

Lender: Crossroads Bank
PO Box 783
Effingham, IL 62401
(217) 347-7751

IMPORTANT

**DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY
READ IT AND UNDERSTAND ITS CONTENT**

Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosures.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining, an insurance product or annuity from an unaffiliated entity.

Purpose.

If you are purchasing an insurance product or annuity from Lender in connection with your loan. Federal law requires Lender to provide you with the following disclosures.

Insurance Disclosures.

Not Guaranteed by the Bank or an Affiliate of the Bank
The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, the Bank or an affiliate of the Bank.

Not FDIC Insured.
The insurance product or annuity is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the Bank, or an affiliate of the Bank.

Acknowledgement.

BY SIGNING BELOW, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

BORROWER:

X _____ X _____
Borrower Date Borrower Date

BY SIGNING BELOW I ACKNOWLEDGE ON BEHALF OF THE LENDER THAT AN ORAL DISCLOSURE OF INSURANCE WAS DULY MADE TO THE APPLICANT(S) AND THAT THE APPLICANT(S) ACKNOWLEDGED RECEIPT OF THE DISCLOSURE.

LENDER: CROSSROADS BANK X _____
Authorized Signer Date