



Servicemembers Civil Relief Act Request for Relief Form

To: California Bank & Trust
SCRA Servicing Unit
Mail Code UT ZTC 1850
7860 South Bingham Junction Blvd.
Midvale, UT 84047

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 (SCRA) for the loan, credit card, and deposit accounts identified below.

Name of Servicemember

Contact Phone Number _____

Home Address _____

City, State, ZIP _____

Mailing Address _____
(If different from Home Address)

City, State, ZIP _____

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

Contract Phone Number _____

Best Address _____

City, State, ZIP _____

Military Information

Branch of Service _____

Military Unit Name _____

Active Duty Start Date _____

Name of Servicemember's Spouse
(if applicable)¹

Contact Phone Number _____

Home Address _____

City, State, ZIP _____

Mailing Address _____
(If different from Home Address)

City, State, ZIP _____

Servicemember's Attorney
(if applicable)

Contract Phone Number _____

Best Address _____

City, State, ZIP _____

Military Unit Number _____

Active Duty End Date _____

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.

1. If your spouse has accounts with California Bank & Trust ("the Bank") solely in their 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 the Bank to determine if such accounts, if any, are SCRA-eligible, please provide the information requested. We will not use this information for any other purposes.





Servicemembers Civil Relief Act Request for Relief Form

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 (the Bank) 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 of loan account not secured by real property. I further request that the Bank waive all NSF fees charged on any deposit account identified above during the term of my active duty military service. I further request that the Bank 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 the Bank with proof of such change to update 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 the Bank on all matters relating to the request.

SERVICEMEMBER:

LEGAL REPRESENTATIVE OF SERVICEMEMBER:

Signed

Signed

Printed Name

Printed Name

Date

Date

Note: Please return the Servicemembers Civil Relief Act Request for Relief Form, the Servicemembers Civil Relief Act Reimbursement Consent Form, and a copy of (i) your active duty military orders, with any amendments or (ii) any other appropriate indicator of military service, including a certified letter from a commanding officer, to any branch or to one of the following addresses:

By U.S. Mail:

SCRA Servicing Unit
Mail Code UT ZTC 1850
7860 South Bingham Junction Blvd
Midvale, UT 84047

By Email Attachment:

SCRAunit@zionsbancorp.com:

