



COMMERCIAL LOAN APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

IMPORTANT: Read these directions before completing this application

If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section B about the joint applicant(s) or user(s).

We intend to apply for joint credit (initial): _____

A.) LOAN APPLICANT *Loan Applicant General Information*

Legal Name: _____

Applicant Type: ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation (LLC)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Tax Identification Number: _____ Date of Birth: _____

Please provide details on an additional page to any question with a YES response

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you or any firm in which you were an owner ever declared bankruptcy, or settled any debts for less than the amounts owed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been a defendant in any suit or legal action? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you presently subject to any unsatisfied judgements or tax liens? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contingent liabilities (as endorser, co-maker, or guarantor)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you or does your business/employer grow, cultivate, manufacture or sell marijuana, hemp, or CBD? |

B.) LOAN APPLICANT *Loan Applicant General Information (Co-Borrowers & Guarantors)*

Legal Name: _____

Applicant Type: ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation (LLC)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Tax Identification Number: _____ Date of Birth: _____

Please provide details on an additional page to any question with a YES response

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you or any firm in which you were an owner ever declared bankruptcy, or settled any debts for less than the amounts owed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been a defendant in any suit or legal action? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you presently subject to any unsatisfied judgements or tax liens? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contingent liabilities (as endorser, co-maker, or guarantor)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you or does your business/employer grow, cultivate, manufacture or sell marijuana, hemp, or CBD? |

If there are any additional parties applying, please provide their information on a separate page



B.) LOAN APPLICANT *Loan Applicant General Information (Co-Borrowers & Guarantors)*

Legal Name: _____

Applicant Type: ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation (LLC)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Tax Identification Number: _____ **Date of Birth:** _____

- ☐ Yes ☐ No **Have you or any firm in which you were an owner ever declared bankruptcy, or settled any debts for less than the amounts owed?**
- ☐ Yes ☐ No **Have you ever been a defendant in any suit or legal action?**
- ☐ Yes ☐ No **Are you presently subject to any unsatisfied judgements or tax liens?**
- ☐ Yes ☐ No **Contingent liabilities (as endorser, co-maker, or guarantor)?**
- ☐ Yes ☐ No **Do you or does your business/employer grow, cultivate, manufacture or sell marijuana, hemp, or CBD?**

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Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Tax Identification Number: _____ **Date of Birth:** _____

- ☐ Yes ☐ No **Have you or any firm in which you were an owner ever declared bankruptcy, or settled any debts for less than the amounts owed?**
- ☐ Yes ☐ No **Have you ever been a defendant in any suit or legal action?**
- ☐ Yes ☐ No **Are you presently subject to any unsatisfied judgements or tax liens?**
- ☐ Yes ☐ No **Contingent liabilities (as endorser, co-maker, or guarantor)?**
- ☐ Yes ☐ No **Do you or does your business/employer grow, cultivate, manufacture or sell marijuana, hemp, or CBD?**



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Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Tax Identification Number: _____ **Date of Birth:** _____

- ☐ Yes ☐ No **Have you or any firm in which you were an owner ever declared bankruptcy, or settled any debts for less than the amounts owed?**
- ☐ Yes ☐ No **Have you ever been a defendant in any suit or legal action?**
- ☐ Yes ☐ No **Are you presently subject to any unsatisfied judgements or tax liens?**
- ☐ Yes ☐ No **Contingent liabilities (as endorser, co-maker, or guarantor)?**
- ☐ Yes ☐ No **Do you or does your business/employer grow, cultivate, manufacture or sell marijuana, hemp, or CBD?**

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Legal Name: _____

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Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Tax Identification Number: _____ **Date of Birth:** _____

- ☐ Yes ☐ No **Have you or any firm in which you were an owner ever declared bankruptcy, or settled any debts for less than the amounts owed?**
- ☐ Yes ☐ No **Have you ever been a defendant in any suit or legal action?**
- ☐ Yes ☐ No **Are you presently subject to any unsatisfied judgements or tax liens?**
- ☐ Yes ☐ No **Contingent liabilities (as endorser, co-maker, or guarantor)?**
- ☐ Yes ☐ No **Do you or does your business/employer grow, cultivate, manufacture or sell marijuana, hemp, or CBD?**



C.) LOAN REQUEST & LOAN SECURITY

Amount Requested: \$ _____

☐ Agricultural Purpose Loan

☐ Commercial Purpose Loan

Payment Frequency: ☐ Monthly ☐ Quarterly

☐ Semi-Annual

☐ Annual

☐ Other

Use of Proceeds (Brief Description of Intended Use): _____

Estimated Value of Collateral: \$ _____

Description of Collateral: _____

Are there any proposed owners of collateral that will not be borrowers?

☐ Yes

☐ No

If yes, please list the proposed owners: _____

COMMERCIAL LOAN APPLICATION ADDENDUM

APPRAISAL NOTICE DISCLOSURE

NOTICE: If the collateral which will secure this loan is a 1-4 family residence, we may order an appraisal to determine the property value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

EQUAL CREDIT OPPORTUNITY NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is:

FDIC CONSUMER RESPONSE CENTER

1100 Walnut Street, Box #11

Kansas City, Missouri 64106

COMMERCIAL LOAN APPLICATION ADDENDUM

IF SECURED PRIMARILY BY A RESIDENTIAL STRUCTURE, COMPLETE THE INFORMATION BELOW:

The purpose of collecting this information is to help ensure that all borrowers are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal Law requires that we ask borrowers for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but we are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

PROPERTY TYPE

☐ 1-4 Family ☐ Multi-Family ☐ Manufactured

OCCUPANCY

☐ Owner Occupied ☐ Non-Owner Occupied

COMMERCIAL LOAN APPLICATION ADDENDUM CONTINUED

BORROWER:

Ethnicity: Check one or more

- ☐ Hispanic or Latino
☐ Mexican
☐ Puerto Rican
☐ Cuban
☐ Other Hispanic or Latino - Put origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:

- ☐ Not Hispanic or Latino
☐ I do not wish to provide this information

Race: Check one or more

- ☐ Asian
☐ Asian Indian ☐ Chinese
☐ Filipino ☐ Japanese
☐ Korean ☐ Vietnamese
☐ Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:

- ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on:

- ☐ White
☐ I do not wish to provide this information

Sex: ☐ Male ☐ Female
☐ I do not wish to provide this information

CO-BORROWER:

Ethnicity: Check one or more

- ☐ Hispanic or Latino
☐ Mexican
☐ Puerto Rican
☐ Cuban
☐ Other Hispanic or Latino - Put origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:

- ☐ Not Hispanic or Latino
☐ I do not wish to provide this information

Race: Check one or more

- ☐ Asian
☐ Asian Indian ☐ Chinese
☐ Filipino ☐ Japanese
☐ Korean ☐ Vietnamese
☐ Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:

- ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on:

- ☐ White
☐ I do not wish to provide this information

Sex: ☐ Male ☐ Female
☐ I do not wish to provide this information

Was the ethnicity of the borrower collected on the basis of visual observation or surname?

☐ Yes ☐ No

Was the race of the borrower collected on the basis of visual observation or surname?

☐ Yes ☐ No

Was the sex of the borrower collected on the basis of visual observation or surname?

☐ Yes ☐ No

Was the ethnicity of the borrower collected on the basis of visual observation or surname?

☐ Yes ☐ No

Was the race of the borrower collected on the basis of visual observation or surname?

☐ Yes ☐ No

Was the sex of the borrower collected on the basis of visual observation or surname?

☐ Yes ☐ No



CERTIFICATION AND AUTHORIZATION

To Legence Bank And/Or American Farm Mortgage & Financial Services ("Lender"):

- 1.) We (and co-applicant if applicable), have applied for a loan from Lender. In applying for the loan, we completed a loan application containing various information about us and the requested loan, such as the amount and source of any down payment, income information, and assets & liabilities. We certify that all of the information is true and complete. We made no misrepresentations in the loan application or in any related documents, nor did we omit any important information.
- 2.) We understand and agree that Lender may verify any information provided to Lender concerning our application, including, but without limitation, verifications with employers and financial institutions of the information provided on the application.
- 3.) We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.

To Whom It May Concern:

- 1.) We have applied for a loan from Legence Bank and/or American Farm Mortgage & Financial Services ("Lender"). As part of the application process, Lender, any insurer of the loan and any collateral title insurer may verify information contained in our loan application and in other documents required in connection with the loan, either before or after the loan is closed.
- 2.) We authorize you to provide to Lender, to any investor to whom Lender may sell our loan, and to any insurer of the loan any and all information and documentation that they may request. Such information may include, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
- 3.) Lender, any investor that purchases the loan, and any insurer of the loan may address and send this authorization to any person or company named in the loan application.
- 4.) A copy of this authorization may be accepted as an original.
- 5.) Your prompt reply to the Lender or to any investor that purchases the loan, and to any insurer of the loan is appreciated.

SIGNATURES: By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Legence Bank and/or American Farm Mortgage & Financial Services ("Lender") in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan applicant will promptly notify Lender of any subsequent changes that would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law. In addition, each individual signing below authorizes the Lender to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

X _____
Date

X _____
Date

X _____
Date

X _____
Date

X _____
Date

X _____
Date

<p style="text-align: center;">Legence Bank American Farm Mortgage & Financial Services 1200 U.S. Highway 45 Eldorado, IL 62930 (618) 273-2271</p>	<i>For Internal Use Only</i>
	App Date Received: _____ By: _____
	Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Approved; Not Accepted
	Denial Date Notified: _____ By: _____ <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Phone Application <input type="checkbox"/> Internet Application</div><div><input type="checkbox"/> Mail Application <input type="checkbox"/> In Person Application</div></div>

**31 CFR § 1020.230 CERTIFICATION REGARDING BENEFICIAL
OWNERS OF LEGAL ENTITY CUSTOMERS**

I. GENERAL INSTRUCTIONS

This is an optional form provided for your convenience. The required information may be provided in other formats. When completed, this form is provided to the financial institution where the account is opened. DO NOT SEND TO FinCEN.

Where may I obtain a copy of the form?

A copy (pdf) may be downloaded from the FinCEN website at www.fincen.gov under the “Filing Information” tab. The form may be completed on a computer using the free [Adobe Reader](#) software.

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by any person opening a new account on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity’s **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

Beneficial owners are:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation; **and**
- (2) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (1), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (i.e., one individual under section (2) and four 25 percent equity holders under section (1)).

a legal entity may have multiple “beneficial owners,” this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here ☐ if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address	10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		15a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth (MM/DD/YYYY)
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		26a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

Legal Entity Identifier (Optional) _____ (MM/DD/YYYY)

Additional Section 1 - Second Beneficial Owner *(If required)*

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Third Beneficial Owner *(If required)*

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Additional Section 1 - Fourth Beneficial Owner *(If required)*

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.