____
 Position/Title/Type of Business _____ Business Phone _____ Years Employed _____

Income Information:

Notice - Alimony, Child Support, or Separate Maintenance Income not required if you do not wish to have it considered as a basis for repaying the obligation.

Applicant Annual Income \$ _____ Co-Applicant Annual Income \$ _____
 We intend to apply for joint credit - Applicant (Initials) _____ Co-Applicant (Initials) _____

Irrevocable Trust as Borrower (if applicable)

Legal Title of the Trust _____
 Insured _____ Beneficiary _____ Trust TIN (if applicable) _____
 Name of Trustee _____ Trustee Date of Birth (mm/dd/yy) _____ Trustee Social Security Number _____
 Trustee Home Address _____ City _____ State _____ Zip Code _____
 Driver's License # _____ State _____ Issue (mm/dd/yy) _____ Expires (mm/dd/yy) _____

By signing below, I certify that I have made no misrepresentations in this application or in any related documents, that all information is true and complete, and that I did not omit any important information. CoastalStates Bank ("CSB") is authorized to verify with other parties and to make any investigation of my credit, either directly or through any agency employed by CSB for that purpose. CSB may disclose to any other interested parties information as to CSB's experiences or transactions with my account. I understand that Lender will retain this application and any other credit information CSB receives, even if no loan or credit is granted. These representations and authorizations extend to CSB and to any insurer of the loan and to any investor to whom CSB may sell all or any part of the loan. I further authorize CSB to provide to any such insurer or investor any information and documentation that they may request with respect to my credit or loan.

X _____ Date: _____ X _____ Date: _____
 Applicant Co-Applicant

ELECTRONIC SIGNATURE**

ELECTRONIC SIGNATURE**

**By typing your name and the date on the signature line(s) above, and by marking this box, you acknowledge and agree that (i) you are intending to apply your electronic signature to this Application as if this Application were signed in writing by you and that such electronic signature has the same force and effect as a signature affixed by hand; and (ii) under penalty of perjury, this electronic signature is the true and correct signature of the Applicant or Co-Applicant identified in this Application, as the case may be.