ASTRA BANK

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.

To learn more, visit www.ScoreCardRewards.com and click on "Browse."

- 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.

VISA®

Please see terms, rates and fees in Important Disclosures.

ASTRA BANK

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, N.A., 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. ❑

CHARGEGARD 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 #: 175

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	**9.17%** for Platinum **11.67%** for Classic when you open your account, based on your creditworthiness. Your APR will vary with the market based on the Prime Rate.*
APR for Balance Transfers	**Same as Purchase Rate.**
APR for Cash Advances	**18.00%**
How to Avoid Paying Interest	Your due date is at least 25 days after the close of each billing cycle. 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 Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at **http://www.federalreserve.gov/creditcard**

Fees	
Annual Fee	**None**
Transaction Fees	
• Balance Transfer	**None**
• Cash Advance	Either **$5** or **2%** of the amount of each cash advance, whichever is greater.
• Foreign Transaction	**1%** if a currency conversion occurs or **0.8%** if no currency conversion occurs.
Penalty Fees	
• Late Payment	Up to **$25**
• Returned Payment	Up to **$25**

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 CHARGEGARD 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: FL, KY, MA, MN, NH & 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. 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 PA; 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 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 PA if working 30 or more hours per week for at least 9 months of the year. 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, MO & TX; forbidden acts, violation of established policies or neglect of duty in MO & TX; being notified either orally or in writing of pending unemployment in TX; normal seasonal unemployment in TX. 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, CO, GA, IA, MD, PA & 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 CA, KS, MD, ND & OR). Leave of absence benefits are limited to 9 months in OR; 18 months in MD. Leave of Absence coverage is not available in MO, TX & VA.

GENERAL PROVISIONS: Maximum enrollment age in all states is 70, except 65 in CO, IA, & 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 & PA; 70 in AZ; 72 in NM. No termination age in AL, IA, GA, SD & TX.

COST PER $100 PER MONTH: 70.6¢ in AK; 76.7¢ in AL; 91.4¢ in AR; 71.1¢ in AZ; 85¢ in CA; 47.6¢ in CO; 83.8¢ in CT; 85.7¢ in DC; 89¢ in DE; 79.8¢ in GA; 72.5¢ in HI; 86.4¢ in ID; 73.7¢ in IA; 82.9¢ in IL; 70.9¢ in IN; 85.6¢ in KS; 96.4¢ in LA; 65.9¢ in ME; 41.9¢ in MD; 82.3¢ in MI; 53¢ in MO; $1.068 in MS; 81¢ in MT; 70.4¢ in NJ; 70.3¢ in NM; 87.9¢ in NV; 56.8¢ in NC; 44.9¢ in ND; 46.2¢ in NE; 73.8¢ in OH, 86.1¢ in OK; 71.9¢ in OR; 65.6¢ in PA; 77.9¢ in RI; 82.2¢ in SC; 82¢ in SD; 88.2¢ in TN; 19¢ in TX; 80.1¢ in UT; 34.3¢ in VA; 63.6¢ in VT; 68.4¢ 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, American Bankers Insurance Company of Florida and American Reliable Insurance Company, 11222 Quail Roost Drive, Miami, FL 33157-6596. In TX unemployment certificate number – AD9139CQ-0499. In CA, life and disability coverage provided by ABLAC and ARIC provides remaining coverages described above. Coverage for life and disability is provided under form numbers AE2415PL-0999, B3539PQ-0397, AR8758EQ-0297 & AR8770EQ-0597. The creditor has a financial interest in the sale of this insurance. Ana Aguila is the licensed agent for the states of ND & WV.

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.

This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, the Bank, 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.
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.
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.

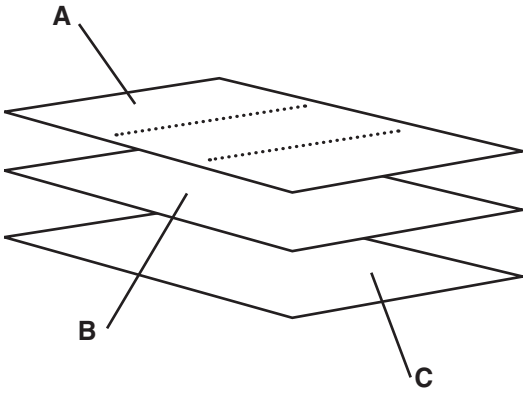
SUCH CREDIT INSURANCE:
- **Is Not FDIC Insured.**
- **Is Not Guaranteed by the Bank.**
- **May Go Down In Value.**
- **Is Not Insured by Any Government Agency.**
- **Rates May Increase or Otherwise Change Upon Written Notice.**

The approval of an extension of credit may not be conditioned on (1) the purchase of an insurance product from the institution in which the application for credit is pending or any affiliates of the Institution; or (2) an agreement by the consumer not to obtain, or a prohibition on the consumer from obtaining an insurance product from an unaffiliated entity.

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

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

TAPE BOTH ENDS CLOSED—NO STAPLES ALLOWED

TAPE CLOSED WHERE INDICATED