

Product Selection

 Pinnacle Cash Rewards

 MasterCard Airline Rewards

 Essential Rates

 Limit Increase

Limit Request \$ _____

You must provide the information about your spouse if: you live in Washington, or another community property state, OR; if you are relying on your spouse's income to repay us, OR; if your spouse will be using the account. Provide this information about your former spouse if you are relying on alimony, child support or separate maintenance payments to repay us. You must include information on marital status only if you reside in Washington or another community property state.

Marital Status:
 Married
 Unmarried (includes single, divorced or widowed)
 Separated

I am applying for:
 Individual Account (Your name only)
 Joint Account _____ (initials) _____ (initials)
 Cosigned Account _____ (initials) _____ (initials)

| | | | | | | | | | | | | | | | |
|---|--|----------------------------------|---------------------|---|--|---|--|-------------------------|---------------------|----------------------------|--|-----|--|-------|--|
| Name of Applicant / Joint Applicant / Cosigner <input type="checkbox"/> Joint account owner <input type="checkbox"/> Cosigner | | | | Name of Joint Applicant / Cosigner <input type="checkbox"/> Joint account owner <input type="checkbox"/> Cosigner | | | | | | | | | | | |
| Relationship to Applicant (if any) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other | | | | Relationship to Applicant (if any) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other | | | | | | | | | | | |
| Social Security Number | | Driver's License Number | | Date of Birth | | Social Security Number | | Driver's License Number | | Date of Birth | | | | | |
| Home Phone | | Business Phone | | Cell Phone | | Home Phone | | Business phone | | Cell Phone | | | | | |
| Home Information <input type="checkbox"/> Buying <input type="checkbox"/> Rent <input type="checkbox"/> Own | | | Payment \$ _____ | | | Home Information (if different) <input type="checkbox"/> Buying <input type="checkbox"/> Rent <input type="checkbox"/> Own | | | Payment \$ _____ | | | | | | |
| Residence Address | | City | | Zip | | Years | | Residence Address | | City | | Zip | | Years | |
| Mailing Address | | City | | Zip | | Mailing Address | | City | | Zip | | | | | |
| Previous Address | | City | | Zip | | Years | | Previous Address | | City | | Zip | | Years | |
| Employer | | Years | | Employer | | Years | | | | | | | | | |
| Position | | Gross Monthly Income \$ _____ | | Position | | Gross Monthly Income \$ _____ | | | | | | | | | |
| Previous Employer | | Position | | Years | | Previous Employer | | Position | | Years | | | | | |
| <p>* IMPORTANT: Income from alimony, child support or separate maintenance need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation. If you wish us to rely on such income, it should be included in the space for other income.</p> | | | | | | | | | | | | | | | |
| # of Dependents | | Source of Other Income* | | Monthly Amount \$ _____ | | # of Dependents | | Source of Other Income* | | Monthly Amount \$ _____ | | | | | |
| Name and Address of Nearest Relative | | | | | | Name and Address of Nearest Relative | | | | | | | | | |
| Relationship | | | Phone | | | Relationship | | | Phone | | | | | | |
| Name and Address of Additional Reference | | | | | | Name and Address of Additional Reference | | | | | | | | | |
| Relationship | | | Phone | | | Relationship | | | Phone | | | | | | |

Balance Transfer Request Upon approval, I wish to transfer my present balance on the credit cards listed below to my new credit card. (please note, timing and additional charges/payments may result in a balance/refund) **Please furnish us with your most recent statements with remittance stubs.**

Account # _____

Account # _____

I/We warrant and agree that all information provided is true and correct. I/we agree that inquiries may be made, from time to time, to verify information and that credit references or verification may, from time to time, be given based on inquiries from other parties. Employers and references are hereby specifically authorized to release any information to Cashmere Valley Bank. This offer is subject to the credit policies of this bank. I/we agree to be bound by the terms and conditions of the bank's credit card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use.

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 to you: When you open an account, we will ask you for 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.

At the date this application was printed, September 11, 2018, the credit disclosure information was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown on the reverse side or calling one of our branches.

If your account is issued under an Airline Rewards or Pinnacle Cash Rewards Program, your participation is subject to all applicable program rules, as they may be amended from time to time. Rewards earned will be forfeited as of the date your account is terminated or closed. CVB and Program Administrator rules will be delivered to you after account opening.

 X
Applicant Signature _____ Date _____

 X
Joint Applicant Signature _____ Date _____

| | | | | | |
|------------------------------|-------------|------|--------------|--------------|-----------------|
| FOR INTERNAL USE ONLY | | | | | |
| Received by | Approved by | Date | Credit Limit | Type of Card | Number of Cards |