

Unsecured Personal Loan

Rates are Subject to Change Without Notice

Please contact Consumer Lending for information: 781/729-2130

Consumer Application (signed, completed). Submit to any branch, or Fax: 781/721-2879

2) Credit Score

WSB Customer (minimum one year):

- Credit Score 690 & above: *No* Income Documentation required.
- Credit Score 689-620: Income Documentation is required.

New Customer:

Credit Score must be 690 or above: *No* Income Documentation required.

3) Income Documentation

- Most recent paystub
- Self-employed: most recent Federal Income Taxes
- Retired: Social Security Award Letter, Pension Statement, Federal Income Taxes

Product Description

Loan Amount: \$1,000 to \$10,000 Terms Available: 12, 24, or 36 months

Minimum Payment: \$75.00

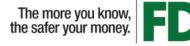
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

661 Main Street, Winchester, MA 01890

781/ 729-2130

Fax: 781/ 721-2879 www.winchestersavings.com







Date	Amount \$
Payable In	Monthly Installments
Purpose	
Interviewer	



Purpose					5	STRENGTH, SERVIC	CE. C	COMMUNITY
Interviewer								
	n Type	_				LOAN APP		
	A JOINT APPLIC	CATI				E AND SIGN A SEPARATE		
Name (Please Print) Last		_	First		Initial S.S. Nu	umber		Date of Birth
Home Address (Street/City/State/Zip	D)							No. Dependents
Phone		Hov	w Long At Address Previous Ad	Previous Address				No. of Years
Nearest Relative Not Living With Me	e		A	Address				Phone
Bank Accounts With								Savings Checking
		_	Position			- 1		
Employed By			Position	1		Monthly Gross Pay	\$	
Address						Years There		
Business Phone	Previous Employ	/er				Years There		
Address								
Note: Alimony, child support or se as a basis for repaying this obligati Other Income:		e inc	come need not be revealed if yo Source:	u do not wish	to have it considered	Total Other Monthly Income	\$	
Landlord Name & Address		_			Total Monthl	ly Income ——	\$	
Are you obligated to pay alimony/c Have you declared Bankruptcy in the				And are th	ere any uposticfied jud	(acmente) II Vac II No		
Living 1 Rent Own			ginal Amount	Mortgage Bala		Igements? ☐ Yes ☐ No Monthly Rent Or		
Facilities Live With Relative	es \$			\$		Mortgage Payment	\$	
Home Purchase Price \$	Mortgage	: Held	ld By Bank	Title In Name	Of:	Mortgage No		
Vehicle Owned: Year/Make	Financed	Ву			Balance \$	Monthly Vehicle Payment	\$	
OPTIONAL REQUEST FOR AUTOM my/our Winchester Savings Bank of			this application is approved by	the Bank, I/w	e request the monthly p	payment be deducted from		
DEBTS & CREDIT INFORMATION companies, credit unions, etc.). Al indicate by checking the appropria To insure your protection under fet	also other credit for ate box(es) if the re	r whic eferer	ence is for applicant, co-applicar	you are authori ant, or both.	rized to use. Use revers			•
To Whom Owed	Ind.	Jt.	Address		Account #	Unpaid Balance		Monthly Payment
1.			l			\$	\$	
2.						\$	\$	
3.						\$	\$	
4.						\$	\$	
5.						\$	\$	
My Total Outstanding Obligations (Do Not Exceed \$	_			Total Monthl	ly Obligations	\$	

I hereby certify that all of the above statements are true and complete and are made for the purpose of obtaining credit from Winchester Savings Bank (the"Bank"). I authorize the Bank, in connection with this application and any credit renewals or extensions and any collection activities to obtain further credit and employment information from any source, including without limitation any consumer credit reporting agency or any financial institution or employer listed above or identified in a credit report as a grantor of credit to me. I also authorize the Bank to provide information to others in accordance with applicable law about the Bank's credit experience with me. I understand that the Bank will retain this credit application whether or not it is

"Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specific credit transactions or accounts); any participation fee charged (other than certain participation fees for a credit card account).

Signature	of Applicant	