Credit cards shouldn’t be complicated. The Fidelity Bank VISA® Platinum Preferred credit card and VISA® Classic credit card offer simplicity and convenience to take the hassle out of shopping, traveling, and paying bills.

The VISA® Platinum Preferred and VISA® Classic cards make it easy to manage your account safely and effortlessly without complex fees or restrictions. Our VISA® credit cards offer:

- A low variable rate
- No annual fee
- Free online account access
- Worldwide acceptance
- Cash advances at thousands of ATMs
- Automatic payment options
- Auto rental insurance
- Travel accident insurance coverage
- Prompt, friendly service from your local Fidelity Bank

VISA® Platinum Preferred credit cardholders receive these additional benefits:

- Earn one point for every dollar you spend on all purchases
- Redeem earned points for merchandise and travel packages
- No cap on points earned

All applicants will be evaluated for the VISA® Platinum Preferred card. Customers who do not meet the Platinum credit criteria will also be evaluated for the VISA® Classic credit card.

Apply for a Fidelity Bank VISA® credit card today.
Bring the completed application form to your local Fidelity Bank office or mail to:

Bankers’ Bank of Kansas Servicing Center
PO. Box 20810
Wichita, KS 67208-9767

Please keep the Important Disclosures form for your reference.
Customer Service: 1-800-675-6284
PLEASE READ CAREFULLY BEFORE SIGNING:

This application is submitted to obtain credit, and I/we certify that all information herein is true and complete. I/we agree and grant permission that inquiries may be made to verify information and credit references or verification may be given based on inquiries from other parties. At the request of your Financial Institution, this offer is underwritten and serviced by Bankers’ Bank of Kansas, P.O. Box 20810, Wichita, KS 67208-6810 (BBOK). Offer subject to credit policies of BBOK. 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 credit is granted. Receipt of such agreement and acceptance of such terms to be conclusively presumed by applicant’s use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

I/We hereby certify and warrant that the statements made by me/us are true and correct and that I/we have read the Important Disclosures in this application.

CO-APPLICANT Complete if joint account (please print)

Name (as you want it to appear on your card) ____________________________________________________________________________ U.S. Citizen Yes □ No □

Physical Address __________________________________________________________________________ City ______________________ State ______ Zip ______

Mailing Address __________________________________________________________________________ City ______________________ State ______ Zip ______

Home Phone ( ) ___________________________ Social Security Number ___________________________ Date of Birth __ / __

Cell Phone ( ) ___________________________ Email Address __________________________________________________________________________

Employer or Source of Income* ___________________________ Job Title ___________________________ How Long (yrs.) ________

Previous Employer ___________________________ Job Title ___________________________ How Long (yrs.) ________

Nearest Relative (not living with you) ___________________________ Home Phone ( ) ______________ Relationship ____________

*You do not need to include income from alimony, child support or separate maintenance payments unless you want us to consider it for this application.

PLEASE READ CAREFULLY BEFORE SIGNING: This application is submitted to obtain credit, and I/we certify that all information herein is true and complete. I/we agree and grant permission that inquiries may be made to verify information and credit references or verification may be given based on inquiries from other parties. At the request of your Financial Institution, this offer is underwritten and serviced by Bankers’ Bank of Kansas, P.O. Box 20810, Wichita, KS 67208-6810 (BBOK). Offer subject to credit policies of BBOK. 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 credit is granted. Receipt of such agreement and acceptance of such terms to be conclusively presumed by applicant’s use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

I/we hereby certify and warrant that the statements made by me/us are true and correct and that I/we have read the Important Disclosures in this application.

☐ We intend to apply for joint credit. Initials _____ and _____.

X Applicant’s Signature ___________________________ Date ________ X Co-Applicant’s Signature ___________________________ Date ________

BALANCE TRANSFER

TRANSFER OF BALANCE REQUEST: Upon approval, I wish to transfer the current balance on the credit account(s) listed below to my new credit account, up to my credit limit. Please send a copy of your last credit card statement for each of the accounts indicated below. Please allow 30 days for payment to be received. Continue making payments to your other creditor until the balance transfer is complete to avoid any late fees.

VISA Account No. ___________________________ X Cardholder Signature ___________________________

MasterCard Account No. ___________________________ X Cardholder Signature ___________________________

Other (Name) - Account No. ___________________________ X Cardholder Signature ___________________________

AUTOMATIC PAYMENT OPTION

If you would like your payment automatically deducted from your checking or savings account, please check here and an automatic payment set-up form will be mailed to you. ☐

Name of Employee Who Helped You: ___________________________
This page is intentionally left blank
As of the date in the lower right corner of this application, the information listed was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to us at P.O. Box 20810, Wichita, KS 67208-6810 or email us at ccinfo@bbok.com.

The Cardholder Agreement should be reviewed for all conditions and terms.

BBOK is card issuer.

**NO ANNUAL FEE!**

<table>
<thead>
<tr>
<th>Interest Rates and Interest Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Percentage Rate (APR) for Purchases</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>APR for Balance Transfers</strong></td>
</tr>
<tr>
<td><strong>APR for Cash Advances</strong></td>
</tr>
<tr>
<td><strong>Paying Interest</strong></td>
</tr>
<tr>
<td><strong>For Credit Card Tips from The Consumer Financial Protection Bureau</strong></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Fees</strong></td>
</tr>
<tr>
<td><strong>Transaction Fees</strong></td>
</tr>
<tr>
<td>- Balance Transfer</td>
</tr>
<tr>
<td>- Cash Advance</td>
</tr>
<tr>
<td><strong>Penalty Fees</strong></td>
</tr>
<tr>
<td>- Late Payment</td>
</tr>
</tbody>
</table>

*Effective October 3, 2017, Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). Call 1-888-675-6332 for recorded information. |

**How We Will Calculate Your Balance:** We use a method called “average daily balance (including new purchases).”

*In the event you do not qualify for a Platinum Preferred card, we will automatically consider you for our Classic card. Your Rate on purchases is determined by adding 8.42% for Classic or 5.92% for Platinum to the “Prime Rate” published in the Wall Street Journal under the “Money Rates” subsection on the last business day of each month.*