



BANK FSB



FILL OUT THIS APPLICATION TODAY TO APPLY FOR YOUR ASSISTED LIVING ACCESS™ LOAN

You may apply for separate/individual credit or joint credit. Please indicate how you wish to apply: <input type="checkbox"/> Separate/Individual Credit. Complete Applicant section and sign. <input type="checkbox"/> Joint Credit with Spouse who is a co-applicant. Complete Applicant and Spouse sections and both sign. <input type="checkbox"/> Joint Credit with person(s) other than spouse. Each applicant must complete a separate application.	Amount Requested \$ _____, For the Benefit of _____ Last four digits of Beneficiary home phone number _____
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APPLICANT Please print all information

NAME		BIRTH DATE		SSN/ITIN	
ADDRESS (if P.O. Box list home street address)		CITY		STATE	ZIP
HOME PHONE	How long have you lived at your current residence?	Do you:		MONTHLY PAYMENT	
( ) - -	years months	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		\$ , .	
Primary Identification Form (Permanent Driver's License-state of issuance, State Non-driver's ID Card, County ID Card-county of issuance, Passport-country of issuance, Resident Alien Card, or Armed Forces ID-branch of service)					
ID FORM	ID ISSUER	ID#			
ID ISSUANCE DATE		ID EXPIRATION DATE			
CURRENT EMPLOYER	EMPLOYER PHONE	OTHER INCOME Alimony, separate maintenance, or child support need not be revealed if you do not wish to have it considered as a basis for repayment.			
( ) - -					
LENGTH OF EMPLOYMENT	GROSS EMPLOYMENT INCOME	AMOUNT		SOURCE	
years months	\$ , .00	\$ , .00			
	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly			
PRIMARY BANK NAME	MARITAL STATUS (Required only if you reside in a community property state.)*			TYPE OF ACCOUNT	
	<input type="checkbox"/> Married (Spouse section below must be completed) <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated			<input type="checkbox"/> Checking <input type="checkbox"/> Saving	

SPOUSE Please print all information:

Provide information about your spouse only if (a) you reside in a community property state* and are applying for individual credit or joint credit with someone other than your spouse or (b) your spouse is a co-applicant.					
INFORMATION PROVIDED FOR: <input type="checkbox"/> SPOUSE (not a co-applicant) <input type="checkbox"/> SPOUSE (is a co-applicant)					
NAME		BIRTH DATE		SSN/ITIN	
ADDRESS (if P.O. Box list home street address)		CITY		STATE	ZIP
HOME PHONE	How long have you lived at your current residence?	Do you:		MONTHLY PAYMENT	
( ) - -	years months	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		\$ , .	
Primary Identification Form (Permanent Driver's License-state of issuance, State Non-driver's ID Card, County ID Card-county of issuance, Passport-country of issuance, Resident Alien Card, or Armed Forces ID-branch of service)					
ID FORM	ID ISSUER	ID#			
ID ISSUANCE DATE		ID EXPIRATION DATE			
CURRENT EMPLOYER	EMPLOYER PHONE	OTHER INCOME Alimony, separate maintenance, or child support need not be revealed if you do not wish to have it considered as a basis for repayment.			
( ) - -					
LENGTH OF EMPLOYMENT	GROSS EMPLOYMENT INCOME	AMOUNT		SOURCE	
years months	\$ , .00	\$ , .00			
	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly			
PRIMARY BANK NAME				TYPE OF ACCOUNT	
				<input type="checkbox"/> Checking <input type="checkbox"/> Saving	

\*The following are community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI.

The Assisted Living Access™ Loan is not available to residents of Alaska and Hawaii.

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 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. M&I Bank FSB is the lender for the Assisted Living AccessSM Loan

SIGNATURE(S)

By signing below, I certify that the above information is true and complete, and that I have read and understand the disclosures on page two (2) of this application. I authorize M&I Bank FSB, Elderlife Financial Services LLC and agents of either to: (1) verify my credit, income and employment references and, from time to time, to obtain additional information, including credit reports, for the purpose of acting on this application or any request for additional credit or for any other legitimate purpose; and (2) answer questions and provide reports to others about their credit experiences with me.			
Signature of Applicant	Date	Signature of Spouse (Required only if spouse is a co-applicant)	Date
X		X	

PLEASE FAX COMPLETED APPLICATIONS TO EFS: ASSISTED LIVING ACCESS™ LOAN AT 1-888-228-4520

<b>Bank Use Only</b> Proposed closing date _____ 1st payment date _____ Number of joint applicants for this loan _____ Please check one box below: <input type="checkbox"/> Line - multiple advances over time. <input type="checkbox"/> Loan - all funds disbursed one time at closing.
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**NOTICE TO MARRIED WISCONSIN APPLICANTS:** No provision of any marital property agreement, unilateral statement under Sec. 766.59, Wis. Stats., or court decree under Sec. 766.70, Wis. Stats., adversely affects the interest of the Bank unless the Bank, prior to the time the credit is granted or an open end credit plan is entered into, is furnished a copy of the agreement, statement, or decree, or has actual knowledge of the adverse provision. The Bank may be required by law to give notice of this transaction to your spouse.