



NIZARI PROGRESSIVE FEDERAL CREDIT UNION

STUDENT OPEN END LOAN APPLICATION

Terms & Conditions:

- Students who have completed high school and wish to pursue further education at undergraduate level and above, and for community colleges & vocational training in the United States of America.
- Loan will be approved for accredited educational institutions. Refer to this website <http://ope.ed.gov/> accreditation.
- Interest will accrue from check disbursement date.
- Students must take a minimum of 12 credit hours each semester.
- Student loan for Tuition, Books and Campus Boarding will be up to a maximum amount of \$25,000 per year, to be paid directly to the Institution.
- One guarantor is required with a minimum AGI of \$ 50,000; otherwise, two guarantors each with a minimum AGI of \$25,000.
- Student is required to submit proof of completion of high school education, admission to a program of study for which loan is applied, credit hours for each semester and statement of tuition, books and campus boarding.
- Maximum repayment period: 180 months (payment starts 6 months after graduation)
- Minimum Cumulative GPA: 2.5
- Student will be required to submit transcript to Nizari PFCU within 15 days of completion of semester. In the event student drops out and discontinues the course of study, the Student Open End Loan Program amortization (installment) will become due with immediate effect and the borrower will be required to make regular monthly payment towards the Student Open End Loan.
- The current offered rate: Wall Street Journal Prime Rate + 1.500%. (Floor: 4.750% APR*)
- The Annual Percentage Rate (APR) for our Student Open End Loan Program is Variable and is determined by using the Wall Street Journal Prime Rate Index plus a margin determined in the sole discretion of Nizari PFCU, however your rate will never be lower than 4.75% APR.

Disclosure Statement:

To the best of my knowledge, everything disclosed on this form is true and complete. I authorize the Lender, its agent and/or my school to gather credit information about me. A consumer report (credit report) may be obtained from a consumer-reporting agency (credit bureau) in connection with this Application. If I request (1) I will be informed whether or not consumer reports were obtained, and (2) if reports were obtained, I will be informed of the names and addresses of the credit bureaus that furnished the reports. If the Application is approved, a consumer credit report may be requested or used in connection with renewals or extensions of any credit for which I have applied, reviewing my loan, taking collection action on my loan, or legitimate purposes associated with my loan. I further authorize my school to receive, provide, and confirm information regarding my attendance, financial aid, or status as may be relevant to consideration of this application. I understand that the proceeds of this loan must be used for educational purposes. This application and supporting documentation remain the property of the Lender. I further understand that if this application is approved, it will be subject to the terms and conditions of the credit agreement.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



Student Open End Loan Application

PLEASE PRINT

New Acct? <input type="checkbox"/> YES <input type="checkbox"/> NO	Member #	Raise Limit? <input type="checkbox"/> YES <input type="checkbox"/> NO	Credit Limit Request \$	Date:
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Type of Credit

- Individual Credit.** Married applicants may apply for individual credit.
 Complete Sections 1, 3, and 5 below. Also complete Section 2 below about your spouse if:
 (a) your spouse will be permitted to use the Account,
 (b) you are relying on your spouse's income as a basis for repayment,
 (c) you reside in a community property state (TX, LA, NM, AZ, NV, WA, WI, ID, AK) or you are relying on property located in a community property state as a basis for repayment of the credit requested, or
 (d) you are relying on alimony, child support, or separate maintenance payments from a spouse or former spouse as a basis for repayment.
- Joint Credit.** The Primary Applicant must complete Sections 1, 3, and 5 and the Joint Applicant must complete Section 2 and sign below as Joint Applicant. Both Applicants must complete Section 4.
 Check here if the Joint Applicant is your spouse.
- Guarantor.** The Primary Applicant must complete Sections 1, 3, and 5. The Guarantor must complete Section 2 and sign below as Guarantor. The Guarantor must also sign a Guaranty Agreement.

1. Applicant

Name		Security Password		Social Security #	
Street Address		City	State	Zip	-- --
Previous Street Address		City	State	Zip	Years There
Marital Status (Complete only if this is an application for joint credit or you reside in a community property state or you are relying on property in a community property state as a basis of repayment)		Date of Birth		E-Mail Address	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated		Number of Dependents		Ages	Driver's License No. State

Employment/Income

Employer Name and Address	Position	Date of Employment	Salary	Supervisor Name	If Self-Employed
			\$ Per		Type of Business
Previous Employer Name and Address <small>(Complete only if with current employer fewer than five years)</small>	Position	Date of Employment	Salary	Supervisor Name	If Self-Employed
		Date of Termination	\$ Per		Type of Business

Other Income (Alimony, Child Support, or Separate Maintenance Income Need Not be Revealed if You Do Not Wish to Have it Considered)

\$	Per	Source
\$	Per	Source
\$	Per	Source

References	Name and Address of Nearest Relative Not Living With You	Home Telephone Number	Relationship

2. Other Signer

- Joint Applicant** **Guarantor**

Name		Security Password		Social Security #	
Street Address		City	State	Zip	-- --
Previous Street Address		City	State	Zip	Years There
Other Income (Alimony, Child Support, or Separate Maintenance Income Need Not be Revealed if You Do Not Wish to Have it Considered)		Date of Birth		E-Mail Address	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated		Number of Dependents		Ages	Driver's License No. State

Marital Status (Complete only if this is an application for joint credit or you reside in a community property state or you are relying on property in a community property state as a basis of repayment) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated	Date of Birth	E-Mail Address
	Number of Dependents	Ages

Employment/Income	Employer Name and Address				
Position	Date of Employment	Salary	Supervisor Name	If Self-Employed Type of Business	
		\$ Per			

Previous Employer Name and Address <small>(Complete only if with current employer fewer than five years)</small>	Position	Date of Employment	Salary	Supervisor Name	If Self-Employed Type of Business
		Date of Termination	\$ Per		

Other Income (**Alimony, Child Support, or Separate Maintenance Income Need Not be Revealed if You Do Not Wish to Have it Considered**)

\$	Per	Source
\$	Per	Source
\$	Per	Source

References	Name and Address of Nearest Relative Not Living With You	Home Telephone Number	Relationship

3. Applicant Additional Information

Applicant Assets (list property you own)	Location of Property	Market Value	Is this property serving as security for another obligation?
<input type="checkbox"/> Jointly Owned		\$	
<input type="checkbox"/> Jointly Owned		\$	
<input type="checkbox"/> Jointly Owned		\$	
<input type="checkbox"/> Jointly Owned		\$	
<input type="checkbox"/> Jointly Owned		\$	
<input type="checkbox"/> Jointly Owned		\$	
<input type="checkbox"/> Jointly Owned		\$	

Applicant Debt List All Debts	Creditor	Loan Balance	Monthly Payment
		\$	\$ per
		\$	\$ per
		\$	\$ per
		\$	\$ per
		\$	\$ per

Are there any outstanding judgments, garnishments, or legal proceedings against you? Have you ever filed for bankruptcy relief or had property repossessed? [] Yes [] No

Do you anticipate any significant decreases in your income in the next three years? [] Yes [] No

Are you a maker, indorser, or guarantor on any other debt you have not told us about? [] Yes [] No

Are you required to make alimony, child support, or separate maintenance payments to someone else? [] Yes [] No
If yes, what is the payment amount? \$ _____ per _____.

4. Joint Credit

_____ If this is an Application for Joint Credit, both Applicants must initial here to indicate their intent to apply for joint credit.

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

WISCONSIN RESIDENTS: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ Spouse's Address (if different) _____

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: In accordance with Wisconsin Statutes section 766.55(1) by signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X _____

5. Signatures and Authorizations

By signing below, you represent that all of the information you have provided in this Application and any additional information provided in connection with this Application is accurate and complete. You understand that we are relying on this information in our decision to extend credit, and you promise to notify us promptly if any information you have provided materially changes. It is a federal crime punishable by fine and/or imprisonment to knowingly make a false statement in a loan application to a federal credit union. You understand that, if approved, the Account will be governed by and subject to the Personal Line of Credit Agreement and any amendments thereto. In connection with this Application and, if approved, maintenance of your Account, you authorize Nizari Progressive Federal Credit Union and its agents and assigns to investigate your credit history and background by obtaining your credit reports. You also authorize the credit union to answer questions about its credit experience with you. You expressly agree that the credit union and its agents and assigns may contact you about your Account using any contact information you have provided, including any cell phone number you have provided, even if you incur charges under your cell phone plan. You expressly consent to the use of any automatic telephone dialing equipment and/or artificial or prerecorded voices when we contact you. You understand that the terms of the Personal Line of Credit Agreement are subject to change.

<p>X Primary Applicant</p> <p align="right">Date</p>	<p>X Joint Applicant</p> <p align="right">Date</p>
<p>X Guarantor</p> <p align="right">Date</p>	<p>X Other Signer</p> <p align="right">Date</p>

SCHOOL INFORMATION

SCHOOL NAME

SCHOOL ADDRESS

CITY/ STATE/ ZIP CODE

PHONE NUMBER

PROGRAM OF STUDY

DEGREE PLAN

 Associates
 Undergraduates
 Graduates
 PDH/ M.D.
 Vocational

GRADE LEVEL (YEAR)

 1st Year
 2nd Year
 3rd Year
 4th Year

EXPECTED GRADUATION DATE (MM/YYYY)

ACADEMIC PERIOD FROM (MM/DD/YYYY)

TO

LOAN AMOUNT

AMOUNT REQUESTED

EXISTING LOAN INFORMATION

EXISTING STUDENT LOAN OUTSTANDING

\$

LOAN BEING AVAILED FROM

DATE LOAN RECEIVED

REPAYMENT DATE

X

Student's Signature**Date**

By signing this application below, you certify that you intend to (i) apply for joint credit and (ii) be jointly liable with the Student for this loan.

X

Co-signers Signature**Date**

X

Co-signers Signature**Date**

GUARANTOR'S PROFILE – MUST ALSO COMPLETE THE IRS FORM 4506-T (ATTACHED)

APPLYING FOR \$		BORROWER ACCOUNT #	GUARANTOR ACCOUNT #
BORROWER'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME
GUARANTOR'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME

SON / DAUGHTER OF

LEGAL STATUS U.S. G.C. W.P. L-1 E-2 H-1 S.S.

SOCIAL SECURITY #	DOB	Driver's License #
SPOUSE	SOCIAL SECURITY #	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED

STREET ADDRESS

CITY	STATE	ZIP CODE
HOME PH	WORK PH	CELL PH

EMPLOYMENT

NAME OF EMPLOYER

STREET ADDRESS

CITY	STATE	ZIP CODE
POSITION	START DATE	HOURS AT WORK

SUPERVISOR NAME	IF SELF EMPLOYED, TYPE OF BUSINESS			
NAME OF BUSINESS	TYPE OF BUSINESS	OWNERSHIP (0% TO 100%) OR POSITION	MONTHLY INCOME	HOW LONG

1.			\$	
2.			\$	
3.			\$	

ADJUSTED GROSS INCOME ON LAST 2 YEARS TAX RETURNS

YEAR:	AMOUNT: \$	ASSETS	-	LIABILITIES	=	CURRENT NET WORTH
YEAR:	AMOUNT: \$					

SIGNATURE

You promise that everything you have stated in this profile is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize Nizari Progressive Federal Credit Union to obtain credit reports in correlation with this application for credit and for any update, increase renewal, extension or collection of the credit received.

I fully understand that in case the borrower fails to make his or her payments, I will be responsible for 100% of the loan amount and Nizari Progressive Federal Credit Union may also debit my account up to the full amount of the outstanding loan.

X	
Guarantor Signature	Date

Request for Transcript of Tax Return

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

► **Request may be rejected if the form is incomplete or illegible.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

4 Previous address shown on the last return filed if different from line 3 (See instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:

Mail or fax to the "Internal Revenue Service" at:

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
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Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102
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Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to the "Internal Revenue Service" at:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
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Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.