





**INSURANCE DISCLOSURES – CONSUMER CREDIT APPLICATIONS**

CONSUMER(S) NAME

FINANCIAL INSTITUTION NAME

First State Bank

CONSUMER(S) ADDRESS

FINANCIAL INSTITUTION ADDRESS

P O Box 540  
Watonga, OK 73772

In this disclosure, the terms "you" and "your" refer to the Consumer(s) named above. The terms "we," "us" and "our" refer to the Financial Institution.  
Loan application type: \_\_\_\_\_.

**PURCHASE OF INSURANCE OR AN ANNUITY FROM US IS NOT REQUIRED  
PURCHASE OF INSURANCE OR AN ANNUITY FROM OTHERS IS NOT PROHIBITED**

*In no way will our decision to extend credit to you be based or conditioned upon whether or not you purchase an insurance product or annuity from us or any affiliate of ours; nor will we prohibit you or ask you not to obtain an insurance product or annuity from an unaffiliated entity.*

**Consumer Acknowledgment**

By signing below you acknowledge receiving a copy of this written disclosure and (except for transactions conducted by mail) that the disclosures were also orally given to you by the Financial Institution.

Dated: \_\_\_\_\_.  
(If you have received this disclosure in the mail, please return a signed copy to the Financial Institution.)

Applicant's Signature \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_

**Financial Institution Certification**

(Check if applicable). The Consumer's application for credit was taken by telephone. The undersigned on behalf of the Financial Institution certifies giving these disclosures orally to the Consumer(s) at the time of application and that an oral acknowledgment of receipt of the disclosures was obtained from the Consumer(s). These disclosures were mailed to the Consumer(s) at the address noted above within 3 business days beginning the first business day after the application was taken, as permitted by federal regulation.

Dated: \_\_\_\_\_ By: \_\_\_\_\_

