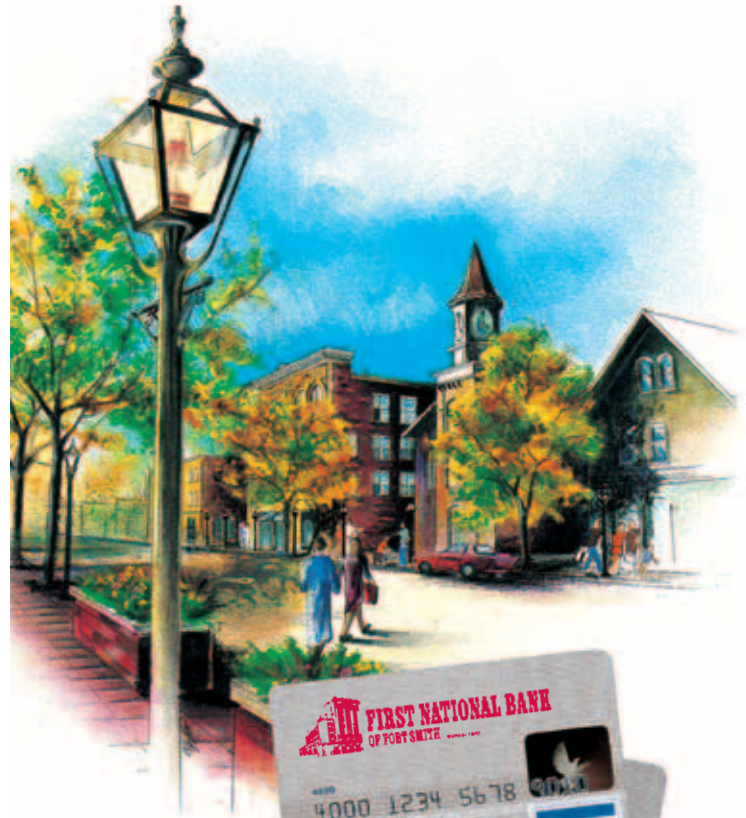


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First National Bank of Fort Smith
PO Box 469
Van Buren, AR 72957-0469

THE HOMETOWN CARD...



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OF FORT SMITH Member FDIC

SUMMARY OF INSURANCE COVERAGES

IMPORTANT INFORMATION ON CHARGEBOARD LIMITATIONS, EXCLUSIONS, COSTS: Upon acceptance of your enrollment, you will receive your certificates and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need or want to purchase this insurance. This credit insurance is optional. You are not required to purchase the insurance to obtain credit. You are free to cancel anytime. Premium rates are subject to change. Ratings disclosed are accurate as of the printing date of this disclosure. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates and/or policies upon written notice and subject to state regulations.

COVERAGE IS NOT AVAILABLE IN: KY & MN

LIFE, DISABILITY, UNEMPLOYMENT AND LEAVE OF ABSENCE COVERAGES APPLY ONLY TO THE PERSON WHOSE NAME APPEARS FIRST ON THE ACCOUNT.

LIFE COVERAGE: If you die, Chargeboard will pay to the Creditor the outstanding account balance as of the date of death, up to the master policy maximum of \$1,000,000. Suicide is excluded except in MD & MO. Life coverage is replaced with Accidental Death coverage at age 66 in IA. Life is not available in TX.

DISABILITY: If you become totally disabled, Chargeboard will pay to the Creditor your scheduled minimum monthly payment due on your account on the date of loss. Benefits begin after 30 consecutive days of disability and are retroactive to the first day of loss. In MA, Chargeboard will pay to the Creditor your scheduled minimum monthly payments. Disability coverage is not retroactive in MA. Benefits will continue until your balance on the date of loss is paid off, you return to work, you are no longer disabled, or you reach the master policy maximum of \$10,000, whichever occurs first. In GA and SD, you are eligible for coverage if employed full-time in a nonseasonal occupation; in NY if employed 30 hours a week and not a partnership, corporation or association. Disability benefits are not payable for self-inflicted injury (except in AL, GA, IA, MD & SD); flight in non-scheduled aircraft in MA & PA; war or foreign travel or foreign residence in MA; normal pregnancy in CA & PA. Disability is not available in TX.

UNEMPLOYMENT COVERAGE: If you become involuntarily unemployed, Chargeboard will pay to the Creditor your scheduled minimum monthly payment due on your account as of the date of loss, up to your balance if paid off, you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. In MA & TX, you are eligible for coverage if you are employed for 90 days or at least 30 hours a week in a nonseasonal occupation for the same employer, and are not self-employed, an independent contractor or a controlling stockholder of your employer; in IA & GA if employed full-time in a nonseasonal occupation; in NY if actively employed by someone else and employed in a non-seasonal occupation. Benefits begin after 30 consecutive days of unemployment and are retroactive to the first day of loss. Unemployment benefits are limited to 12 months in PA. Unemployment excludes discharge for cause (except in AL, AZ, GA, IA, NY, PA, SC & SD); willful or criminal misconduct in AZ, CO, MD, MA, MO, NY & TX; forbidden acts, violation of established policies or neglect of duty in MA, MO & TX; being notified either orally or in writing of pending unemployment in MA & TX; normal seasonal unemployment in MA & TX; strike, lockout or illegal walkout in NY. Unemployment coverage is not available in ND & NE.

LEAVE OF ABSENCE: If you take an employer-approved unpaid leave of absence from work due to: accident or illness of an immediate family member; childbirth / adoption; recall to active military service; residing in a federally-declared disaster area; placement of a foster child in your home (in NC only); or petit or grand jury duty (in NC only), Chargeboard will pay to the Creditor your scheduled minimum monthly payment based on the outstanding balance as of the date of leave until your balance is paid off, you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. Benefits begin after 30 consecutive days of leave and are retroactive to the first day of leave. In AL, CO, GA, IA, MD, MA & SD, you are eligible for this coverage if employed full-time, in a non-seasonal occupation and are not self-employed. Benefit payments do not apply to leave during the first 90 days of coverage (except in KS, MD, & OR). The number of monthly benefits payments for leave of absence are limited to 6 months in AL, CO, GA, IA, MA & SD; 9 months in OR; 18 months in MD. Leave of Absence coverage is not available in CA, FL, MI, NY, ND, NY, PA, TX & VA.

GENERAL PROVISIONS: Maximum enrollment age in all states is 70, except 65 in CO, IA, MA, NY & PA; 69 in AL, AZ, GA & SD; 71 in NM. No maximum enrollment age in TX. Coverage terminates in all states at age 71, except 66 in CO, MA, NY & PA; 70 in AZ, 72 in NM. No termination age in AL, FL, IA, GA, SD & TX.

COST PER \$100 PER MONTH: 65.7¢ in AK; 76.7¢ in AR; 91.4¢ in AR; 71.1¢ in AZ; 46.9¢ in CA; 43.6¢ in CO; 83.8¢ in CT; 85.7¢ in DC; 89¢ in DE; 59.5¢ in FL; 79.7¢ in GA; 72.5¢ in HI; 86.4¢ in ID; 73.7¢ in IA; 82.9¢ in IL; 67.6¢ in IN; 85.6¢ in KS; 96.4¢ in LA; 65.9¢ in ME; 41.9¢ in MD; 45.6¢ in MA; 82.3¢ in MI; 53¢ in MO; \$1.068 in MS; 81¢ in MT; 69.8¢ in NH; 70.4¢ in NJ; 67.2¢ in NM; 29.2¢ in NY; 22.4¢ in NY; 56.8¢ in NC; 23.9¢ in ND; 46.2¢ in NE; 72.9¢ in OH; 86.1¢ in OK; 68.9¢ in OR; 33¢ in PA; 77.9¢ in PA; 82.2¢ in SC; 82¢ in SD; 88.2¢ in TN; 19¢ in TX; 80.1¢ in UT; 26.1¢ in VA; 63.6¢ in VT; 68.1¢ in WI; 89¢ in WV; 75.4¢ in WA; 86¢ in WY. The cost of credit insurance will be financed at the rate specified in your agreement with the creditor.

Coverage is underwritten by American Bankers Insurance Company of Florida (ABLAC), American Bankers Insurance Company of Florida (ABIC) and American Reliable Insurance Company (ARIC), 11222 Quail Roost Drive, Miami, FL 33157-6596. In TX unemployment under ABIC certificate number AD9139CQ-0499. In CA, life and disability coverage provided by ABLAC and ARIC provides remaining coverages described above. Coverage for life and disability is provided under form numbers AE2415PL-0999 and AC2099CB-0707. In FL, MI and VA, coverage for life and disability are provided under ABLAC policy form numbers AC3755PQ-0897, AC3757EQ-0237 and AC3892EQ-0408. In MI coverage for life and disability are provided under ABLAC certificate numbers B3576CQ-0997, AC3759EQ-0297 and AC3890EQ-0997. Ana Aguilera is the licensed agent for the states of FL, ND & WV.

In New York, credit life and credit disability coverage is underwritten by Union Security Life Insurance Company of New York, Fayetteville, NY. Credit life and credit disability coverages are provided under form numbers UL2000PL-0707 & UL2022PD-0707.

Coverages are only available as a package. If you cancel within 30 days of receiving your certificate, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date. The creditor has a financial interest in the sale of this insurance.

If you have questions or want to file a claim, you should contact us, toll-free, at 1-800-859-0490 between 8:00 a.m. and 8:00 p.m., Eastern Time, Monday through Friday, except for federal holidays. Written correspondence and other documents should be sent via U.S. mail to: DFS Claims Department, P.O. Box 977122, Miami, FL 33197-7122.

This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, institution, or any Federal Government Agency. We may not condition your extension of credit on either: your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity.

AR, LA, ME, NM, OH, TN & VA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties. (VA residents; this notice is not applicable to life and health insurance).

DC residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

MD residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ residents: Any person who includes false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

PA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

WA residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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CREDIT INSURANCE PRE-PURCHASE DISCLOSURE

This disclosure is required by MA law. You may purchase optional credit life insurance and credit disability insurance.

CREDIT LIFE INSURANCE: If you die while coverage is in force, we will pay the outstanding balance of your loan to the creditor. We will not pay a life benefit in the first 2 years if you die as a result of suicide.

CREDIT DISABILITY COVERAGE: If you become disabled while this coverage is in force, we will pay up to your minimum monthly payment, as of the date of your disability, to the creditor. We will not pay benefits if your disability is the result of war, a self-inflicted injury, flight in non-scheduled aircraft, foreign travel or foreign residence. You must send proof of disability within 90 days. There is a 30 day waiting period. You are eligible for this coverage if you work 30 hours a week, are in a non-seasonal occupation and meet the age criteria below.

GENERAL: See certificate of insurance for specific definitions. You are eligible for optional credit life insurance and credit disability insurance if you are between 18 and 65 years of age. Coverage will expire on your 66th birthday. The maximum benefit is \$10,000. You may cancel this coverage at any time. All unearned premiums will be credited to your account by the actuarial method for life coverage and by the pro-rata rule for disability coverage. The premium rate for the credit life and credit disability insurance is \$0.146 per \$100 of monthly outstanding balance. These coverages can only be purchased as a package. If other insurance exists that covers this risk or that may cover this risk, you may not want or need this coverage.

When you use the...



FIRST NATIONAL BANK
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Visa®, Visa® Gold or MasterCard® Credit Card for the purchase of goods or services, the following benefits are yours!

ADVANTAGE - BASIC

- Travel Reservation Service
- Bonus Travel Dividends
- Vision Care Discounts
- Prescription Discounts
- Payment Card Registration
- Quarterly Newsletter
- Key Registration
- Auto Rental Insurance

TRAVEL ACCIDENT INSURANCE

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

CREDIT INSURANCE

Our Credit Insurance program can protect your card, your family, and your credit rating when you may need it most due to unexpected events.

Interest Rates and Interest Charges	Visa®, Visa® Gold and MasterCard®
Annual Percentage Rate (APR) for Purchases	11.42% Fixed
APR for Balance Transfers	11.42% Fixed
APR for Cash Advances	11.42% Fixed
Penalty APR and When it Applies	None
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days on average after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date (Grace Period) each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.00
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
Fees	Visa®, Visa® Gold and MasterCard®
Annual Fee	\$25.00/\$50.00 Annual Fee for Gold Cards
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Cash Advances • Foreign Transaction 	None None None
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Over-the-Credit-Limit • Returned Payment 	Up to \$25.00 Up to \$25.00 None
Other Fees	None

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). * An explanation of this method is provided in your account agreement.
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

CREDIT APPLICATION

Check Account Choice:
(Signature required for joint applicant)

- Individual Account
- Joint Account
(see co-applicant and signatures section)
- Credit Line Increase

Credit Limit Requested \$ _____

Check Card Choice Visa® Visa® Gold MasterCard®

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.	Last Name		First		Middle		Social Security Number			
	Date of Birth	No. of Dependents	Home Phone ()		Cell Phone ()		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Current Address		City			State	Zip Code		How Long (yrs)	
	Mailing Address (if different from above)		City			State	Zip Code		How Long (yrs)	
	Previous Address (if less than 2 years at present address)		City			State	Zip Code		How Long (yrs)	
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed			
	Address		Position/Occupation			Monthly Gross Income \$				
	Name and Address of Previous Employer (if less than 2 years at present employer)								How Long (yrs)	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness								Amount per Month \$	
	Nearest Relative (Not Living With You)					Home Phone ()		Relationship		

CO-APPLICANT Intended for joint applicant, this information is for an individual account.	Last Name		First		Middle		Social Security Number			
	Date of Birth	No. of Dependents	Home Phone ()		Cell Phone ()		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Current Address		City			State	Zip Code		How Long (yrs)	
	Previous Address (if less than 2 years at present address)		City			State	Zip Code		How Long (yrs)	
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed			
	Address		Position/Occupation			Monthly Gross Income \$				
	Name and Address of Previous Employer (if less than 2 years at present employer)								How Long (yrs)	

CREDIT INFO Attach Additional Sheets if Necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance		Monthly Payment	
	1. Home Mortgage/Rent									
	2. Bank Credit Card/Bank Name and Address									

SIGNATURES	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.										
	X _____ Applicant Signature			Date			X _____ Co-Applicant Signature			Date	

TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.									
	<input type="checkbox"/> Credit Card Account Number _____ Amount to be transferred \$ _____					Signature _____				

FOR INTERNAL USE ONLY	Date Approved				Credit Line		Approved By		Date Approved		Credit Line		Approved By	
	Visa Account No. _____ MasterCard Account No. _____													