

Loan Application Checklist

To apply for an OptumHealthSM Bank loan, submit a completed application and the following items, if applicable:

- Financial statements for past three years, plus current interim vs. budget
- Corporate documents — formation and officer authorizations
- Financial statements on affiliated companies
- Contact information for Chief Financial Officer (CFO)
- Names of primary bank and contact person
- Collateral detail and valuation
- Personal financial statements for individuals owning more that 20% of entity

Please submit to: OptumHealth Bank
Credit Approval Department
P.O. Box 26866
Salt Lake City, UT 84126-0866

For questions: Our customer care professionals are available from 8:00 a.m. to 5:00 p.m. Mountain time to assist you.

Telephone: 1-888-831-2642
Email: credit@optumhealthbank.com

PART 1: OptumHealth Bank, Member FDIC, Contact Information
By Mail:

 OptumHealth Bank
 Attention: Credit Approval Department
 P.O. Box 26866
 Salt Lake City, UT 84126-0866

By Fax:

1-877-395-5989

Questions?

1-888-831-2642

Customer care professionals are available from 8:00 a.m. to 5:00 p.m. Mountain time to assist you.

PART 2: Business Information

Loan Purpose: _____

Amount Requested: _____

Full Legal Business Name: _____

Doing Business As (DBA): _____

Street Address (cannot be a P.O. Box): _____

City: _____

Telephone #: _____

Fax #: _____

Contact E-mail Address: _____

Year Established / State of Organization: _____

Internet Address: _____

Federal Tax I.D. Number: _____

Parent Company (if applicable): _____

Type of Business (check one):

 Corporation
 Limited Liability Corporation (LLC)
 Partnership
 Limited Liability Partnership (LLP)
 Sole Proprietorship
 Other, please describe: _____

PART 3: Owners, Partners or Guarantors
1) Primary Business Owner Information

Name: _____

Title: _____

Social Security Number: _____

Date of Birth: _____

% Ownership: _____

Street Address (cannot be a P.O. Box): _____

City: _____

State: _____

ZIP: _____

Telephone #: _____

Contact E-mail Address: _____

2) Additional Business Owner Information – 20% or greater ownership interest

Name: _____

Title: _____

Social Security Number: _____

Date of Birth: _____

% Ownership: _____

Street Address (cannot be a P.O. Box): _____

City: _____

State: _____

ZIP: _____

Telephone #: _____

Contact E-mail Address: _____

3) Additional Business Owner Information – 20% or greater ownership interest

Name: _____

Title: _____

Social Security Number: _____

Date of Birth: _____

% Ownership: _____

Street Address (cannot be a P.O. Box): _____

City: _____

State: _____

ZIP: _____

Telephone #: _____

Contact E-mail Address: _____

PART 4: Bank References
Checking Account:

Name of Bank: _____

Name on Account: _____

Account Number: _____

Bank Telephone # & Contact Name: _____

Savings Account:

Name of Bank:

Name on Account:

Account Number:

Bank Telephone # & Contact Name:

PART 5: Representations and Authorizations

By signing this form, I, and each of the individual(s) named herein certify that all information provided to OptumHealth Bank ("Bank"), in writing, is complete, true and accurate in every respect and hereby authorizes Bank to inquire into, request, and receive any information concerning the above named business applicant and each individual named herein, including but not limited to, the individual and/or business credit rating of both the business applicant and the individual principal(s) acknowledging their ascent by signing below and any other information from creditors, credit bureaus and others that the Bank deems necessary and appropriate. The business applicant and each person named herein further certifies that he/she is agreeing: (i) in an individual capacity; and (ii) on behalf of the business applicant in the capacity indicated and that such business applicant and individual named herein is authorized to accept and execute this Business Credit Application on behalf of the business applicant and themselves.

Signature of Authorized Officer:

Date:

Printed Name:

Title:

1) Primary Business Owner Signature

Signature:

Date:

Printed Name:

Title:

2) Additional Business Owner Signature

Signature:

Date:

Printed Name:

Title:

3) Additional Business Owner Signature

Signature:

Date:

Printed Name:

Title:

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT:

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 individual or entity who opens an account. What this means for you: when you open an account, we will ask for your name, residential address or principal place of business, date of birth for an individual and other information that will allow us to identify you. We may also ask to see identifying documents in order to verify your information.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Deposit Insurance Corporation, - Consumer Response Center, 1100 Walnut St., Box #11 Kansas City, MO 64106.