

**Please print out this application packet, complete it with your information and return it to your local branch or mail to:**

Consumer Lending Department  
Attn: Consumer Lending, 9th Floor  
One Mid America Plaza  
Oakbrook Terrace, IL 60181



Pacific National Bank

**HOME EQUITY LOAN DISCLOSURE BOOKLET**

*Thank you for applying for a Home Equity Loan!*

Enclosed are disclosures that relate directly to your application.

By signing below you acknowledge you have read and understood the following disclosures:

- 1. Notice of Right to Receive a copy of your Appraisal
- 2. Servicing Disclosure Statement
- 3. Good Faith Estimate of Settlement Charges
- 4. The Housing Financial Discrimination Act of 1977 Fair Lending Notice
- 5. Bank's Privacy Statement
- 6. Government Monitoring Form, if applicable

X \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Date: \_\_\_\_\_



Member  
**FDIC**

# HOME EQUITY CREDIT APPLICATION

**Important information about procedures for opening a new account:** To help the government fight 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 you for your name, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

## LOAN INFORMATION

Loan Type Requested:  Home Equity Loan  Home Equity Line of Credit Borrower(s) Applying For:  Individual Credit  Joint Credit (please initial): \_\_\_\_\_

Loan Amount Requested: \$ \_\_\_\_\_ Loan Term Requested (home equity loan only): \_\_\_\_\_

Collateral Property Purchase Price: \$ \_\_\_\_\_ Collateral Property Purchase Date: (mm/dd/yyyy): \_\_\_\_\_

Estimated Market Value of Collateral Property: \$ \_\_\_\_\_ Collateral Property Use:  Primary Residence  Second Home

Collateral Property Type:  Single Family  2-4 Unit  Condo  Manufactured  Mobile

Collateral Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Is the collateral property vested in a trust?  Yes (please provide trust name): \_\_\_\_\_  No

Purpose of this Loan:  Home Improvement  Purchase  Debt Consolidation  Refinance  Other (please specify): \_\_\_\_\_

## APPLICANT INFORMATION

Name (First, Middle, Last): \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Marital Status:  Unmarried (including single, divorced, or widowed)  Married  Separated Are you a U.S. citizen?  Yes  No

Are you a Registered Domestic Partner? (California applicants only)  Yes  No Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Length at Current Address: \_\_\_ Yrs \_\_\_ Mos Is mailing address the same as residence address above?  Yes  No (please provide below):

Mailing Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment Status:  Employed  Unemployed  Retired  Self-Employed (please state nature of your business): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Length of Employment: \_\_\_ Yrs \_\_\_ Mos Length in Current Line of Work: \_\_\_ Yrs \_\_\_ Mos

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Gross Monthly Income Amount: \$ \_\_\_\_\_

Other Monthly Income (complete all that apply):<sup>\*</sup>  Net Retirement/Pension: \$ \_\_\_\_\_  Net Soc. Security: \$ \_\_\_\_\_  Gross Rental: \$ \_\_\_\_\_

Gross Overtime/Commission/Bonus: \$ \_\_\_\_\_  Gross Dividend/Interest: \$ \_\_\_\_\_  Gross Alimony/Child Support: \$ \_\_\_\_\_

Other (please specify source): \$ \_\_\_\_\_ Total Investment Balances (Ex. Savings, Stock/Bonds, IRA/401k, etc.): \$ \_\_\_\_\_

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## JOINT APPLICANT/OTHER PARTY INFORMATION

(Complete only for the following: joint credit, individual credit relying on income/assets from other sources, applicant is married/Registered Domestic Partner and resides in community property state.)

Name (First, Middle, Last): \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Marital Status:  Unmarried (including single, divorced, or widowed)  Married  Separated Are you a U.S. citizen?  Yes  No

Are you a Registered Domestic Partner? (California applicants only)  Yes  No Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Length at Current Address: \_\_\_ Yrs \_\_\_ Mos Is mailing address the same as residence address above?  Yes  No (please provide below):

Mailing Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment Status:  Employed  Unemployed  Retired  Self-Employed (please state nature of your business): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Length of Employment: \_\_\_ Yrs \_\_\_ Mos Length in Current Line of Work: \_\_\_ Yrs \_\_\_ Mos

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Gross Monthly Income Amount: \$ \_\_\_\_\_

Other Monthly Income (complete all that apply):<sup>\*</sup>  Net Retirement/Pension: \$ \_\_\_\_\_  Net Soc. Security: \$ \_\_\_\_\_  Gross Rental: \$ \_\_\_\_\_

Gross Overtime/Commission/Bonus: \$ \_\_\_\_\_  Gross Dividend/Interest: \$ \_\_\_\_\_  Gross Alimony/Child Support: \$ \_\_\_\_\_

Other (please specify source): \$ \_\_\_\_\_ Total Investment Balances (Ex. Savings, Stock/Bonds, IRA/401k, etc.): \$ \_\_\_\_\_

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## MONTHLY HOUSING EXPENSE

Mortgage Lender Name: \_\_\_\_\_ Second Mortgage Lender Name: \_\_\_\_\_

Mortgage Current Balance: \$ \_\_\_\_\_ Second Mortgage Current Balance: \$ \_\_\_\_\_

Total Monthly Mortgage Payment (please complete section below): \_\_\_\_\_ Total Second Mortgage Monthly Payment: \$ \_\_\_\_\_

Mortgage Payment: \$ \_\_\_\_\_ Home Owners Insurance: \$ \_\_\_\_\_ Taxes: \$ \_\_\_\_\_ Home Assoc. Dues: \$ \_\_\_\_\_

*Signatures: Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer any questions about your credit experience with me. I understand that I must update credit information if my financial condition changes.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Other Signature (where applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## *Document Checklist for Home Equity Loan*

Dear Valued Customer,

Please use the following checklist as a guide to make sure you are providing the necessary documentation to help make your application process as quick and easy as possible. Please keep in mind that every applicant is different so not everything will apply or there may be situations when additional information may be required.

- \_\_\_\_\_ Current paycheck stub and W-2 forms for prior year showing year to date income
- \_\_\_\_\_ Federal Income Tax Returns from the past **two (2) years** (including all schedules) if the following applies:
  1. You are self-employed.
  2. You collect rental income.
  3. You are a Partnership. (Include K1 return for last **two (2) years**, including all schedules, with personal returns).
  4. You are incorporated. (Include last **two (2) years** of corporate returns, including all schedules, with personal returns).
- \_\_\_\_\_ Copies of award letters and/or court support ledgers, and/or last **three (3) months** bank statements showing the automatic deposit of Retirement income, Social Security, Child Support, or Alimony (if applicable).
- \_\_\_\_\_ Copy of all statements for all mortgages (including home equity) you currently have showing the current balance and monthly payments.
- \_\_\_\_\_ Copy of your homeowner's insurance declaration page. If you own a condo, provide a copy of the certificate of insurance from your Condo Association.
- \_\_\_\_\_ Review the Home Equity Disclosure Booklet
- \_\_\_\_\_ Review the Home Equity Good Faith Estimate of Settlement Charges.
- \_\_\_\_\_ Review "The Housing Financial Discrimination Act of 1977 Fair Lending Notice"
- \_\_\_\_\_ If you are applying for joint credit, both borrowers must initial where indicated at the top of the application.
- \_\_\_\_\_ If any portion of the proceeds for this loan is to be used for home purchase, home improvements or the refinance of a residential secured mortgage; complete the enclosed government monitoring form. **Only complete if applicable.**
- \_\_\_\_\_ Please sign IRS Form 4506-T and return with income documentation
- \_\_\_\_\_ Please sign and return The Notice to Customer with your insurance declaration page
- \_\_\_\_\_ Sign & return the Home Equity Loan Disclosure Booklet Cover page (acknowledging you have reviewed and understood each disclosure).

If there are any questions, feel free to address them to your local relationship banker or branch manager.

**NOTICE OF APPLICANT'S RIGHT  
TO RECEIVE A COPY OF THE APPRAISAL**

You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish to receive a copy, please write to us at the mailing address below. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application.

A written request to obtain a copy of your appraisal report may be mailed to:

Consumer Loan Center  
One Mid America Plaza, 9<sup>th</sup> Floor  
Oakbrook Terrace, IL 60181

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**SERVICING DISCLOSURE STATEMENT**

**NOTICE TO FIRST LIEN MORTGAGE LOAN APPLICANTS: THE RIGHT TO COLLECT YOUR MORTGAGE LOAN PAYMENTS MAY BE TRANSFERRED**

You are applying for a mortgage loan covered by the Real Estate Settlement Procedures Act (RESPA) (12 U.S.C. 2601 et seq.). RESPA gives you certain rights under Federal law. This statement describes whether the servicing for this loan may be transferred to a different loan servicer. "Servicing" refers to collecting your principal, interest, and escrow payments, if any, as well as sending any monthly or annual statements, tracking account balances, and handling other aspects of your loan. You will be given advance notice before a transfer occurs.

**Servicing Transfer Information**

The loan for which you have applied will be serviced at this financial institution and we do not intend to sell, transfer, or assign the servicing of the loan



## HOME EQUITY

### GOOD FAITH ESTIMATE OF SETTLEMENT CHARGES

The information provided below reflects estimates of the charges which you are likely to incur at the settlement of your loan. The fees listed are estimates. The actual charges may be more or less. Your transaction may not involve a fee for every line listed.

The numbers listed beside the estimates generally correspond to the numbered lines contained in the HUD-1 or HUD-1A settlement statement that you will be receiving at settlement. The HUD-1 or HUD-1A settlement statement will show you the actual cost for items paid.

ITEM	HUD-1 or HUD-1A	\$ AMOUNT OR RANGE
*Appraisal	803	\$0 - \$800 POC
*Credit Report	804	\$3 - \$10 POC
*Tax Service Fee	809	\$0 - \$70 POC
* Flood Determination Fee	810	\$0 - \$16 POC
Real Estate Property Tax	812	\$0 - \$25,000 (ANNUAL) POC
Hazard Insurance Premium	903	\$150 - \$3,000 (ANNUAL) POC
*Title Insurance	1108	\$0 - \$850 POC
*Recording Fee	1201	\$25 - \$100 POC

\*These fees are paid outside of closing (POC) by the lender and **NOT PASSED ON TO THE APPLICANT.**

The estimates are provided pursuant to the Real Estate Settlement Procedures Act of 1974, as amended (RESPA). Additional information can be found in the HUD Special Information Booklet, which is to be provided to you by your mortgage lender, if your application is to purchase residential real property and the Lender will take a first lien on the property.

## **THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE**

It is illegal to discriminate in the provision of, or in the availability of, financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four-unit family residences occupied by the owner and for the purpose of the home improvement of any one-to-four-unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or:

**Office of Comptroller of Currency**  
Customer Assistant Group  
1301 McKinney Street  
Suite 3450  
Houston, TX 77010

# PACIFIC NATIONAL BANK

## Privacy Statement

We realize our customers entrust us with personal information, and it is our policy to maintain our customers' information in a confidential manner. We are committed to protecting the security and privacy of our customers' personal information, as well as the personal information of all consumers who visit our Bank or website.

### *Information We Collect*

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms
- Information about your transactions with us, our affiliates, or others
- Information we receive from a consumer reporting agency

### **Sharing Customer Information**

We do not disclose any nonpublic personal information about our customers to non-affiliated third parties except as set forth in this policy and as permitted by law. For example, we share information necessary to service your account, protect against fraud, or when we contract with third-party agents or service providers to provide the services on our behalf. We may also disclose, as permitted by law, all of the information we collect as described above, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements.

### **Fair Credit Reporting Act Notice of Sharing Information with Affiliates**

**We are permitted under law to share your information with our affiliates about our experiences or transactions with you or your account, such as your account balance and your payment history with us, and information that identifies you, such as your name, address and social security number. We may share other information about you or your account (such as information about your credit status we receive from your application and information from credit reporting agencies) with our affiliates; this information is called "other personal information". You can tell us not to share "other personal information" with our affiliates by filling out the attached form and sending it to us at:**

*PACIFIC NATIONAL BANK  
Operations Center – 8<sup>th</sup> Floor  
1000 E 111<sup>th</sup> Street  
Chicago, IL 60628*

### **Sharing of Former Customer Information**

We share and protect information about former customers the same way we share and protect information about current customers as described above.

### **Maintenance of Accurate Information**

We continually strive to maintain complete and accurate information about you and your accounts. Should you ever believe that our records contain inaccurate or incomplete information about you, please notify us. We will investigate your concerns and correct any inaccuracies.

### **Confidentiality and Security**

We allow access to nonpublic personal information about you only to those employees who need to know that information in order to provide products or services to you. Our employees are trained to respect customer privacy and to access customer information only when they have a business reason to know the information. In addition, we maintain physical, electronic, and procedural safeguards that comply with federal regulations to safeguard your nonpublic information.

### **Children's Online Privacy Protection**

We feel strongly about protecting the privacy of children. As such, we do not knowingly collect or use personal information from children under the age of 13, through our Web site, without obtaining verifiable consent from his or her parents and/or legal guardian. Should we determine that a child under the age of 13 sent or otherwise provided personal information to us, that information will be used only to obtain consent from their parent and/or legal guardian.

**OPT OUT**

If you do not wish to share "other personal information" with our affiliates, complete this form and mail it to us at:

PACIFIC NATIONAL BANK  
Operations Center – 8<sup>th</sup> Floor  
1000 E 111<sup>th</sup> Street  
Chicago, IL 60628

*This request will remain in effect unless revoked by you in writing.*

(For joint accounts, a request by one owner will apply to all owners. If account owners live at different addresses, please ensure the addresses of all account holders are listed on this form).

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Joint Account Holder if at different address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please do not share information about me with the Bank's affiliates that does not relate solely to the Bank's experience or transactions with me unless otherwise permitted by law.

## GOVERNMENT MONITORING FORM

Dear Applicant(s):

**Please read this GOVERNMENT MONITORING FORM in full, complete, and return it with your application if this is a Home Equity Loan in which the proceeds are to be used for Home Purchase, Home Improvement, or Home Refinancing needs.**

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### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

(Instructions to Bank Staff: If requesting this information over the telephone, please read the bolded section to the customer)

**The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosures laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.**

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**APPLICANT:**

I do not wish to furnish this information

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race:

American Indian, Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex:

Female

Male

**CO-APPLICANT:**

I do not wish to furnish this information

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race:

American Indian, Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex:

Female

Male

### BANK USE ONLY

***To be completed by Interviewer***

face-to-face interview

visual observation

by mail

by telephone

by internet

Interviewer's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>		Date	Telephone number of taxpayer on line 1a or 2a (    )
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

# NOTICE TO CUSTOMER

Pacific National Bank will hold a security interest in the collateral property. Please make sure that Pacific National Bank is added to the Home Owners Insurance policy. This will be required for final approval.

To Whom It May Concern:

Please add the following to my Home Owners Insurance Policy and fax proof to 630-478-7523 Attn: Consumer Lending Dept.

Loss Payee / Mortgagee (additional insured)

Pacific National Bank or its Successors and/or Assigns  
P.O. Box 1429  
Rohnert Park, CA 94927  
ATTN: Insurance Department  
(800) 743-3898

Thank you for your prompt attention to this request.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date