

CASTROVILLE STATE BANK

To assure the continued privacy and confidentiality of your personal financial information, Castroville State Bank observes these practices and procedures:

Information We Collect

We collect nonpublic information about you from some or all of the following sources:

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

Information We Disclose

We do not disclose any nonpublic personal information about our customers and former customers to affiliates or nonaffiliated third parties except as permitted by law.

Our Security Measures

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information.

Customers and members of the public may receive copies of this notice of privacy practice by contacting:

**Compliance Department
Castroville State Bank
P. O. Box 519
Castroville, Texas 78009**

Notice: The Castroville State Bank is chartered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. Any Consumer wishing to file a complaint against the Castroville State Bank should contact the Texas Department of Banking through one of the means indicated below:

In Person or U.S. Mail: 2601 North Lamar Boulevard, Suite 300, Austin, Texas 78705-4294

Phone No.: 877/276-5554; Fax No.: 512/475-1313

E-mail: consumer.complaints@banking.state.tx.us

Website: www.banking.state.tx.us

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

- 1.) My purchase of an insurance product or annuity from you or from any of your affiliates; or,
- 2.) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

Further, it has been explained to me and I understand:

- 1.) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, the Bank or its affiliate;
- 2.) The insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, the Bank or its affiliate; and,
- 3.) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the product, including the possible loss of value;

By signing I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Consumer

Date

Consumer

Date

Regulation B Notice of Intent to Apply for Joint Credit

Lender

CASTROVILLE STATE BANK
P.O. BOX 519
CASTROVILLE, TX 78009

Applicant

Date	_____
Account Number	_____

Notice

You intend to apply for joint credit.

Acknowledgment

You acknowledge receipt of a copy of this notice on today's date.

X _____

X _____

X _____

X _____

CASH FLOW STATEMENT

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists explain how the existing or requested debt will be serviced.

	Individual ()	Joint ()
	PRIOR YEAR	CURRENT YEAR ESTIMATES
	—	
SOURCES OF CASH		
1. Salaries, commissions, bonuses, or any other income from employment (net)	\$ _____	\$ _____
2. Farming income	_____	_____
3. Rent received	_____	_____
4. Dividends	_____	_____
5. Interest income	_____	_____
6. Sale of assets	_____	_____
7. Royalties	_____	_____
8. Distributions from estates and trusts	_____	_____
9. Cash distributions from business, partnerships, or joint ventures	_____	_____
10. Income tax refund	_____	_____
11. Other sources of cash	_____	_____
TOTAL CASH RECEIVED	\$ _____	\$ _____
USES OF CASH		
1. Personal expenses	\$ _____	\$ _____
2. Farming expenses	_____	_____
3. Bank loans-prin & int	_____	_____
4. Other loans-prin & int	_____	_____
5. Insurance payments	_____	_____
6. Income taxes not covered by withholding	_____	_____
7. Other uses of cash-misc.	_____	_____
TOTAL CASH OUTLAYS:	\$ _____	\$ _____
CASH FLOW SURPLUS (DEFICIT)	\$ _____	\$ _____

The undersigned certifies that the information inserted hereof has been carefully read and is true and correct.

DATE: _____

Signed: _____

Castroville State Bank

Statement of Contingent Liabilities

Contingent Liability Overview:

A contingent liability is a potential loss or debt service that may occur at some point in the future, once various uncertainties have been resolved. A contingent liability is not yet an actual, confirmed liability.

Examples of contingent liabilities:

- Loans made to business entities that you provide a personal guaranty.
- Loan made to family members (i.e. children, other relatives) that you provide personal guaranty.
- Loans made to organizations or other entities that you provided personal guaranty.
- Other financial obligations that you may be potentially liable for such as a lawsuit settlement.

It is very important to provide the Bank with an accurate statement of your financial status including all contingent liabilities. Please complete one of the following statements:

As of this date _____,

do you have any contingent liabilities? Yes
 No

If yes please list your contingent liabilities below:

Borrower	Relationship	Lender	Amount	Payment Amount	Secured? Y/N

By: _____

Date: _____

Agricultural Financial Statement

Applying as:

- Individual(s)
 Partnership
 Corporation

Lender

Name of Applicant			Name of Co-Applicant (if any)		
Taxpayer I.D./SSN#	Phone Number	Date of Birth	Taxpayer I.D./SSN#	Phone Number	Date of Birth
Address			Address		
Applicant's Employer Name and Business Address			Co-Applicant's Employer Name and Business Address		
Business Phone	Type of Work or Position		Business Phone	Type of Work or Position	

ASSETS

LIABILITIES

CURRENT ASSETS	CURRENT LIABILITIES		
Cash - Checking Acct.	Notes Payable (Due within 1 year)		
CD - Savings Acct.	(Lender)		
Notes and Accounts Receivable (Schedule F)	(Others)		
Livestock Held for Sale	Endorsements and Guarantees for Others		
CWT @\$	Agricultural Chemicals		
CWT @\$	Fuel		
CWT @\$	Feed		
CWT @\$	Machinery Dealer		
CWT @\$	Other Accounts Payable		
CWT @\$	Cash Rent (Schedule A)		
CWT @\$	Lease Payment Due (Schedule G)		
Grain and Feed on Hand (Schedule C)	Real Estate Taxes Payable		
Sealed Grain (Schedule C)	Income Taxes Payable		
Cash Investment in Growing Crops (Schedule C)	Medical Expenses		
Prepaid Expenses			
Personal Assets			
TOTAL CURRENT ASSETS →	TOTAL CURRENT LIABILITIES →		
INTERMEDIATE TERM ASSETS	INTERMEDIATE TERM LIABILITIES Payment Due Date		
Titled Machinery and Equipment (Schedule H)	Tractor		
Non-titled Machinery & Equipment (Schedule H)			
Cash Value Life Insurance (Schedule E)			
Bonds and Securities (Schedule D)			
Livestock Held for Breeding or Production (Schedule B)			
TOTAL INTERMEDIATE ASSETS	TOTAL INTERMEDIATE LIABILITIES		

ASSETS			LIABILITIES			
LONG TERM OR FIXED ASSETS	Cost	Market	LONG TERM LIABILITIES	Payment	Due Date	
Farm Real Estate (Schedule A)			Real Estate Mortgages			
Other Real Estate (Schedule A)						
Pensions &/or Annuities (Vested Interest)			TOTAL-LONG TERM LIABILITIES ➔			
			TOTAL LIABILITIES ➔			
					Cost	Market
TOTAL - FIXED ASSETS ➔			PRESENT NET WORTH ➔			
TOTAL ASSETS			TOTAL LIABILITIES & NET WORTH ➔			

Worker's Compensation	Yes	No	Have you been declared bankrupt in the last 10 years?	Yes	No
Insurance on Crops	\$		Is any Legal action pending against you?	Yes	No
Insurance on Buildings	\$		Do you carry health, accident or hospital insurance?	Yes	No
Insurance on Machinery, Equipment and Livestock	\$		Liability Insurance Coverage	\$	
List Contingent Liabilities			Estate Plan?	Yes	No

SCHEDULE A - Real Estate - Owned or Rented

APPLICANT: If any of the property listed below is claimed as Exempt Homestead please indicate this by placing the word "Homestead" in the box marked "Owners" following the owner's name.

FARM REAL ESTATE - OWNED

Acres	Description and Location	Owners	Cost	Value	Liens	Due Date	Holder of Mortgage

NON-FARM REAL ESTATE - OWNED

Acres	Description and Location	Owners	Cost	Value	Liens	Due Date	Holder of Mortgage

FARM REAL ESTATE - RENTED

Acres Rented	From Whom	Location/Description	Terms

SCHEDULE B - Livestock and Poultry

Livestock and Poultry Held for Breeding or Production Purposes

Number	Description	Weight	Value/Unit	Value
Total Held for Breeding or Production ➔				

