

## Cash Surrender Value Line of Credit Application - Individual

For Whole Life Insurance Policies

Email Requests to LifeFinance@amerisbank.com

New Credit Line Request					Renew/Increase Credit Line Request:			
Purpose of Line: Business/Commercial Personal					Account #			
Financial Professional Firm/Financial Professional Contact Name				Financia	Financial Professional Phone No./Email			
Applicant Information								
Applicant's First Name			Applicant's Middle Name		Applicant's Last Name			
Home Address (no P.O. Boxes) Address			City	St	ate	Zip	# of Years at Address	
Owner Renter	Date of Birth		Home Phone #	Cell Ph	none #	Work Phone #	Social Security #	
Current Employer			Title/Position					
Employer Address Address City					State Zip			
# of Years at	# of Years at Employer Best # t		ntact Personal E		Personal Er	nail Address*		
			Co-Applica	ant Infor	mation			
Applicant's First Name			Applicant's Middle Name		Applicant's Last Name			
Home Address (no P.O. Boxes) Address			City	St	ate	Zip	# of Years at Address	
Owner Renter	Date of Birth		Home Phone #	Cell Ph	none #	Work Phone #	Social Security #	
Current Employer				Title/P	Title/Position			
Employer Address Address		City	St	State Zip				
# of Years at Employer Best # to Cor		tact Personal E		nail Address*				
	Applicant <i>A</i>	Annual Income	e (Gross)		Co-Appl	icant Annual Ir	come (Gross)	
Salary				Salary				
Bonuses & Commissions				Bonuse	s & Commissio	ns		
Rental Income				Rental I	ncome			
Interest Income				Interest	Interest Income			
Dividend Income				Dividen	Dividend Income			
Other Income**				Other In	Other Income**			
Total Income				Total In	Total Income			

<sup>\*</sup>E-mail address is not collected for commercial marketing purposes. Bank does not sell or distribute your e-mail address for commercial marketing purposes.

\*\* Your Annual Income may include salary, wages, bonuses, interest and dividends, Social Security or retirement benefits, and rental income. If you are age 21 or older, you may include





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Information Regarding Whole Life Policy Please attach any additional Policy Information								
Name of Life Insurance Company								
Policy #								
Owner of Policy Date of Birth	Social Security #							
applicants(s) or Trustee(s): Please mark "Y" for yes or "N" for no to the followitten explanation.	owing five questions: If you answer "Y" to	1, 2, or 3, also include a						
1. Are you an officer, director, principal shareholder (more than 10% of a or immediate family member of Ameris Bancorp Inc. or any of its sub		○ N						
2. Are there any outstanding judgments, bankruptcies, attachments, ga proceedings against you?		○ N						
<ul><li>3. Have you been convicted of a felony?</li><li>4. Are you a U.S. Citizen</li><li>5. Are you a permanent resident Alien?</li></ul>	○ Y ○ Y ○ Y	○N						
nsurance Credit Line must be secured by a valid assignment of life insurance policy as collateral. Everything I/we have stated in this applications as true and correct. You may retain this application whether or not this application is approved. I/we authorize you to obtain my/our credit and employment history and also to obtain credit reports for the purposes of reviewing and maintaining my/our account, conducting any collection activities and to report to others your credit experience with me. I/we further authorize you to contact my/our life insurance agent and/or life insurance company listed above to obtain information about my/our policy, discuss this application, and obtain information about an assignment of my/our policy.								
Interest Payment Options								
Automatic Interest Payments If you would like payments deducted from an account maintained here or at another financial institution, an Automated Clearing House (ACH) form (Loan Payment Option Form) is provided as anaddendum to this Application or will be provided with any collateral assignment form you must sign.								
	Bill Applicant/Trustee  Note: If payment is not made within 15 days after the due date, the Bank reserves the right, in its sole and absolute discretion, to capitalize the amount due into principal subjectto your Credit Limit and Collateral Value*.							
*The terms for the credit limit under the CSV LOC agreement "Collateral Value" means any amount equal to the sum of the then cash surrender value of the insurance policies being used as collateral for the CSV LOC multiplied by ninety-five percent (95%) conversion of interest to principal appear in your CSV LOC Agreement attached hereto and made a part hereof.								
Important Information About Procedures For Opening A New Account For A Loan  Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or								
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. If you presently have an account with us and you open additional accounts, add joint owners to an existing account or make application for an additional loan, we must also obtain, record and verify required identification information as listed above. Strict adherence to these regulations helps to protect both financial institutions and bank customers from criminal activity.  Individual:								
I am applying for individual credit in my own name.	Applicant Signature	 Date						
Joint:	2.0							
We intend to apply for joint credit.	Co-Applicant Signature	 Date						