

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 _____

B. LIFE INSURANCE (List only those Policies that you own)					
COMPANY	Face Of Policy	Cash Surrender Value	Policy Loan From Insurance Co.	Other Loans Policy As Collateral	BENEFICIARY
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	

C. SECURITIES OWNED (Including U.S. Govt. Bonds and all other Stocks and Bonds)							
Face Value-Bonds No. Of Shares Stock	DESCRIPTION Indicate those Not Registered in Your Name	Type of Ownership	COST	Market Value U.S. Gov. Sec.	Market Value Marketable Sec.	MARKET VALUE Not Readily Marketable	Amount Pledged To Secured Loan
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$		

D. NOTES AND ACCOUNTS RECEIVABLE (Money Payable or owed to you. Individually indicate % of your Ownership Interest)							
MAKER/DEBTOR	%	When Due	Original Amount	Balance Due Current Accounts	Balance Due Over 90 Days	Bal. Due Notes Rel. and Friends	Security (If Any)
			\$	\$	\$	\$	
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	

E. REAL ESTATE OWNED (Indicate % of your Ownership Interest)							
TITLE IN NAME OF	%	Description and Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Ins. Carried	MORTGAGE OR CONTRACT PAYABLE Bal. Due Payment Maturity
				\$	\$	\$	
<input type="checkbox"/> See Attached Itemization		TOTAL	\$	\$	\$	\$	

F. MORTGAGES AND CONTRACTS OWNED (Indicate % of your Ownership Interest)								
Cont.	Mtg.	%	MAKER Name Address	PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due
						\$		
<input type="checkbox"/> See Attached Itemization		TOTALS	\$					

G. PERSONAL PROPERTY (Indicate % of your Ownership Interest)						
DESCRIPTION	%	Date When New	Cost When New	Value Today	LOANS ON PROPERTY Balance Due To Whom Payable	
<input type="checkbox"/> See Attached Itemization		TOTALS	\$			

H. NOTES, ACCOUNTS AND BILLS AND CONTRACTS PAYABLE							
PAYABLE TO	Other Obligors (If Any)	When Due	Notes Due To Rel. and Friends	Notes Due "Others" (Not Banks)	Accounts and Bills	Contracts Payable	COLLATERAL (If Any) Payable
<input type="checkbox"/> See Attached Itemization		TOTALS					

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them.

The undersigned declares that he/she has read and understands the statements above.

Date Signed _____ Signature _____ Signature _____ Other Person (If Applicable)