



APPLICATION PLEASE PRINT (IN INK) OR TYPE

CREDIT INSURANCE APPLICATION

"You" or "Your" means the member and the joint insured (if applicable). Credit insurance is **voluntary and not required** in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only. If you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	INSURANCE MAXIMUMS	DISABILITY	LIFE
CREDIT DISABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No	22¢	MONTHLY TOTAL BENEFIT	\$ 600	N/A
SINGLE CREDIT LIFE <input type="checkbox"/> Yes <input type="checkbox"/> No	8¢	INSURABLE BALANCE PER LOAN ACCT.	\$30,000	\$30,000
JOINT CREDIT LIFE <input type="checkbox"/> Yes <input type="checkbox"/> No	12.8¢	MAXIMUM AGE FOR INSURANCE	66	70
BORROWER/ACCOUNT NUMBER	SECONDARY BENEFICIARY (If you desire to name one)			
CO-BORROWER/ACCOUNT NUMBER				

If you are totally disabled for more than 30 days, then the Disability Benefit will begin the 31st day of disability.

DATE	SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED (Be sure to check the boxes above.) X	DATE OF BIRTH	SIGNATURE OF JOINT INSURED (CO-BORROWER) Must be jointly responsible for the loan. (Only required if JOINT CREDIT LIFE coverage is selected) X	DATE OF BIRTH
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NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.
 Individual Credit: Complete Applicant section. Complete other section as follows: (1) information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or your spouse will use the Account. (2) information about the party making the payments if you are relying on alimony spousal support, child support or separate/spousal maintenance as a basis for repayment.
 Joint Credit: Provide information about both of you by completing Applicant and Other Applicant sections.

AMOUNT OF MONEY YOU ARE REQUESTING \$	PURPOSE AND COLLATERAL	PLEASE INDICATE THE SERVICES YOU ARE APPLYING FOR: <input type="checkbox"/> LOANLINER® OPEN-END CREDIT ACCOUNT <input type="checkbox"/> CREDIT CARD ACCOUNT	REPAYMENT THROUGH <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> DIRECT PAYMENT <input type="checkbox"/> MILITARY ALLOTMENT <input type="checkbox"/> OTHER
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APPLICANT

NAME (LAST) (FIRST) (INITIAL)		
ACCOUNT NUMBER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE () ()	BUSINESS PHONE/EXTENSION () ()
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT
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)		
NUMBER OF DEPENDENTS OTHER THAN LISTED BY OTHER APPLICANT (EXCLUDE SELF)	AGES	

CHECK BOX TO INDICATE WHOM THE INFORMATION IS ABOUT:

<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> EX-SPOUSE	<input type="checkbox"/> GUARANTOR
NAME (LAST) (FIRST) (INITIAL)			
ACCOUNT NUMBER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE () ()	BUSINESS PHONE/EXTENSION () ()	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
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)			
NUMBER OF DEPENDENTS OTHER THAN LISTED BY OTHER APPLICANT (EXCLUDE SELF)	AGES		

NAME AND ADDRESS OF EMPLOYER			
TITLE/GRADE		SUPERVISOR	
STARTING DATE	SHIFT/HOURS AT WORK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ENDING/SEPARATION DATE	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED			
<input type="checkbox"/> NET EMPLOYMENT INCOME <input type="checkbox"/> GROSS	OTHER INCOME	SOURCE	
\$ PER	\$ PER		
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING:			
PREVIOUS EMPLOYER NAME & ADDRESS		STARTING DATE	
		ENDING DATE	
TITLE/GRADE		SUPERVISOR	

NAME AND ADDRESS OF EMPLOYER			
TITLE/GRADE		SUPERVISOR	
STARTING DATE	SHIFT/HOURS AT WORK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ENDING/SEPARATION DATE	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED			
<input type="checkbox"/> NET EMPLOYMENT INCOME <input type="checkbox"/> GROSS	OTHER INCOME	SOURCE	
\$ PER	\$ PER		
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING:			
PREVIOUS EMPLOYER NAME & ADDRESS		STARTING DATE	
		ENDING DATE	
TITLE/GRADE		SUPERVISOR	

SHARE DRAFT OR CHECKING ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY		
SAVINGS ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY		
NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	HOME PHONE
		RELATIONSHIP	HOME PHONE
NAME & ADDRESS OF PERSONAL FRIEND—NOT A RELATIVE		HOME PHONE	

SHARE DRAFT OR CHECKING ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY		
SAVINGS ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY		
NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	HOME PHONE
		RELATIONSHIP	HOME PHONE
NAME & ADDRESS OF PERSONAL FRIEND—NOT A RELATIVE		HOME PHONE	

CONTINUED ON REVERSE SIDE →

CHECK BOX FOR APPLICANT/CO-APPLICANT. LIST ALL ASSETS AND DEBTS—ATTACH OTHER SHEETS IF NECESSARY.

ASSETS

APPLICANT		DESCRIBE (I.E., AUTO., STOCKS, SAVINGS, ETC.) LIST HOME. LIST ALL OTHER ITEMS YOU OWN FREE AND CLEAR.	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN	
CO-APPLICANT				<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/>	HOME	\$	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	OTHER	\$	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	OTHER	\$	<input type="checkbox"/>	<input type="checkbox"/>

DEBTS

	CREDITOR NAME & ADDRESS	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENT	NO. MONTHS PAST DUE
	RENT		\$	\$	
	MORTGAGE (Incl. Tax & Ins.)		\$	\$	
	SECOND MORTGAGE		\$	\$	
	HOME ASSOC. DUES		\$	\$	
	AUTO LOAN		\$	\$	
	AUTO LOAN		\$	\$	
	CREDIT UNION		\$	\$	
	CREDIT CARD		\$	\$	
	CREDIT CARD		\$	\$	
	ALIMONY/ SPOUSAL SUPP.		\$	\$	
	CHILD SUPP.		\$	\$	
	OTHER		\$	\$	
	OTHER		\$	\$	
	401-K		\$	\$	
TOTALS			\$	\$	

LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED.

THESE QUESTIONS APPLY TO BOTH APPLICANT & CO-APPLICANT

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	Applicant		Co-Applicant		IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	Applicant		Co-Applicant	
	YES	NO	YES	NO		YES	NO	YES	NO
HAVE YOU ANY OUTSTANDING JUDGMENTS?					IS YOUR INCOME LIKELY TO REDUCE IN THE NEXT TWO YEARS?				
IN THE LAST 10 YEARS HAVE YOU BEEN DECLARED BANKRUPT OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13 OF THE BANKRUPTCY CODE?					ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?				
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF, IN THE LAST 7 YEARS?					FOR WHOM (NAME OF OTHERS OBLIGATED ON LOAN):				
ARE YOU A PARTY IN A LAW SUIT?					TO WHOM (NAME OF CREDITOR):				
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?									

SIGNATURES

You authorize the credit union to obtain and/or furnish information concerning your credit affairs to any association, firm, corporation or personnel office. When you accept or endorse a check advanced to you under this Plan, you agree to the terms and also acknowledge receipt of (1) information regarding billing errors or inquiries, (2) the LOANLINER® Credit Agreement and Truth in Lending Disclosures. You agree to make payments of the amount and at the time shown on the voucher accompanying the check. If security and/or a change in terms is noted on the voucher, your endorsement constitutes acceptance of the terms of the security agreement and/or the change in terms. If the advance will be secured by shares and/or deposits, you pledge the shares and/or deposits shown on the voucher. You further understand that when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated will allow you, the co-applicant and any authorized users, to access your credit union's CREDIT CARD/ATM accounts through participating Automated Teller Machine (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for CREDIT CARD/ATM Access Card. You understand that use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the CREDIT CARD/ATM Access Card disclosures. You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to check your employment and credit history and to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions insured by the NCUA.

APPLICANT'S SIGNATURE X	DATE	CHECK ONE: <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR SIGNATURE	DATE
(SEAL)		X	(SEAL)

DO NOT WRITE BELOW—FOR CREDIT UNION USE ONLY

DATE	APPROVED LIMITS	SIGNATURE \$	LINE OF CREDIT \$	OTHER \$	OTHER \$	DEBT RATIO
LOAN OFFICER			CREDIT COMMITTEE OR OTHER			
ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRED TO _____ <input type="checkbox"/> COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED.			ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED.			
DESCRIBE COUNTER OFFER:						
SPECIFIC REASON(S) FOR REJECTION:						
OUTSIDE INFORMATION CONSIDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE:						
REASON(S) FOR REFERRAL:			CREDIT COMMITTEE SIGNATURES		DATE	
LOAN OFFICER SIGNATURE			1.			
DATE			2.			
			3.			
n ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON			(DATE) BY		(INITIALS)	