



Make a wise exchange.

Our VISA® Platinum Preferred and VISA Classic credit cards are designed to help you manage your account sensibly. Each card is simple, reliable, safe and easy to use with no complicated fees or rules. Use your card when making a purchase wherever VISA is accepted. Your new card offers:

- A low variable rate
- **No annual fee**
- Free online account information
- Worldwide acceptance
- Cash advance at thousands of ATMs
- Auto rental insurance
- Automatic payment option
- Travel accident insurance coverage
- Prompt, expert service you've come to expect from your community bank

Special benefits for those who qualify.

Those eligible for the VISA Platinum Preferred Card receive additional rewards!

As a VISA Platinum Preferred cardholder you'll earn one point for every dollar you spend—*every* time you use your card to shop, dine, travel, pay bills or entertain.

You may then redeem your earned points for exciting gifts and travel packages. There's no cap to how many points you can earn.

- Please print **ALL PAGES** of this document.
- Each applicant should complete the application and sign.
- The signed application should be mailed to:
Bankers' Bank of Kansas Servicing Center
P.O. Box 20810
Wichita, KS 67208-9767
- **Or**, use the prepaid business reply envelope. Please follow the supplied directions to prevent papers from separating during transit. Remember to tape the business reply envelope closed.
- Applicant should keep the Important Disclosures for the rates, fees or terms associated with this program.
- Applicant should keep this page as an overview.

VISA®
Credit Card
Spend smart.

KEEP THIS PAGE.

Include it when mailing your application.



Please see terms, rates and fees in **Important Disclosures.**



APPLICANT *(Please print)*

Name _____ Mother's Maiden Name _____
(as you want it to appear on your card)

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(If different from physical address)

Length of Residence _____ Own Rent Other Monthly Payment \$ _____

Home Phone () _____ Social Security Number _____ Date of Birth ____ / ____ / ____

Cell Phone () _____ Email Address _____

Employer or Source of Income* _____ Job Title _____ How Long (yrs.) _____

If self-employed, please list nature of business. _____

Annual Income* _____ Business Phone () _____ U.S. Citizen Yes No

Previous Employer _____ Job Title _____ How Long (yrs.) _____

Nearest Relative (not living with you) _____ Home Phone () _____ Relationship _____

CO-APPLICANT *Complete if joint account (please print)*

Co-Applicant's Name (as you want it to appear on your card) _____ U.S. Citizen Yes No

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(If different from physical address)

Home Phone () _____ Social Security Number _____ Date of Birth ____ / ____ / ____

Cell Phone () _____ Email Address _____

Employer or Source of Income* _____ Job Title _____ How Long (yrs.) _____

If self-employed, please list nature of business. _____

Annual Income* _____ Business Phone () _____

*You do not need to include income from alimony, child support or separate maintenance payments unless you want us to consider it for this application.

PLEASE READ CAREFULLY BEFORE SIGNING: This application is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree and grant permission that inquiries may be made to verify information and credit references or verification may be given based on inquiries from other parties. At the request of your Financial Institution, this offer is underwritten and serviced by Bankers' Bank of Kansas, P.O. Box 20810, Wichita, KS 67208-6810 (BBOK). Offer subject to credit policies of BBOK. I/we agree to be bound by the terms and conditions of the **Cardholder Agreement**, a copy of which will be mailed to the applicant if credit is granted. Receipt of such agreement and acceptance of such terms to be conclusively presumed by applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

I (we) hereby certify and warrant that the statements made by me (us) in this certificate are true and correct and that I (we) have read the Important Disclosures in this application.

We intend to apply for joint credit. Initials _____ and _____.

X _____ X _____
Applicant's Signature Date Co-Applicant's Signature Date

BALANCE TRANSFER

TRANSFER OF BALANCE REQUEST: Upon approval, I wish to transfer the current balance on the credit account(s) listed below to my new credit account, up to my credit limit. Please send a copy of your last credit card statement for each of the accounts indicated below.

VISA® Account No. _____ X _____
Cardholder Signature

MasterCard® Account No. _____ X _____
Cardholder Signature

AUTOMATIC PAYMENT OPTION

If you would like your payment automatically deducted from your checking or savings account, please check here and an automatic payment set-up form will be mailed to you.

CHARGE GARD INSURANCE

Yes! Please enroll me in the Chargegard Insurance Program. I have read and understand the Summary of Insurance Coverages and fee schedule contained in this agreement and authorize the fee to be billed to my credit card. I am under age 71 and I understand that my coverage will terminate at age 71. I understand this program is optional, and my decision to purchase or not purchase the program will not affect my application or my eligibility for credit.

X _____ Date of Birth ____ / ____ / ____
Primary/First-Named Applicant

Name of Employee Who Helped You: _____

BANK ID #: **547**

IMPORTANT DISCLOSURES

As of the date in the lower right corner of this application, the information listed was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to us at P.O. Box 20810, Wichita, KS 67208-6810 or email us at ccinfo@bbok.com.

The **Cardholder Agreement** should be reviewed for all conditions and terms.

BBOK is card issuer.

NO ANNUAL FEE!

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	<p>9.17% for Platinum</p> <p>11.67% for Classic</p> <p>when you open your account, based on your creditworthiness.</p> <p>Your APR will vary with the market based on the Prime Rate.*</p>
APR for Balance Transfers	Same as Purchase Rate.
APR for Cash Advances	18.00%
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will begin charging interest on cash advances on the transaction date. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from The Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .
Fees	
Annual Fee	None
Transaction Fees	<p>None</p> <p>Either \$5 or 2% of the amount of each cash advance, whichever is greater.</p> <p>2% of U.S. dollar amount of the transaction.</p>
<ul style="list-style-type: none"> • Balance Transfer • Cash Advance • Foreign Transaction 	
Penalty Fees	
<ul style="list-style-type: none"> • Late Payment • Returned Payment 	<p>Up to \$25</p> <p>Up to \$25</p>

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

*In the event you do not qualify for a Platinum Preferred card, we will automatically consider you for our Classic card. Your Rate on purchases is determined by adding 8.42% for Classic or 5.92% for Platinum to the "Prime Rate" published in the Wall Street Journal under the "Money Rates" subsection. The Rate will be determined on the closing date of your billing cycle of December, March, June, and September of each year. If the closing date of the billing cycle is not a business day, then the first business day following the closing date of the billing cycle applies.

SUMMARY OF INSURANCE COVERAGES

IMPORTANT INFORMATION ON CHARGE GARD LIMITATIONS, EXCLUSIONS, COSTS: Upon acceptance of your enrollment, you will receive your certificates and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need or want to purchase this insurance. This credit insurance is optional. You are not required to purchase the insurance to obtain credit. You are free to cancel anytime. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates and/or policies upon written notice and subject to state regulations.

COVERAGE IS NOT AVAILABLE IN: KY, MN & NY

LIFE, DISABILITY, UNEMPLOYMENT AND LEAVE OF ABSENCE COVERAGES APPLY ONLY TO THE PERSON WHOSE NAME APPEARS FIRST ON THE ACCOUNT.

LIFE COVERAGE: If you die, Chargegard will pay to the Creditor the outstanding account balance as of the date of death, up to the master policy maximum of \$10,000. Suicide is excluded except in MD & MO. Life coverage is replaced with Accidental Death coverage at age 66 in IA. Life is not available in TX.

DISABILITY: If you become totally disabled, Chargegard will pay to the Creditor your scheduled minimum monthly payment due on your account on the date of loss. Benefits begin after 30 consecutive days of disability and are retroactive to the first day of loss. In MA, Chargegard will pay to the Creditor your scheduled minimum monthly payments. Disability coverage is not retroactive in MA. Benefits will continue until your balance on the date of loss is paid off, you return to work, you are no longer disabled, or you reach the master policy maximum of \$10,000, whichever occurs first. In GA and SD, you are eligible for coverage if employed full-time in a nonseasonal occupation. Disability benefits are not payable for self-inflicted injury (except in AL, GA, IA, MD & SD); flight in nonscheduled aircraft in MA & PA; war or foreign travel or foreign residence in MA; normal pregnancy in CA & PA. Disability is not available in TX.

UNEMPLOYMENT COVERAGE: If you become involuntarily unemployed, Chargegard will pay to the Creditor your scheduled minimum monthly payment due on your account as of the date of loss, until your balance is paid off, you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. In MA & TX, you are eligible for coverage if you are employed for 90 days at least 30 hours a week in a nonseasonal occupation for the same employer, and are not self-employed, an independent contractor or a controlling stockholder of your employer; in IA & GA if employed full-time in a nonseasonal occupation; in NY if actively employed by someone else and employed in a nonseasonal occupation. Benefits begin after 30 consecutive days of unemployment and are retroactive to the first day of loss. Unemployment benefits are limited to 12 months in PA. Unemployment excludes discharge for cause (except in AL, AZ, GA, IA, PA, SC & SD); willful or criminal misconduct in AZ, CO, MD, MA, MO & TX; forbidden acts, violation of established policies or neglect of duty in MA, MO & TX; being notified either orally or in writing of pending unemployment in MA & TX; normal seasonal unemployment in MA & TX; strike, lockout or illegal walkout in NY. Unemployment coverage is not available in ND & NE.

LEAVE OF ABSENCE: If you take an employer-approved unpaid leave of absence from work due to: accident or illness of an immediate family member; childbirth / adoption; recall to active military service; residing in a federally-declared disaster area; placement of a foster child in your home (in NC only); or petit or grand jury duty (in NC only), Chargegard will pay to the Creditor your scheduled minimum monthly payment based on the outstanding balance as of the date of leave until your balance is paid off, you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. Benefits begin after 30 consecutive days of leave and are retroactive to the first day of leave. In AL, GA, IA, MD, MA & SD, you are eligible for this coverage if employed full-time, in a non-seasonal occupation and are not self-employed. Benefit payments do not apply to leave during the first 90 days of coverage (except in KS, MD & OR). The number of monthly benefits payments for leave of absence are limited to 6 months in AL, GA, IA, MA & SD; 9 months in OR; 18 months in MD. Leave of Absence coverage is not available in CA, CO, FL, MO, NH, NV, ND, PA, TX & VA.

GENERAL PROVISIONS: Maximum enrollment age in all states is 70, except 65 in CO, IA, MA & PA; 69 in AL, AZ, GA & SD; 71 in NM. No maximum enrollment age in TX. Coverage terminates in all states at age 71, except 66 in CO, MA & PA; 70 in AZ; 72 in NM. No termination age in AL, FL, IA, GA, SD & TX.

COST PER \$100 PER MONTH: 65.7¢ in AK; 76.7¢ in AL; 91.4¢ in AR; 71.1¢ in AZ; 49.6¢ in CA; 40.1¢ in CO; 83.8¢ in CT; 85.7¢ in DC; 89¢ in DE; 59.5¢ in FL; 79.7¢ in GA; 72.5¢ in HI; 86.4¢ in ID; 73.7¢ in IA; 82.9¢ in IL; 67.6¢ in IN; 85.6¢ in KS; 96.4¢ in LA; 65.5¢ in ME; 41.9¢ in MD; 38.4¢ in MA; 82.3¢ in MI; 53¢ in MO; \$1.068 in MS; 81¢ in MT; 20.5¢ in NH; 70.4¢ in NJ; 67.2¢ in NM; 29.2¢ in NV; 56.8¢ in NC; 23.9¢ in ND; 46.2¢ in NE; 71.8¢ in OH; 86.1¢ in OK; 68.9¢ in OR; 28¢ in PA; 75.8¢ in RI; 82.2¢ in SC; 82¢ in SD; 88.2¢ in TN; 19¢ in TX; 80.1¢ in UT; 63.6¢ in VT; 26.1¢ in VA; 68.1¢ in WI; 89¢ in WV; 75.4¢ in WA; 86¢ in WY. The cost of credit insurance will be financed at the rate specified in your agreement with the creditor. Coverage is underwritten by American Bankers Life Assurance Company of Florida (ABLAC), American Bankers Insurance Company of Florida (ABIC) and American Reliable Insurance Company (ARIC), 11222 Quail Roost Drive, Miami, FL 33157-6596.

In AR, CA, CO, CT, DE, FL, GA, ID, IL, KS, LA, MI, MS, MO, NE, NH, NM, NC, OH, OK, OR, RI, SC, SD, TN, UT, VA, VT, WA, WV & WY, coverage for life, disability, unemployment and leave of absence are provided under form numbers AC3755PQ-0897, AC3757EQ-0297, AC3892EQ-0408, AR8873PQ-0198, AR8799EQ-0298 and AR8801EQ-0298. In TX, coverage for unemployment is provided under certificate number AD9139CQ-0499.

Coverages are only available as a package. If you cancel within 30 days of receiving your certificate, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date. The creditor has a financial interest in the sale of this insurance.

If you have questions or want to file a claim, you should contact us, toll-free, at 1-800-859-0490 between 8:00 a.m. and 8:00 p.m., Eastern Time, Monday through Friday, except for federal holidays. Written correspondence and other documents should be sent via U.S. mail to: DFS Claims Department, P.O. Box 977122, Miami, FL 33197-7122.

This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, Financial Institution, or any Federal Government Agency. We may not condition your extension of credit on either: your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity.

AR, LA, ME, NM, OH, TN & VA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties. (VA residents; this notice is not applicable to life and health insurance).

DC residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. FL residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

MD residents: Any person who knowingly and willfully present a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ residents: Any person who includes false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

PA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RI residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

WA residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

CREDIT INSURANCE PRE-PURCHASE DISCLOSURE – APPLIES TO MA RESIDENT ONLY This following disclosure is required by MA law. You may purchase optional credit life insurance and credit disability insurance.

CREDIT LIFE INSURANCE: If you die while coverage is in force, we will pay the outstanding balance of your loan to the creditor. We will not pay a life benefit in the first 2 years if you die as a result of suicide.

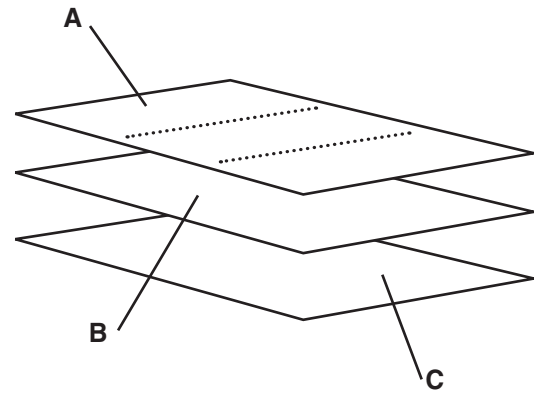
CREDIT DISABILITY COVERAGE: If you become disabled while this coverage is in force, we will pay up to your minimum monthly payment, as of the date of your disability, to the creditor. We will not pay benefits if your disability is the result of war, a self-inflicted injury, flight in non-scheduled aircraft, foreign travel or foreign residence. You must send proof of disability within 90 days. There is a 30 day waiting period. You are eligible for this coverage if you work 30 hours a week, are in a non-seasonal occupation and meet the age criteria below.

GENERAL: See certificate of insurance for specific definitions. You are eligible for optional credit life insurance and credit disability insurance if you are between 18 and 65 years of age. Coverage will expire on your 66th birthday. The maximum benefit is \$10,000. You may cancel this coverage at any time. All unearned premiums will be credited to your account by the actuarial method for life coverage and by the pro-rata rule for disability coverage. The premium rate for the credit life and credit disability insurance is \$0.144 per \$100 of monthly outstanding balance. These coverages can only be purchased as a package. If other insurance exists that covers this risk or that may cover this risk, one may not want or need this coverage.

Fold on dotted lines to create a business reply envelope.
Follow the steps below for the correct folding process.

- DO NOT use excessive amounts of tape when closing the envelope as it might delay the processing of your application.
- DO NOT use industrial tape to close the envelope. Only use office tape.

STEP 1: FOLD THIS PANEL DOWN (INSIDE)



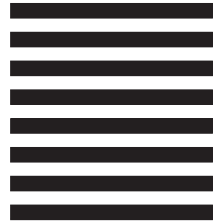
- A. Business Reply Envelope (created once folded)
- B. Blank Sheet of Paper (aides the privacy of your information)
- C. Your Completed Application

TAPE HERE

TAPE HERE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 5105 WICHITA KS

POSTAGE WILL BE PAID BY ADDRESSEE

BANKERS' BANK OF KANSAS SERVICE CENTER
PO BOX 20810
WICHITA KS 67208-9767

TAPE HERE

TAPE HERE



TAPE BOTH ENDS CLOSED—NO STAPLES ALLOWED

- STEP 2:** FOLD THIS PANEL UP TO MAKE OUTSIDE (BACK)
- STEP 3:** TAPE TOP CLOSED WHERE IT SAYS "TAPE HERE" (DO NOT USE INDUSTRIAL TAPE)
- STEP 4:** TAPE ON BOTH ENDS (DO NOT USE INDUSTRIAL TAPE)
- STEP 5:** DO NOT STAPLE CLOSED

TAPE BOTH ENDS CLOSED—NO STAPLES ALLOWED