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Business - Application - Real Estate

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Married Applicants may apply for a separate account.

LOAN REQUEST

Member/Account Number:
 Application Type: New Renewal/Change Other: _____
 Type of Credit:
 Individual/Business Joint (Co-Applicant must individually complete Co-Applicant Information) Does the business Grow, Sell or Distribute marijuana/medical marijuana or is a service provider to the marijuana industry? Yes No
 Amount requested: \$ Terms/Maturity:
 Type: Line of Credit Term Loan Credit Card
 Commercial Real Estate Other: _____
 Purpose of Loan:

LOAN SECURITY

Collateral Description:
 Value: Liens/Security Interest and State Filed:
 Subject Property Address (street, city, state, and zip):

APPLICANT/INDIVIDUAL INFORMATION

BUSINESS/INDIVIDUAL NAME YEAR BUSINESS ESTABLISHED STATE
 DBA NAME(S)
 PRIOR BUSINESS NAME(S)
 CONTACT NAME TITLE TELEPHONE
 TYPE OF ORGANIZATION:
 INDIVIDUAL PROPRIETORSHIP PARTNERSHIP CORPORATION LLC ASSOCIATION NON-PROFIT OTHER: _____

IF INDIVIDUAL, PROVIDE THE FOLLOWING INFORMATION:

EMPLOYER NAME: EMPLOYER TELEPHONE NUMBER
 SSN/TIN NUMBER DRIVER'S LICENSE NUMBER/STATE ISSUANCE DATE EXPIRATION DATE DATE OF BIRTH
 HOME TELEPHONE WORK TELEPHONE CELL PHONE FAX NUMBER WEB SITE ADDRESS/EMAIL
 PHYSICAL ADDRESS
 MAILING ADDRESS EMAIL ADDRESS
 COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed) ID VERIFICATION:

GUARANTOR/CO-APPLICANT

1. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE):
 GUARANTOR CO-APPLICANT DIRECTOR (Non-Profit Only) SSN/TIN NUMBER DATE OF BIRTH
 NAME DRIVER'S LICENSE NUMBER/STATE ISSUANCE DATE EXPIRATION DATE
 HOME TELEPHONE WORK TELEPHONE CELL PHONE FAX NUMBER WEB SITE ADDRESS/EMAIL
 PHYSICAL ADDRESS
 MAILING ADDRESS EMAIL ADDRESS
 COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed) ID VERIFICATION:
 2. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE):
 GUARANTOR CO-APPLICANT DIRECTOR (Non-Profit Only) SSN/TIN NUMBER DATE OF BIRTH
 NAME DRIVER'S LICENSE NUMBER/STATE ISSUANCE DATE EXPIRATION DATE
 HOME TELEPHONE WORK TELEPHONE CELL PHONE FAX NUMBER WEB SITE ADDRESS/EMAIL
 PHYSICAL ADDRESS
 MAILING ADDRESS EMAIL ADDRESS
 COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed) ID VERIFICATION:

or CHECK IF ADDITIONAL GUARANTOR/CO-APPLICANT INFORMATION ACCOMPANIES THIS APPLICATION.



SOURCES OF INCOME

Important Notice to Individuals

ALIMONY-CHILD SUPPORT: The inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered in evaluating this application.

GROSS ANNUAL INCOME	APPLICANT	GUARANTOR OR CO-APPLICANT #1	GUARANTOR OR CO-APPLICANT #2	TOTAL	SPOUSE (IF APPLICABLE)
NET SALES					
BASE SALARY					
OVERTIME					
BONUS AND/OR COMMISSIONS					
DIVIDENDS/INTEREST					
NET RENTAL INCOME					
ITEMIZED OTHER:					
1.					
2.					
3.					
4.					
5.					
TOTAL ANNUAL INCOME					

FINANCIAL INFORMATION

Please include copies of the following checked items as attachments to this application:

- Federal Tax Return For: Balance Sheet for Current Year for: Borrower Guarantor/Co-Applicant(s)
 Current Year Other: _____ Income Statement for Current Year: Borrower Guarantor/Co-Applicant(s)
 Borrower Guarantor/Co-Applicant(s) Other: _____ Borrower Guarantor/Co-Applicant(s)

Financial Services Accounts Information:

- Checking Loan(s)
 Borrower Guarantor/Co-Applicant(s) _____ Number Attached Borrower Guarantor/Co-Applicant(s) _____ Number Attached
 Savings Other: _____
 Borrower Guarantor/Co-Applicant(s) _____ Number Attached Borrower Guarantor/Co-Applicant(s) _____ Number Attached

Check if additional account information accompanies this application.

STATE LAW NOTICES OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower, co-applicant(s), and guarantor(s), as appropriate grants to the credit union the authority to use reasonable means to verify application information by requesting credit bureau reports, accessing information about borrower, co-applicant(s), and guarantor(s), as appropriate from other third party information providers, and other means if applicable. Borrower further grants to credit union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. Borrower agrees to pay any fees charged by the credit union for processing this application and other related expenses whether the application is approved or denied. You promise that the credit you are applying for is for a business purpose. By signing below or by using your card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

By: _____
 BORROWER CO-APPLICANT GUARANTOR DIRECTOR (Non-Profit Only)
 TITLE: NAME: DATE

By: _____
 BORROWER CO-APPLICANT GUARANTOR DIRECTOR (Non-Profit Only)
 TITLE: NAME: DATE

By: _____
 BORROWER CO-APPLICANT GUARANTOR DIRECTOR (Non-Profit Only)
 TITLE: NAME: DATE

By: _____
 BORROWER CO-APPLICANT GUARANTOR DIRECTOR (Non-Profit Only)
 TITLE: NAME: DATE

FOR CREDIT UNION USE ONLY

VERIFICATION COMPLETION DATE BY
 GOVERNMENT LIST(S) CHECKED: TREASURY CIP LIST OFAC OTHER:
 LIST VERIFICATION COMPLETION DATE BY

DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	CREDIT CARD	OTHER	OTHER
		\$	\$	\$	\$	\$	\$

LOAN OFFICER COMMENTS:

SIGNATURES: _____ X _____
 DATE DATE

MEMBER/ACCOUNT NUMBER:

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information.

a. Name and Title of Natural Person Opening Account:

NAME	TITLE
------	-------

b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:

NAME	TYPE	ADDRESS
------	------	---------

c. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.
 Beneficial Owner Not Applicable
BENEFICIAL OWNER 1

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 2

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 3

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 4

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- 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 (if appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME	ADDRESS (Residential or Business Street Address)	
TITLE	DATE OF BIRTH	
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as 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.

CERTIFICATION SIGNATURE

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

Signature	Date
X	(Seal)

HMDA Data Collection Form:

The purpose of collecting this information is to help ensure that all applicants 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 applicants 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 are encouraged to do so. You may select one or more "Hispanic or Latino" origins, 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.**

Applicant:

Ethnicity:

- Hispanic or Latino - *You are able to select one or more*
- Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino - *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: *You are able to select one or more*

- American Indian or Alaska Native - *Name of enrolled or principal tribe:* _____

- Asian
- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian - <i>Race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i> | |
-

- Black or African American
- Native Hawaiian or Other Pacific Islander
- Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - *Race, for example, Fijian, Tongan, and so on:* _____

- White
- I do not wish to provide this information

Sex:

- Female Male
- I do not wish to provide this information

Co-Applicant:

Ethnicity:

- Hispanic or Latino - *You are able to select one or more*
- Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino - *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: *You are able to select one or more*

- American Indian or Alaska Native - *Name of enrolled or principal tribe:* _____

- Asian
- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian - <i>Race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i> | |
-

- Black or African American
- Native Hawaiian or Other Pacific Islander
- Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - *Race, for example, Fijian, Tongan, and so on:* _____

- White
- I do not wish to provide this information

Sex:

- Female Male
- I do not wish to provide this information



CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

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 the 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; or (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?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) 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**
- (ii) 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 (i), 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 (i), you must provide the identifying information of one individual under section (ii). 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 (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

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.

CONTINUE TO THE FOLLOWING PAGE