

# SIMMONS FIRST NATIONAL BANK

## Please Check One:

If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment on the credit requested, complete only Sections A and D.

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 or user.

We intend to apply for joint Credit. \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_ **Co-Applicant Signature**

If you are applying for a joint account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Section B about the person on whose alimony, support or maintenance payments or income or assets you are relying.

<b>SELECT YOUR CARD</b>	
<b>PLEASE CHECK ONE</b>	
<input type="checkbox"/> <b>VISA PLATINUM TRAVEL REWARDS</b>	<input type="checkbox"/> <b>VISA CLASSIC</b>
<input type="checkbox"/> <b>VISA GOLD SELECT</b>	<input type="checkbox"/> <b>VISA PLATINUM 7.25%</b>
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <small>(Do Not Use This Space)</small>            TYPE 2 A AE SE P            C.L. _____            Bank No. _____            No. 1 2 3 4 _____            Approved By _____            Date _____         </div>	

## SECTION A - APPLICANT INFORMATION

FIRST NAME, MIDDLE, LAST NAME (Please Print)				SOCIAL SECURITY NUMBER					
RESIDENCE ADDRESS		CITY		STATE		ZIP CODE		HOW LONG? YRS:    MOS.	
MAILING ADDRESS (If Different)				EDUCATION: HIGHEST GRADE COMPLETD 9   10   11   12   13   14   15   16					
DO YOU?	OWN RENT	LIVE WITH PARENTS OTHER		MONTHLY RENT OR MORTGAGE \$			HOME TELEPHONE (   )		
PREVIOUS ADDRESS		CITY		STATE		ZIP CODE		HOW LONG? YRS:    MOS.	
DRIVER'S LICENSE NUMBER		STATE ISSUED IN		DATE OF BIRTH			NO. OF DEPENDENTS		
EMPLOYED BY (If self-employed, attach latest Tax Return)			POSITION	* GROSS MONTHLY INCOME \$			OTHER INCOME \$		HOW LONG? YRS:    MOS.
BUSINESS ADDRESS		CITY		STATE		ZIP CODE		BUSINESS TELEPHONE (   )	
PREVIOUS EMPLOYER		POSITION		HOW LONG? YRS:    MOS.			BUSINESS TELEPHONE (   )		
PREVIOUS BUSINESS ADDRESS				CITY		STATE		ZIP CODE	
NEAREST RELATIVE (NOT living with you)		ADDRESS		CITY/STATE		ZIP	TELEPHONE (   )		RELATIONSHIP
WHAT IS YOUR MOTHER'S MAIDEN NAME?									

\* Provide a current pay stub showing year to date earnings.  
 \*\* Only U.S. Citizens are eligible for card issuance.

**SECTION B - CO-APPLICANT INFORMATION**

This information need not be furnished unless co-applicant will be liable for account or will use card, or you rely on co-applicant's income as basis of repayment of the credit.

FIRST, MIDDLE, LAST NAME (Please Print)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO APPLICANT		
ADDRESS (If different than applicant's)	CITY	STATE	ZIP CODE	HOME TELEPHONE ( )	
EMPLOYED BY	POSITION	* GROSS MONTHLY INCOME \$		HOW LONG? YRS:      MOS.	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	BUSINESS TELEPHONE ( )	**U.S. CITIZEN? YES      NO

**SECTION C - AUTHORIZED USER INFORMATION**

FIRST, MIDDLE, LAST NAME (Please Print)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	**U.S. CITIZEN? YES      NO		
ADDRESS (If different than applicant's)	CITY	STATE	ZIP CODE	HOME TELEPHONE ( )	

**SECTION D - FINANCIAL INFORMATION**

BANK CREDIT CARDS	ACCOUNT NUMBER	BALANCE	PAYMENT
NAME OF YOUR BANK	ADDRESS	ACCT. NO.	CHECKING      SAVINGS      LOAN
AUTOMOBILE FINANCED BY	ACCOUNT NUMBER	YEAR & MAKE	BALANCE      PAYMENT
HOME FINANCED BY/OR LANDLORD	YOUR ESTIMATED VALUE		BALANCE      PAYMENT
LIST OTHER CREDIT REFERENCES	ADDRESS	ACCT. NO.	BALANCE      PAYMENT

The membership services of the application are provided by Simmons First National Bank, Pine Bluff, Arkansas. The undersigned applicant(s), as an inducement to issue **the** card, represents and warrants information in or in connection with application to be complete and correct, and that applicant(s) will by accepting the card, be bound by the Card Membership Rules supplied with the card and as amended by issuer from time to time. The applicant(s) and other authorized user(s) authorize Simmons First National Bank to obtain consumer reports on the undersigned to verify or make inquiries regarding the identity of the undersigned and other application information and to furnish same to others in a routine credit manner. All of the undersigned co-applicant(s) agree to be jointly and severally liable with applicant to the extent of use of the card and to be bound by the Card Membership Rules as amended by issuer from time to time. Card(s) will be issued only to applicant and co-applicant unless otherwise specified. Applicant requests the Personal Identification Number (PIN) selected below be validated for use with card. If not selected, applicant requests (PIN) be sent in writing upon approval of card.

NOTICE: Simmons First National Bank is requesting information in this application and may request information from third parties to verify the identity of the applicant(s) and all other authorized users.

APPLICANT'S SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Other Authorized User X \_\_\_\_\_

Automated Teller Machines and Electronic Systems require a Personal Identification Number. Please select a 4-digit number, which will be known only to authorized users of your card. Do not select your birth date, telephone number, social security number or address.

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There are costs associated with the use of this card. To obtain information about these costs, call us toll free at 1-800-272-2102 or write to the Bank Card Center, P. O. Box 6609, Pine Bluff, Arkansas 71611

## OPTIONAL - PAYMENT PROTECTION PLAN

I wish to protect my credit card account balance in the event of involuntary unemployment, disability by enrolling in the optional Payment Protection Plan offered by Central States Indemnity Co. of Omaha. I understand the cost is 65¢\* per \$100, enrollment is voluntary and I am free to cancel at anytime. I acknowledge that I have received the Disclosure Statement in this application.

X \_\_\_\_\_  
Signature of Primary Applicant Birth date

X \_\_\_\_\_  
Print Name of Co-Applicant for Joint Life Coverage Birth date

**TX Residents:** Check here if you wish to limit your coverage to Life and Disability benefits only, at an adjusted cost of 19.6¢ per \$100 or call 1-800-445-6500. Otherwise your coverage will include Life, Disability and Unemployment at a cost of 41.5¢ per \$100 of your ending monthly balance.

J576 0508 AR1

Policy Forms 10687ML/10687MD/10687MU/114

## FINANCIAL CONDITION (for credit lines over \$15,000)

ASSETS		DOLLARS	LIABILITIES		DOLLARS
CASH	\$	□, □□□, □□□	SECURED DEBT DUE BANKS	\$	□, □□□, □□□
CASH VALUE LIFE INSURANCE	\$	□, □□□, □□□	UNSECURED DEBT DUE BANK	\$	□, □□□, □□□
LISTED SECURITIES	\$	□, □□□, □□□	CASH VALUE INSURANCE LOANS	\$	□, □□□, □□□
UNLISTED SECURITIES	\$	□, □□□, □□□	ACCRUED TAXES	\$	□, □□□, □□□
REAL ESTATE OWNED	\$	□, □□□, □□□	REAL ESTATE MORTGAGES	\$	□, □□□, □□□
REAL ESTATE - PARTIAL INTEREST	\$	□, □□□, □□□	REAL ESTATE PARTIAL- INTEREST	\$	□, □□□, □□□
ACCOUNTS/NOTES RECEIVABLE	\$	□, □□□, □□□	SECURED DEBT DUE OTHERS	\$	□, □□□, □□□
AUTOMOBILES	\$	□, □□□, □□□	UNSECURED DEBT DUE OTHERS	\$	□, □□□, □□□
PERSONAL PROPERTY	\$	□, □□□, □□□			
OTHER ASSETS - ITEMIZED					
_____	\$	□, □□□, □□□			
_____	\$	□, □□□, □□□			
_____	\$	□, □□□, □□□			
TOTAL ASSETS	\$	□, □□□, □□□	TOTAL LIABILITIES	\$	□, □□□, □□□
			NET WORTH	\$	□, □□□, □□□
			TOTAL LIABILITIES & NET WORTH	\$	□, □□□, □□□
INCOME SOURCE		ANNUAL			
SALARY	\$	□, □□□, □□□			
BONUS/COMMISSIONS	\$	□, □□□, □□□			
DIVIDENDS/INTEREST	\$	□, □□□, □□□			
REAL ESTATE INCOME	\$	□, □□□, □□□			
TOTAL INCOME	\$	□, □□□, □□□			

## PAYMENT PROTECTION PLAN

This program makes a monthly benefit payment if you, the Primary Applicant, become totally disabled, involuntarily unemployed or take an unpaid leave of absence for more than 30 consecutive days. It also pays the balance on your account at the time of loss or \$5,000 (\$10,000 for Platinum Cardholders), whichever is less, if you or your insured Co-Applicant should die. The cost is 65¢ per \$100 of your ending monthly balance and is included on your billing

statement each month you have a balance. After your enrollment form has been processed, you will receive a Certificate of Insurance explaining all benefits and provisions of the Payment Protection Plan. Your insurance becomes effective on the date shown on your Certificate. To qualify for Unemployment benefits, you must register with a recognized employment agency or your state unemployment office within 30 days after the date you become involuntarily unemployed. Also, you must be employed on a full-time basis for at least 30 hours per week at the time of loss to be eligible for Unemployment and Family Leave benefits. Life, Disability and Unemployment benefits are payable up to the balance at the time of loss or \$5,000 (\$10,000 for Platinum Cardholders), whichever is less, and do not include any amounts added to your account after your loss. Family Leave benefits are limited to 6 monthly benefit payments per payable claim. All benefits are based on your account balance on the date of loss and do not include amounts (including insurance charges) added to your account after your loss. The monthly benefit payment will be calculated by multiplying your account balance on the date of loss by the minimum payment percent required by the creditor. The monthly benefit payment may not be enough to pay the required minimum monthly payment on your account. Family Leave insurance covers unpaid absences from full-time employment while you or your Co-Applicant are: caring for an immediate family member with a serious medical condition, caring for a newborn or adopted child, on active military duty due to mandatory recall, on jury duty or residing in a federally declared disaster area. Family Leave insurance does not cover losses caused by pre-existing medical conditions. A pre-existing medical condition is one for which your family member saw or was under treatment by a physician or chiropractor both within the 6 months before **and** the 6 months after the effective date of coverage.

Coverage is not available to residents of NJ, NM, NY and PA. Coverage is available to residents of CA and FL; however, a special enrollment form is required. Please complete the enrollment form or call 1-800-445-6500 and the appropriate enrollment materials will be sent to you. **All coverage ends at age 66\*.**

This program is offered, administered and underwritten by Central States Indemnity Co. of Omaha and also underwritten by Central States Health & Life Co. of Omaha, both of Omaha, Nebraska.

\* **PLAN MODIFICATIONS:** **AR:** Your monthly benefit payment in the event of involuntary unemployment or disability is computed by multiplying your balance at the time of loss (up to \$5,000 or \$10,000 for the Platinum Cardholders) by 5%. **AZ, CA, CT, HI, IN, MA, ND, NV, OH, VA, WA:** Your cost is 59¢ per \$100 of your ending monthly balance (64.2¢ in OH) (60¢ in AZ, ND, and WA)(55.1¢ in CA) (51.6¢ in VA) (50.6¢ in MA) (64.6¢ in IN) (46.9¢ in NV). **AK, CO, MD, MO, OR, SC:** Your plan includes only Life, Disability and Unemployment coverage at an adjusted cost of 59¢ per \$100 of your ending monthly balance (48.5¢ in CO, 53.1¢ in MD). **AL, AR, AZ, CT, GA, IN, KS, KY, MA, MD, ME, MN, NC, NH, OR, RI, VA, VT:** If you do not need Life coverage for a Co-Applicant, your adjusted cost is 60.¢ per \$100 of your ending monthly balance (56.6¢ in AZ) (54¢ in CT, ME and OR) (46.0¢ in MA) (48.1¢ in VA) (47.9¢ in MD) (30¢ in MN) (29¢ in VT) (In MD the insured Co-Applicant must be your spouse). **AR, DE, FL, IA, KY, ND, NE, OH, TN:** You must be gainfully employed on a full-time basis for at least 30 hours per week at the time of loss to be eligible for Disability benefits. **AZ:** Your insurance does not terminate due to age; instead your Life insurance changes to Accidental Death insurance at age 70. **AZ, HI:** Suicide is excluded for 6 months. **HI:** Normal pregnancy, self-inflicted injuries and pre-existing medical conditions are excluded from Disability benefits. **AL, CO:** To be eligible for this insurance, you must be employed at least thirty (30) hours per week on the date you enroll. **AL, DC, FL, GA, LA, MD, MI, MO, MT, NV, OK, RI, SD, VA, VT, WI, WV and WY:** Your coverage ends at age 71. **AL, MA, ME, NH, VT:** Family Leave benefits are limited to 9 monthly benefits (12 months in AL and ME). **CA, DC, LA, MT, NV, SD, WI, WV, WY:** Suicide is excluded for 6 months. Normal pregnancy, self-inflicted injuries and pre-existing medical conditions are excluded from Disability benefits. Unemployment benefits are limited to 9 monthly benefit payments per payable claim. **IL:** Unemployment benefits are not payable for general strikes, lockouts or unionized labor disputes. **MA:** Disability benefits begin on the 31<sup>st</sup> day after the date of loss. **MI:** Unemployment benefits are limited to 9 monthly benefit payments. **MN, VT:** Your plan includes only Life, Disability and Family Leave coverage at a cost of 35¢ per \$100 of your ending monthly balance (32.2¢ in VT). **TX:** Family Leave insurance is not available. Your cost is 41.5¢ per \$100 of your ending monthly balance. The Life insurance benefit is available to the Primary Applicant only and your coverage does not terminate due to age. For Unemployment coverage, you must be gainfully employed at least 30 hours a week (not self-employed or an independent contractor) in a non-seasonal occupation for at least 90 consecutive days prior to the effective date of coverage. Certain exclusions apply to the Unemployment benefits; please read your Certificate for details. If you wish to limit your coverage to Life and Disability benefits only, at an adjusted cost of 19.6¢ per \$100, check the box in enrollment form or call 1-800-445-6500.

**For more information or to file a claim, call Central States toll free at 1-800-445-6500.**

#### **DISCLOSURE STATEMENT:**

**You are not required to purchase the Payment Protection Plan, nor are you prohibited from purchasing insurance elsewhere to receive an extension of credit from the bank. The Payment Protection Plan is not a deposit of, or guaranteed by the bank. It is not insured by the bank, the FDIC or any other agency of the United States.**