KS StateBank Consumer Platinum MasterCard®
Application

PLEASE CHECK FOLLOWING (1 OR 2) FOR CHOICE OF CREDIT

☐ 1. Only Applicant to use and be contractually liable.
- Fill in only information on Applicant
- Card will be issued only for Applicant

☐ 2. Applicant and Co-Applicant to use and be contractually liable.
- Fill in information on Applicant and Co-Applicant
- Applicant and Co-Applicant sign agreement
- Cards will be issued only for Applicant and Co-Applicant

Number of Cards Requested _____

APPLICANT (*Please print or type.*)

Last Name | First Name | MI | Social Security Number | Date of Birth

Current Street Address | City/State/Zip | Phone Number (with area code) | Email Address

Previous Address | City/State/Zip | How Long at Present Address | Mother's Maiden Name

Employer (If Self-Employed, Name/Nature of Business) | Street Address | City/State/Zip Code | Length of Employment

Department/Position | Business Phone (with area code) | Gross Income from Employment (per month)

Previous Employer and Position | Street Address | City/State/Zip Code | Length of Employment

Relative Not Living With You | Relative's Street Address | City/State/Zip Code

Personal Reference | Reference's Stree Address | City/State/Zip Code

OTHER INCOME INFORMATION (*You are not required to list alimony, child support or separate maintenance income if you do not wish to have it considered as a basis for repaying this obligation.*)

Annual Amount | Sources of Other Income

IF U.S. PERSON *(Complete all that apply.)*

Driver's License, State ID or Other Number | State | Date of Issuence | Date of Expiration | Social Security Number

IF NON U.S. PERSON *(Complete all that apply.)*

Driver's License or State ID | State | Date of Issuence | Date of Expiration | Social Security Number

Passport or Government Issued Document Number and Country of Issuance | Individual Tax ID Number | No Tax ID Number, but have filed application for one. When filed:

CO-APPLICANT INFORMATION

Last Name | First Name | MI | Social Security Number | Date of Birth | Email Address

Employer (If Self-Employed, Name/Nature of Business) | Street Address | City/State/Zip Code | Length of Employment

Department/Position | Business Phone (with area code) | Gross Income from Employment (per month)

Previous Employer and Position | Street Address | City/State/Zip Code | Length of Employment

OTHER INCOME INFORMATION (*You are not required to list alimony, child support or separate maintenance income if you do not wish to have it considered as a basis for repaying this obligation.*)

Annual Amount | Sources of Other Income

IF U.S. PERSON *(Complete all that apply.)*

Driver's License, State ID or Other Number | State | Date of Issuence | Date of Expiration | Social Security Number

IF NON U.S. PERSON *(Complete all that apply.)*

Driver's License or State ID | State | Date of Issuence | Date of Expiration | Social Security Number

Passport or Government Issued Document Number and Country of Issuance | Individual Tax ID Number | No Tax ID Number, but have filed application for one. When filed:

MEMBER FDIC | EQUAL HOUSING LENDER

CREDIT REFERENCES AND COMPLETE LIST OF AMOUNTS OWING

☐ CD ☐ Trust ☐ Checking
☐ IRA ☐ Loan ☐ Savings

Name and Address of Financial Institution

☐ Own ☐ Rent
☐ With Parents

Landlord or Mortgage Holder | Monthly Rent or Payment

Other Credit References and Addressses	Account Number	Name on Account	Monthly Payment	Balance
Other Credit References and Addressses	Account Number	Name on Account	Monthly Payment	Balance

Current MasterCard® Accounts (*Attach a separate listing of additional obligations.*)

SIGNATURES FOR CREDIT CARD

I (we) give the above information for the purpose of obtaining credit and authorize the "Creditor" to obtain and/or verify my (our) credit history, bank references, employment and any other information permitted by law to determine my (our) creditworthiness. I (we) agree to abide by the terms and conditions set forth in the Cardholder Agreement if my (our) application is accepted. I (we) certify the statements made on this application are true and correct.

Signature of Applicant | Date | Signature of Joint Applicant or User | Date

REQUESTS FOR AUTOMATIC MONTHLY PAYMENTS

I would like to have my monthly payment taken from my checking or savings account each month.

☐ Minimum ☐ Full Balance

☐ Checking Account Number _____ ☐ Savings Account Number _____

Signature _____

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.

ADDITIONAL DOCUMENTATION MAY BE REQUIRED. I herby authorize the person to whom this application is made, or any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility and authorize such persons to release such information to the person to whom this application is made.

THE FEDERAL EQUAL CREDIT OPPORTUNITY): Act requires that all creditors, including banks, savings and loan associations, small loan companies, retail stores and others, make credit equally available to all credit-worthy customers without regard to sex or marital status, race, color, religion, national origin, age (provided applicant has the capacity to contract), receipt of income from a public assistance program and the good faith exercise of rights under the Consumer Credit Protection Act. The Federal Agency which administers compliance with this law concerning this bank is the FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

You have the right to receive from us within 30 days specific written reasons for adverse action taken as a result of an application for credit if you request it within sixty (60) days of such action.

FOR OFFICE USE ONLY

☐ ID Obtained

Applicant CIF Number _____

CO-Applicant CIF Number _____

Card Number Issued _____

Taken By _____ Ordered By _____

Limit _____

Officer Approval _____

MEMBER FDIC | EQUAL HOUSING LENDER

KS StateBank Consumer Platinum MasterCard®
Disclosure

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**18.75% APR** Your Annual Percentage Rate may vary monthly by adding 11% to the highest "Prime Rate" published in the Money Rates section of the Wall Street Journal.*
APR for Cash Advances	**18.75% APR** Your Annual Percentage Rate may vary monthly by adding 11% to the highest "Prime Rate" published in the Money Rates section of the Wall Street Journal.*
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances on the transaction date. You cannot avoid paying interest on cash advances.
Minimum Interest Charge	$5.00
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection bureau at consumerfinance.gov/learnmore.

Fees	
Annual Fee	None
Cash Advance Fee	**1%** of the cash advance with a minimum of **$1.00** and maximum of **$10.00**
Foreign Transaction Fee	A fee of up to **1%** on all cross-border transactions and on transactions that are converted back to U.S. dollars
Late Payment Fee	Up to **$25.00**; The late fee will be assessed when payment is more than 5 days late.
Return Payment Fee	Up to **$25.00**
Rush Card Fee	Up to $**35.00**

*May vary monthly by adding 11% to the highest "Prime Rate" published in the Money Rates section of the Wall Street Journal. The current Prime Rate is also available on our website, ksstate.bank. This information may change at any time. To find out what may have changed, call us at 800-588-6805 or write us at P.O. Box 1968, Manhattan, KS 66505-1968.

How We Will Calculate Your Balance We use a method called Average Daily Balance (including new purchases). See your Account Agreement for more details.

Billing Rights Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Department of Defense Consumer Credit Disclosure Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

IMPORTANT
The information set forth in this application was accurate as of November 2024, the date of printing, and is subject to change. For information on any change to the application since it was printed, applicants should call us at 800-588-6805 or write us at P.O. Box 1968, Manhattan, KS 66505-1968.

KS StateBank

MEMBER FDIC | EQUAL HOUSING LENDER

Rev 03/2017

KS StateBank

FACTS WHAT DOES KS STATEBANK 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 how 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 • Income • Account balances • Payment history • Checking account information • Wire transfer instructions 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 customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons KS StateBank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does KS StateBank 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	No	We don't share
For our affiliates' everyday business purposes - information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	Call toll-free at 800-588-6805 or visit us online at ksstate.bank.

Rev 03/2017

What We Do	
How does KS StateBank 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. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate.
How does KS StateBank collect my personal information?	We collect your personal information, for example, when you: • Open an account • Apply for a loan • Provide account information • Give us your contact information • Show us your driver's license 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 affiliates' 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 non-financial companies. • *KS StateBank does not share with our affiliates.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and non-financial companies. • *KS StateBank does not share with nonaffiliates so they can market to you.*
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • *KS StateBank doesn't jointly market.*

Other Important Information

This notice is available at any time at ksstate.bank or by calling 800-588-6805.