

Married Applicants: May apply for a separate account.
Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

<input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(Including ATM/Debit Card Access to the Account if Available)</i> Amount Requested \$ _____ Purpose/Collateral: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment	<input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Credit Limit Requested \$ _____ If Authorized User, Name: _____
--	---

PAYMENT PROTECTION	Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.
---------------------------	---

APPLICANT		
NAME		
ACCOUNT NUMBER		
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
EMPLOYMENT/INCOME		
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE _____	
	ENDING DATE _____	
REFERENCE	RELATIONSHIP _____	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE _____	

OTHER	<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME		
ACCOUNT NUMBER		
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
EMPLOYMENT/INCOME		
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE _____	
	ENDING DATE _____	
REFERENCE	RELATIONSHIP _____	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE _____	



APPLICATION AND SOLICITATION DISCLOSURE

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	to when you open your account, based on your creditworthiness.
APR for Balance Transfers	to when you open your account, based on your creditworthiness.
APR for Cash Advances	to when you open your account, based on your creditworthiness.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore.
Fees	
Transaction Fees - Foreign Transaction Fee	of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to Up to

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

Effective Date.

The information about the costs of the card described in this application is accurate as of
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

- Late Payment Fee or the amount of the required minimum payment, whichever is less, if you are five (5) or more days late in making a payment.
- Returned Payment Fee or the amount of the required minimum payment, whichever is less.
- Statement Copy Fee
- Document Copy Fee
- Rush Fee
- Emergency Card Replacement Fee
- Card Replacement Fee

MEMBER'S DISCLOSURE NOTICE FOR CREDIT LIFE AND/OR CREDIT DISABILITY INSURANCE

MEMBER'S CHOICE® Credit Disability and Credit Life Insurance is underwritten by CMFG Life Insurance Company. Credit Disability Insurance pays your monthly loan payment up to the policy maximum should you become totally disabled. Credit Life Insurance reduces or pays off your loan balance if you die. A lump sum payment is paid to the credit union reflecting your outstanding loan balance upon the receipt of proof of your death, up to the policy limits.

See the Application and Certificate of Insurance for Terms and Costs of Coverage

Be sure to read the Credit Insurance Application and Certificate which will explain the exact terms, conditions and exclusions of the policy, the coverage amount and cost of the insurance. Credit Insurance premiums are usually added to your loan. A refund of any unearned premium is paid if coverage ends, e.g., if you prepay the loan or cancel your coverage.

Eligibility Requirements

- You must be under the maximum age for insurance stated on your Credit Insurance Application and Certificate to be eligible for Credit Insurance.
- You must be working for wages or profit for 25 hours a week or more.
- If you are a homemaker, retiree or a student you are eligible for Credit Life Insurance if you are performing the usual duties of a homemaker, retiree or student and you are not receiving disability benefits from another source.
- If you apply for insurance more than 30 days after your initial loan date, you will need to answer some health questions to determine your insurability.

Exclusions

- The Credit Life Insurance excludes coverage for claims due to suicide within six months after the effective date of coverage.
- The Credit Disability Insurance excludes coverage for claims due to a normal pregnancy or due to pre-existing conditions six months after the original effective date of coverage resulting anytime during the six months preceding the effective date of insurance.

Effective Date of Insurance Coverage

Your Credit Insurance coverage becomes effective on the same date that you complete the Credit Insurance Application and sign your name acknowledging you are eligible for the insurance.

How to File a Claim

Claims may be filed electronically via Claims Online at www.cunamutual.com or by completing a Disability Claim Notice available at your credit union and mailing or faxing it to:

CMFG Life Insurance Company
Attn: Credit Insurance Claims Department
P.O. Box 1621
Madison, WI 53791-8927
Fax: 1-608-218-1998

Received by:

Signature of Borrower #1

Date

Signature of Borrower #2

Date

MEMBER'S DISCLOSURE NOTICE FOR CREDIT LIFE AND/OR CREDIT DISABILITY INSURANCE

MEMBER'S CHOICE® Credit Disability and Credit Life Insurance is underwritten by CMFG Life Insurance Company. Credit Disability Insurance pays your monthly loan payment up to the policy maximum should you become totally disabled. Credit Life Insurance reduces or pays off your loan balance if you die. A lump sum payment is paid to the credit union reflecting your outstanding loan balance upon the receipt of proof of your death, up to the policy limits.

See the Application and Certificate of Insurance for Terms and Costs of Coverage

Be sure to read the Credit Insurance Application and Certificate which will explain the exact terms, conditions and exclusions of the policy, the coverage amount and cost of the insurance. Credit Insurance premiums are usually added to your loan. A refund of any unearned premium is paid if coverage ends, e.g., if you prepay the loan or cancel your coverage.

Eligibility Requirements

- You must be under the maximum age for insurance stated on your Credit Insurance Application and Certificate to be eligible for Credit Insurance.
- You must be working for wages or profit for 25 hours a week or more.
- If you are a homemaker, retiree or a student you are eligible for Credit Life Insurance if you are performing the usual duties of a homemaker, retiree or student and you are not receiving disability benefits from another source.
- If you apply for insurance more than 30 days after your initial loan date, you will need to answer some health questions to determine your insurability.

Exclusions

- The Credit Life Insurance excludes coverage for claims due to suicide within six months after the effective date of coverage.
- The Credit Disability Insurance excludes coverage for claims due to a normal pregnancy or due to pre-existing conditions six months after the original effective date of coverage resulting anytime during the six months preceding the effective date of insurance.

Effective Date of Insurance Coverage

Your Credit Insurance coverage becomes effective on the same date that you complete the Credit Insurance Application and sign your name acknowledging you are eligible for the insurance.

How to File a Claim

Claims may be filed electronically via Claims Online at www.cunamutual.com or by completing a Disability Claim Notice available at your credit union and mailing or faxing it to:

CMFG Life Insurance Company
Attn: Credit Insurance Claims Department
P.O. Box 1621
Madison, WI 53791-8927
Fax: 1-608-218-1998

Received by:

Signature of Borrower #1

Date

Signature of Borrower #2

Date