

VISA GOLD CASHBACK CREDIT CARD APPLICATION

I/We intend to apply for individual credit or joint credit (Please initial only one).

1. APPLICANT INFORMATION

(PLEASE PRINT OR TYPE ALL INFORMATION. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.)

Last Name	First	Middle	Social Security Number	Date of Birth		
Home Address (Actual Street Address, cannot be P.O. Box, business address, or alternate address) Apt# City State Zip Code						
<input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Own Free & Clear		How Long? __ys. __mos.	Mo. Rent/Payment ()	Home Phone ()	*U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother's Maiden Name or Security Password
Mailing Address (if different from home. This is where we will send your card and statements, PO Boxes Only) Apt# City State Zip Code						
Previous Home Address (if above is less than 5 years)		City	State	Zip Code	<input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Own Free & Clear	How Long? __ys. __mos.
E-mail Address		Drivers License Number	State Issued	Employment Verification Phone No. ()		
Present Employer		Business Phone ()		Ext.	How Long? __ys. __mos.	
Employer's Address		Kind of Business	Position/Occupation		Income \$ ____ Year ____ Month	
Previous Employer (if above is less than 2 years)		Address ()		Position/Occupations		How Long? __ys. __mos.
Source of Other Income (Income from Alimony, child support or separate maintenance payments need not be revealed if you do not choose to have it considered for this application)					Amount \$	
Name of Nearest Relative NOT Living With You		Address including City, State & Zip		Phone Number ()	Relationship	

2. CO-APPLICANT INFORMATION

(COMPLETE THE FOLLOWING INFORMATION IF CO-APPLICANT OR SPOUSE IS APPLYING FOR A JOINT ACCOUNT. CO-APPLICANT WILL BE JOINTLY LIABLE FOR THE ACCOUNT.)

Last Name	First	Middle	Home Phone ()	Social Security Number	Date of Birth	Relationship to Applicant
Home Address (Actual Street Address, cannot be P.O. Box, business address, or alternate address) Apt# City State Zip Code						
Previous Home Address (if above is less than 5 years)		City	State	Zip Code	<input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Own Free & Clear	How Long? __ys. __mos.
E-mail Address		Drivers License Number	State Issued			
Present Employer		Business Phone ()		Ext.	Verification No. ()	How Long? __ys. __mos. Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's Address		Kind of Business	Position/Occupation		Income \$ ____ Year ____ Month	

ADDITIONAL CARDS FOR DEPENDENTS 18 YEARS OR OLDER: (IF YOU WISH TO HAVE ADDITIONAL CARD(S) ISSUED ON THIS ACCOUNT FOR USE BY A DEPENDENT(S), PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE DEPENDENT(S). APPLICANT (AND CO-APPLICANT, IF ANY) AGREE TO BE RESPONSIBLE FOR CHARGES MADE BY THE PERSONS IDENTIFIED BELOW.)

Last Name	First	Middle	Social Security Number	Date of Birth	Relationship to Applicant(s)
Last Name First Middle Social Security Number Date of Birth Relationship to Applicant(s)					

3. FINANCIAL INFORMATION

(PLEASE FURNISH THE INFORMATION ON YOUR MORTGAGE HOLDER (IF APPLICABLE) AND YOUR BANK. THIS INFORMATION IS REQUIRED FOR PROCESSING.)

Mortgage Holder	Account Number	Address	Name Acct. Carried In	Balance	Monthly Payment
Your Bank Name City & State Checking Acct No. Savings Acct No. Loan No.					

*Only U.S. Citizens are eligible for card issuance. Must reside in United States for card eligibility.

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ACCOUNT APPLICATION DISCLOSURE

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases	9.25%, 12.25% or 15.25% based on your creditworthiness. This rate will vary with the market based on the Prime Rate.
APR for Balance Transfers	1.99% introductory APR for six billing periods from the date of the balance transfer check.* After that, your APR will be the same as your assigned purchase rate. This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	14.75%, 18.25% or 21.25% based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
Paying Interest	Your due date is at least 25 days 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 each month. We will begin charging interest on cash advances on the transaction date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.00 .
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 website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard/ .

Fees

Set-up and Maintenance Fees	<p>Notice: Some of the set-up and maintenance fees will be assessed before you begin using your card and will reduce the amount of credit you initially have available.</p> <ul style="list-style-type: none"> • Annual Fee: None • Additional Card Fee: \$5 per occurrence
Transaction Fees	<ul style="list-style-type: none"> • Balance Transfer: 2% of the transfer amount • Cash Advance: Either \$5 or 5% of the amount of each cash advance, whichever is greater (Maximum fee: \$100) • Foreign Transaction: 2% of the transaction amount for all transactions where the merchant country is not the United States, regardless of whether a currency conversion occurs.
Penalty Fees	<ul style="list-style-type: none"> • Late Payment: Up to \$35 • Returned Payment: Up to \$35

***Introductory APR offer for Balance Transfers:** Introductory Balance Transfer checks must be used within three (3) months of account open date to take advantage of this promotional offer.

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

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Your account has a variable rate based on the Prime Rate. Your APR may increase based on the U.S. Prime Rate. The APRs will be determined monthly by adding a Spread to an Index. The Index for each billing cycle is the U.S. "Prime Rate" published in the Money Rates Table of the Wall Street Journal during the calendar month immediately preceding the calendar month in which the billing cycle ends. The Prime Rate in effect as of July 1, 2010 is 3.25%. A change in Prime Rate may increase your interest charges and the scheduled minimum monthly payment amount.

IBERIABANK_{fsb} MAY CHANGE THE ANNUAL PERCENTAGE RATE UPON 45 DAYS WRITTEN NOTICE TO THE CARDHOLDER. THE ANNUAL PERCENTAGE RATE WILL NEVER BE MORE THAN THE MAXIMUM RATE PERMITTED BY APPLICABLE LAW.

IBERIABANK_{fsb}
P.O. BOX 7500, LITTLE ROCK, AR 72217-7500

In this Agreement the word "Issuer" means IBERIABANK fsb.

Establishment of a credit line will be at the discretion of the Issuer, based on the information furnished on your application and supporting documents. This application is the property of IBERIABANKfsb. No person or organization is authorized to reproduce, distribute, or solicit applications on behalf of IBERIABANKfsb.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person (including business entities) who opens an account.

What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

ARBITRATION:

I understand that the Customer Agreement contains an Arbitration Provision that may limit my legal rights, including my right to go to court, to have a jury trial, and to participate in class actions.

Travel Accident Insurance

Cardholder benefits for Gold cardholders include \$500,000 travel accident coverage. A description of the terms of coverage will be provided to eligible cardholders. We have the right to change the terms or the amount of coverage or to cancel the policy at any time.

ScoreCard® CashBack Rewards Program.

Your cardholder benefits include participation in our ScoreCard® CashBack Rewards Program. You will earn CashBack Rebates for every \$1.00 spent on qualifying credit card purchases (net of items returned for credit). We will provide additional information on the rate at which you will earn CashBack Rebates for your purchases. Each year, you will receive a credit on your account balance equal to the CashBack Rebates you have accumulated. You will not earn CashBack Rebates on interest charges, fees, convenience checks, foreign transaction currency conversion charges or insurance charges. Your participation in the ScoreCard Program is subject to the Program Rules. Look for details in your statement. We have the right to change the terms of the CashBack Program or to cancel the Program at any time upon notice to you. Changes may include, but are not limited to changes in your CashBack earnings ratio, changes in the Program Rules or cancellation of the CashBack Program. If your ScoreCard program has been cancelled you will receive all accumulated CashBack rebates earned through the date of cancellation.

STATE LAW DISCLOSURES:

Married Wisconsin Residents:

No agreement, individual statement, or court order, applying to marital property will adversely affect the creditor's interest unless the creditor, prior to the time credit is extended, is furnished with a copy of the agreement, statement or order, or has actual knowledge to the adverse provision when the obligation to the creditor has occurred.

New York and Vermont Residents:

Issuer may obtain, at any time, your credit reports for any legitimate purpose associated with the account or the application or request for an account, including but not limited to reviewing, modifying, renewing and collecting on your account. On your request, you will be informed if such a report was ordered. If so, you will be given the name and address of the consumer reporting agency furnishing the report. New York residents may contact the New York State Banking Department (1-800-518-8866) for a comparative list of credit card rates, fees, and grace periods.

California Residents:

Applicants: 1) may, after credit approval, use the credit card account up to its credit limit; 2) may be liable for amounts extended under the plan to any joint applicant. Regardless of your marital status, you may apply for credit in your name alone. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Ohio Residents:

Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Applicable Law:

We are a federally-chartered savings bank with our headquarters located in Arkansas. We will review and analyze your Credit Card Application in Arkansas. If we accept your application, we will do so in Arkansas. Payments on your account will be made to us in Arkansas. Consequently, your Account and each use of your account for Purchase, Cash Advance or Balance Transfer Check is a loan made in Arkansas; and our agreements with you will be governed by applicable Arkansas and federal law, including the federal law under 12 USC § 1831u(f), as if may be amended, and any laws of other States which are made applicable by said Section 1831u(f).

IBERIABANKfsb has in the past sold and assigned all or part of its credit card portfolio to one or more financial institutions located in states other than Arkansas. At its sole discretion, IBERIABANKfsb reserves the right to do so again, and any such sale may include any account IBERIABANKfsb establishes for Applicant. IBERIABANKfsb has also denied credit solely on the basis that the applicant previously had an account with IBERIABANKfsb that was sold and assigned to another institution. In the event your account is sold to another institution, IBERIABANKfsb reserves the right to deny your application for another credit card on this basis. In the event an account is sold to another institution, the purchaser may elect to offer account terms and conditions which differ from those offered by IBERIABANKfsb and which may include an Annual Percentage Rate which is substantially higher than the Annual Percentage Rate offered by IBERIABANKfsb. The purchaser may also offer account holders the option of rejecting the new terms and conditions, but it is highly probable that rejection of new terms and conditions offered by a purchaser would result in cancellation of the account holder's right to make purchases or obtain cash advances. In the event of such cancellation, IBERIABANKfsb or the purchaser will, upon request and as applicable, refund a pro rata portion of the account holder's Annual Membership Fee. Payment of the Annual Membership Fee does not assure that the terms and conditions of an account will remain unchanged or that the account will continue throughout the annual period covered by the Fee.

By signing this application I am attesting I have read the IBERIABANKfsb Terms and Conditions and agree to be bound as specified therein. I understand that in order to apply for this offer I must be able to download or print a copy of the Terms and Conditions provided herein and by applying I am attesting that I have downloaded or printed a copy of the Terms and Conditions. Furthermore, I am also attesting that I have reviewed the IBERIABANKfsb Credit Card Privacy Notice which would give me the right to prohibit the bank from sharing information about me. I also acknowledge that I may exercise my rights to prohibit the Bank from sharing my information by selecting your opt out option(s) below:

For Privacy Information, please visit our website at <http://creditcards.iberiabank.com>.

- I Do Not Wish To Opt Out Opt Out Affiliate Sharing
For everyday business purposes Opt Out both Affiliate Sharing
for marking purposes Opt Out Non-Affiliate Sharing

APPLICANT'S STATEMENT: READ THIS STATEMENT BEFORE YOU SIGN IT. All information I've given is true and correct. This IBERIABANK application is provided by IBERIABANKfsb Arkansas (the "Issuer") a wholly owned subsidiary of IBERIABANK Corporation. I understand that the Issuer will confirm the information and retain the application whether or not my application is approved. A consumer credit report may be obtained and credit information exchanged and used in connection with this application and any credit update with respect to, or renewal of, the extension of credit requested by this application.

By signing this application, I consent to your obtaining a consumer credit report(s) and employment/income verification. I understand that, if I request, I will be informed whether any credit report was requested, and if so, the name and address of the consumer reporting agency furnishing the report. This offer is subject to the credit policies of the Issuer.

I AGREE TO BE BOUND BY THE AGREEMENT AND DISCLOSURE COVERING THIS ACCOUNT. I ACKNOWLEDGE AND AGREE THAT THIS APPLICATION IS SUBJECT TO ACCEPTANCE BY ISSUER IN ARKANSAS. IF IT IS ACCEPTED BY ISSUER IN ARKANSAS, THEN ANY EXTENSION OF CREDIT PURSUANT TO THIS APPLICATION AND ALL ADVANCES UNDER MY CREDIT CARD WILL BE LOANS MADE IN ARKANSAS AND WILL BE GOVERNED BY THE ARKANSAS AND FEDERAL LAWS APPLICABLE TO ISSUER'S BUSINESS IN ARKANSAS. BY SIGNING BELOW, I CERTIFY THAT I HAVE RECEIVED AND READ THE DISCLOSURE MADE WITH THE APPLICATION; AND I AGREE TO BE BOUND BY THE CARDHOLDER DISCLOSURE AND CREDIT CARD AGREEMENT (MEMBERSHIP RULES) GOVERNING THIS ACCOUNT IF AND WHEN MY APPLICATION IS ACCEPTED BY ISSUER IN ARKANSAS. IF THIS APPLICATION IS FOR A JOINT ACCOUNT, THIS STATEMENT AND MY AGREEMENTS APPLY TO BOTH OF US.

APPLICANT'S SIGNATURE X _____ Date _____

CO-APPLICANT'S SIGNATURE X _____ Date _____

Mail your completed application to: IBERIABANK^{fsb}, P.O. BOX 7500, LITTLE ROCK, AR 72217-7500



For Bank Use Only

Product Code	Sub Product	Account Source	Credit Limit	No. Cards	Approvals	Date
Account #		Branch Name & Number		Sales Reference Name		

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