



## Servicemembers Civil Relief Act Request for Relief Form

To: California Bank & Trust  
SCRA SERVICING UNIT  
Mail Code UT-BOB-1850  
2160 South 3270 West  
West Valley City, UT 84119

I, the servicemember (or the legal representative of the servicemember) whose name and signature appear below, hereby request benefits and protections under the Servicemembers Civil Relief Act for the loan, credit card, and deposit accounts identified below.

Name of Servicemember \_\_\_\_\_

Name of Servicemember's Spouse (if applicable) <sup>1</sup> \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different from Home Address)

(If different from Home Address)

City, State, ZIP \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Servicemembers's Agent under a Power of Attorney (if applicable)

Servicemember's Attorney (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Best Address \_\_\_\_\_

Best Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Note: The customer information above will not be used to update your bank account records. This information will be used solely for contact purposes associated with the Servicemembers Civil Relief Act.

### Military Information

Branch of Service \_\_\_\_\_

Military Unit Number \_\_\_\_\_

Military Unit Name \_\_\_\_\_

Active Duty Start Date \_\_\_\_\_

Active Duty End Date \_\_\_\_\_

<sup>1</sup> If your spouse has accounts with California Bank & Trust solely in his/her name and you reside in a community property state (AZ, CA, ID, LA, NV, NM, WA, WI, AK) or Puerto Rico, those accounts may be eligible for SCRA relief. If you would like California Bank & Trust to determine if such accounts, if any, are SCRA-eligible, please provide the information requested. We will not use this information for any other purpose.



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Account Information (if you have more accounts, attach separate page):

Loan Number \_\_\_\_\_

Loan Number \_\_\_\_\_

Loan Number \_\_\_\_\_

Loan Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Deposit Acct Number \_\_\_\_\_

Deposit Acct Number \_\_\_\_\_

Deposit Acct Number \_\_\_\_\_

Deposit Acct Number \_\_\_\_\_

I certify that I am the servicemember identified above and that I and/or my spouse is, as applicable, a borrower or signer on each loan, credit card, or deposit account identified above. I also certify that any loan account identified above was opened before I entered active duty military service.

I request that California Bank & Trust cap the interest rate and fees on each identified loan and credit card account at 6% APR and lower the required monthly payment accordingly during the term of my active duty military service plus an additional period of: (a) 12 months for any loan account secured by real property or (b) 6 months for any credit card account or loan account not secured by real property. I further request that California Bank & Trust waive all fees charged on any deposit account identified above during the term of my active duty military service. I further request that California Bank & Trust determine if any loan, credit card, or deposit account identified above is eligible for reimbursement of interest or fees.

I agree that if my Active Duty End Date changes, I will provide California Bank & Trust with proof of such change so that California Bank & Trust may change my SCRA benefit period(s) accordingly.

I have enclosed a copy of my orders (and any amendments) calling me to active duty military service, as required by the Servicemembers Civil Relief Act.

If I am making a request for SCRA relief as the legal representative of the servicemember identified below, I certify that I am authorized by the servicemember to make such a request and to communicate with California Bank & Trust on all matters relating to the request.

SERVICEMEMBER

LEGAL REPRESENTATIVE OF SERVICEMEMBER

\_\_\_\_\_ (signature)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (printed name)

\_\_\_\_\_ (printed name)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Date)

Please return the Servicemembers Civil Relief Act Request for Relief Form, the Servicemembers Civil Relief Act Reimbursement Consent Form, and a copy of your active duty military orders (and any amendments) to one of the following addresses:

If by U.S. Mail:

If by Email Attachment:

SCRA Servicing Unit  
Mail Code UT-BOB-1850  
2160 South 3270 West  
West Valley City, UT 84119

SCRAunit@zionsbancorp.com

