

LIFE INSURANCE FINANCING CREDIT APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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 you for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

INDIVIDUAL ACCOUNT JOINT ACCOUNT

We intend to apply for joint credit (if applicable) _____

(Borrower Signature)

(Co-Borrower Signature)

LOAN INFORMATION

SUBMITTING BROKER/AGENT:		
Last name:	First name:	Middle name:
Company name:		
Address:		
City:	State:	ZIP code:
Phone number:	Fax number:	
Email:		
WRITING AGENT'S INFORMATION:		
Last name:	First name:	Middle name:
Company name:		
Address:		
City:	State:	ZIP code:
Phone number:	Fax number:	
Email:		

BORROWER INFORMATION *(If an individual, fill out Last name, First name, Middle name (if applicable). If a company or trust, complete Entity Name.)*

Last name:	First name:	Middle name:
Entity Name:		
SSN or TIN:	Date of birth:	Email:
Address:		
City:	State:	Zip code:
FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*		
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		
Borrower's Government ID		
Type of ID:	Issuance Date:	Expiration Date:
State Issued:	ID #:	
Contact's last name:	First name:	Middle name:
Phone number:	Work phone number:	Years at the Address:
Prior Address (if less than 5 years):		
City:	State:	Zip code:
State of Trust Formation: (if applicable)	Email:	
Current Income (from Tax Return):	Current Net Worth (from Financial Statement):	

1. Do you have any legal claims or judgments outstanding against you? YES NO
If YES, please explain:
2. Have you or any firm of which you were a major owner ever declared bankruptcy? YES NO
If YES, please explain:
3. Are you a defendant in any legal action or suit? YES NO
If YES, please explain:
4. Do you anticipate any material changes to this statement within one year of this date? YES NO
If YES, please explain:
5. Are you a citizen of the United States of America? YES NO
If NO, please indicate country of citizenship:

ADDITIONAL BORROWER INFORMATION *(If an individual, fill out Last name, First name, Middle name (if applicable). If a company or trust, complete Entity Name.)*

Last name:		First name:		Middle name:	
Entity Name:					
SSN or TIN:		Date of birth:		Email:	
Address:					
City:		State:		Zip:	
FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*					
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated					
Additional Borrower's Government ID					
Type of ID:		Issuance Date:		Expiration Date:	
State Issued:			ID #:		
Telephone (Home):		Telephone (Work):		Years at this address:	
Prior Address (if less than 5 years):					
City:		State:		Zip:	
Current Income (from Tax Return):			Current Net Worth (from Financial Statement):		
Contact's last name:		First name:		Middle name:	
Phone number:		Work phone number:		Years at the Address:	
Prior Address (if less than 5 years):					
City:		State:		Zip code:	
State of Trust Formation: (if applicable)				Email:	
Current Income (from Tax Return):			Current Net Worth (from Financial Statement):		
1. Do you have any legal claims or judgments outstanding against you? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:					
2. Have you or any firm of which you were a major owner ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:					
3. Are you a defendant in any legal action or suit? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:					
4. Do you anticipate any material changes to this statement within one year of this date? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:					
5. Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate country of citizenship:					

INSURED INFORMATION

Insured's Last name:		First name:	Middle name:
SSN:		Date of birth:	Email:
Address:			
City:		State:	Zip:
FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*			
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated			
Telephone (Home):		Telephone (Work):	Years at this address:
Prior Address (if less than 5 years):			
City:		State:	Zip:
Insured's Government ID			
Type of ID:		Issuance Date:	Expiration Date:
State Issued:		ID #:	
Current Income (from Tax Return):		Current Net Worth (from Financial Statement):	
1. Do you have any legal claims or judgments outstanding against you? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:			
2. Have you or any firm of which you were a major owner ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:			
3. Are you a defendant in any legal action or suit? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:			
4. Do you anticipate any material changes to this statement within one year of this date? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:			
5. Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate country of citizenship:			

ADDITIONAL INSURED INFORMATION

Additional Insured's Last name:		First name:	Middle name:
SSN:		Date of birth:	Email:
Address:			
City:		State:	Zip:
Telephone (Home):		Telephone (Work):	Years at this address:
Prior Address (if less than 5 years):			
City:		State:	Zip:
FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*			
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated			
Additional Insured's Government ID			
Type of ID:		Issuance Date:	Expiration Date:
State Issued:		ID #:	
Current Income (from Tax Return):		Current Net Worth (from Financial Statement):	

1. Do you have any legal claims or judgments outstanding against you? YES NO
If YES, please explain:
2. Have you or any firm of which you were a major owner ever declared bankruptcy? YES NO
If YES, please explain:
3. Are you a defendant in any legal action or suit? YES NO
If YES, please explain:
4. Do you anticipate any material changes to this statement within one year of this date? YES NO
If YES, please explain:
5. Are you a citizen of the United States of America? YES NO
If NO, please indicate country of citizenship:

GUARANTOR INFORMATION *(If an individual, fill out Last name, First name, Middle name (if applicable). If a company or trust, complete Entity Name.)*

Last name:	First name:	Middle name:
Entity Name:		
SSN or TIN:	Date of birth:	Email:
Address:		
City:	State:	Zip:
FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*		
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		
Telephone (Home):	Telephone (Work):	Years at this address:
Prior Address (if less than 5 years):		
City:	State:	Zip:
Guarantor's Government ID		
Type of ID:	Issuance Date:	Expiration Date:
State Issued:	ID #:	
State of Trust Formation (if applicable):		
Current Income (from Tax Return):	Current Net Worth (from Financial Statement):	

1. Do you have any legal claims or judgments outstanding against you? YES NO
If YES, please explain:
2. Have you or any firm of which you were a major owner ever declared bankruptcy? YES NO
If YES, please explain:
3. Are you a defendant in any legal action or suit? YES NO
If YES, please explain:
4. Do you anticipate any material changes to this statement within one year of this date? YES NO
If YES, please explain:
5. Are you a citizen of the United States of America? YES NO
If NO, please indicate country of citizenship:

ADDITIONAL GUARANTOR INFORMATION *(If an individual, fill out Last name, First name, Middle name (if applicable). If a company or trust, complete Entity Name.)*

Last name:		First name:		Middle name:
Entity Name:				
SSN or TIN:		Date of birth:		Email:
Address:				
City:		State:		Zip:
FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*				
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated				
Telephone (Home):		Telephone (Work):		Years at this address:
Prior Address (if less than 5 years):				
City:		State:		Zip:
Additional Guarantor's Government ID				
Type of ID:		Issuance Date:		Expiration Date:
State Issued:			ID #:	
State of Trust Formation (if applicable):				
Current Income (from Tax Return):			Current Net Worth (from Financial Statement):	
<p>1. Do you have any legal claims or judgments outstanding against you? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:</p> <p>2. Have you or any firm of which you were a major owner ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:</p> <p>3. Are you a defendant in any legal action or suit? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:</p> <p>4. Do you anticipate any material changes to this statement within one year of this date? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:</p> <p>5. Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate country of citizenship:</p>				

Statement of Financial Condition for _____ as of _____

ASSETS (Do not include Assets of doubtful value)	IN DOLLARS (Omit Cents)	LIABILITIES	IN DOLLARS (Omit Cents)
Cash on hand and in banks— see Schedule 1		Real Estate Mortgage Payable - see Schedule	
Marketable Securities (Stocks, Bonds, Etc.)— see Schedule 2		Notes Payable - see Schedule	
Primary Residence— see Schedule 6		Margin/Debt Due to Brokers	
Other Real Estate— see Schedule 6		Partnership Related Debt - see Schedule	
Investments in Partnerships— see Schedule 4		Taxes Payable	
Closely held Corporations— see Schedule 3		Credit Card Debt	
Cash Value Life Insurance— see Schedule 5		Other Liabilities - Please List	
Automobiles			
Personal Property			
Retirement Accounts (IRAs, Keoghs & Other Qualified Plans)			
Accounts & Notes Receivable			
Other Assets - Please List			
		TOTAL LIABILITIES	
		NET WORTH	
Total Assets		TOTAL LIABILITIES & NET WORTH	
		CONTINGENT LIABILITIES - SEE SCHEDULE 7	

SCHEDULE 1 - CASH *(Please provide copies of most recent bank statements)*

ACCOUNT NAME	BANK	BANK ADDRESS	BALANCE	ACCOUNT TYPE	ACCOUNT NUMBER	PLEGGED?
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 2 - MARKETABLE SECURITIES *(Please provide copies of most recent brokerage statements)*

ACCOUNT NAME	BROKERAGE FIRM	BROKERAGE FIRM ADDRESS	CURRENT MARKET VALUE	ACCOUNT TYPE	ACCOUNT NUMBER	PLEGGED?
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 3 - NON-MARKETABLE SECURITIES

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	PLEGGED?	CURRENT MARKET VALUE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

SCHEDULE 4 - INVESTMENTS IN PARTNERSHIPS *(Please provide audited financial statements)*

PARTNERSHIP NAME	GENERAL, LIMITED, OTHER	% OWNED	COST	CURRENT MARKET VALUE
		%	\$	\$
		%	\$	\$
		%	\$	\$

SCHEDULE 5 - LIFE INSURANCE *(Please provide copies of most recent policy summary)*

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT	TOTAL POLICY LOAN AMOUNT	CASH SURRENDER VALUE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

SCHEDULE 6 - REAL ESTATE *(Include Primary Residence as Property A)*

	PROPERTY A	PROPERTY B	PROPERTY C
ADDRESS OF PROPERTY			
TYPE OF PROPERTY			
IN NAME OF			
% OF OWNERSHIP			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME OF MORTGAGE HOLDER			
MORTGAGE BALANCE			
MONTHLY PAYMENT			
STATUS OF MORTGAGE			
	PROPERTY D	PROPERTY E	PROPERTY F
ADDRESS OF PROPERTY			
TYPE OF PROPERTY			
IN NAME OF			
% OF OWNERSHIP			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME OF MORTGAGE HOLDER			
MORTGAGE BALANCE			
MONTHLY PAYMENT			
STATUS OF MORTGAGE			

SCHEDULE 7 - CONTINGENT LIABILITIES *(If none, write none on schedule)*

TYPE OF CONTINGENCY	TOTAL AMOUNT OF LIABILITY	TYPE OF LIABILITY
AS GUARANTOR OR ENDORSER		
ON LEASES OR CONTRACTS		
FOR LEGAL CLAIMS OR JUDGMENTS		
INCOME TAX CLAIM OR DISPUTE		

Type of collateral to be used:

- Certificate of Deposit Letter of Credit CSV of other life insurance policy(ies) Money Market Brokerage Account

FINANCED POLICY INFORMATION *(Attach additional sheets if necessary)*

Policy Holder's Last name:	First name:	Middle name:
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Current Address:

City:	State:	Zip:
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POLICY 1

Life Insurance Carrier:	Policy #:
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Face Amount:	Initial Premium:
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Beneficiary:	Relationship:
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Beneficiary:	Relationship:
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POLICY 2

Life Insurance Carrier:	Policy #:
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Face Amount:	Initial Premium:
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Beneficiary:	Relationship:
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Beneficiary:	Relationship:
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WAIVER AND VALIDITY OF INFORMATION

Upon submission of this application, Wintrust Life Finance (Wintrust) and/or its affiliates are authorized to check my credit and employment history and to receive information about employers' and creditors' experiences with me.

Unless 30 days prior notice is given by me, Wintrust and/or its affiliates are authorized to check my credit and employment history for each year that the loan is outstanding.

I authorize Wintrust and/or its affiliates to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s).

These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand that any FALSE statements may result in a forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

I hereby appoint the submitting broker/agent and writing agent above as my authorized agents and representatives to send and receive all correspondence and information related to this application and any loan made in connection therewith. Wintrust and/or its affiliates are authorized to release any and all information pertaining to my outstanding loans directly to the submitting broker/agent and writing agent set forth above. This appointment and authorization will remain in effect until Wintrust is notified in writing to the contrary.

Section 1014 of Title 18 of the United States Code was amended to make it a federal crime for any person to knowingly make any false statement or report, or willfully overvalue any land, property or security for the purpose of influencing in any way the action of any bank the deposits of which are insured by the Federal deposit Insurance Corporation.

WAIVER AND VALIDITY OF INFORMATION (CONTINUED)

Borrower's Signature:		Date:
Print Borrower's Name:		
Authorized Signor Name (if applicable):	Title (if applicable):	
Additional Borrower's Signature (if applicable):		Date:
Print Additional Borrower's Name (if applicable):		
Authorized Signor Name (if applicable):	Title (if applicable):	
Guarantor's Signature:		Date:
Print Guarantor's Name:		
Authorized Signor Name (if applicable):	Title (if applicable):	
Additional Guarantor's Signature (if applicable):		Date:
Print Additional Guarantor's Name:		
Authorized Signor Name (if applicable):	Title (if applicable):	
Insured's Signature (if not borrower):		Date:
Print Insured's Name:		
Additional Insured's Signature (if applicable):		Date:
Print Additional Insured's Name:		

NOTICES

CONSUMER PRIVACY POLICY

For information about Wintrust Life Finance's privacy policy, please visit privacy.wintrust.us/wintrustlife.

NOTICE OF RIGHT TO REASONS FOR ACTIONS TAKEN

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Wintrust Life Finance (One Newark Center, Ste. 2200, 1085 Raymond Blvd., Newark, NJ 07102 | 888-747-4762) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE TO MARRIED WISCONSIN APPLICANTS

No provision of any marital property agreement, unilateral statement under s.766.59, Wis. Stats., or court decree under s.766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, 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.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit application 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 the Office of the Comptroller of the Currency Customer Assistance Group, P.O. Box 53570, Houston, TX 77052.