

### 1 PLEASE THE SERVICES YOU ARE APPLYING FOR

**LOANLINER® Account (Individual Credit Only)**

Secured Advance (Auto, Boat, etc.)  
 Signature Advance  
 Line of Credit  
 Other

**Amount Requested**  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Repayment:**  Payroll Deduction  Cash  Automatic Payment  
 Military Allotment  Other: \_\_\_\_\_

**Purpose** \_\_\_\_\_  
**Collateral** \_\_\_\_\_

In addition to your LOANLINER® account, you are also interested in applying for:  
 VISA® Credit Card  
 VISA® Check Card  
 Sharedraft/Overdraft Protection

*(There are costs associated with the use of the Credit Card. To obtain information about these costs, contact us at the toll-free number or address stated above)*

### 2 APPLICANT INFORMATION

*Please print in ink or type*

NAME (Last - First - Initial)		ACCOUNT NUMBER		MOTHER'S MAIDEN NAME	
SOCIAL SECURITY NUMBER	BIRTH DATE	HOME PHONE ( ) ( )	BUSINESS PHONE / EXT. ( ) ( )		AGE OF DEPENDENTS
PRESENT ADDRESS (Street)		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG?
PREVIOUS ADDRESS (Street)		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG?
<b>EMPLOYMENT INFORMATION</b>	NAME OF EMPLOYER		POSITION / TITLE		HOW LONG
ADDRESS OF EMPLOYER (Street - City - State - Zip)			GROSS ANNUAL INCOME \$		NET MONTHLY INCOME \$
PREVIOUS EMPLOYER		HOW LONG?	ADDRESS OF PREVIOUS EMPLOYER (Street - City - State - Zip)		
Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding		OTHER INCOME \$ per	SOURCE(S) OF OTHER INCOME	IS ANY INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED IN THE NEXT 2 YEARS? <input type="checkbox"/> Yes (Explain in detail on separate sheet) <input type="checkbox"/> No	

### 3 REFERENCES

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS (Street - City - State - Zip)	RELATIONSHIP	HOME PHONE
NAME OF PERSONAL FRIEND - NOT A RELATIVE	ADDRESS (Street - City - State - Zip)		HOME PHONE

### 4 ASSETS

*List all assets and account number(s)*

APPLICANT	LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY <small>For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.</small>	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN			
HOME		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SAVINGS		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
OTHER		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

### 5 DEBTS

*List all debts and account number(s)*

APPLICANT	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	INT. RATE	IF PAST DUE ✓
<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (Incl. Tax & Ins.)			\$	\$	\$		
SECOND MORTGAGE			\$	\$	\$		
AUTO LOAN			\$	\$	\$		
AUTO LOAN			\$	\$	\$		
CREDIT CARD			\$	\$	\$		
CREDIT CARD			\$	\$	\$		
OTHER			\$	\$	\$		
OTHER			\$	\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED			<b>TOTALS</b>	<b>\$ \$0</b>	<b>\$ \$0</b>	<b>\$ \$0.00</b>	

### 6 FINANCIAL INFORMATION

**IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET**

DO YOU HAVE ANY OUTSTANDING JUDGMENTS? \_\_\_\_\_

HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? \_\_\_\_\_

HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS? \_\_\_\_\_

ARE YOU A PARTY IN A LAWSUIT? \_\_\_\_\_

ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? \_\_\_\_\_

IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS? \_\_\_\_\_

ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? \_\_\_\_\_

FOR WHOM (Name of Others Obligated on Loan): \_\_\_\_\_ TO WHOM (Name of Creditor): \_\_\_\_\_

BALANCE \$ \_\_\_\_\_ PAYMENTS \$ \_\_\_\_\_

APPLICANT	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**7**  
**SIGNATURES**  
*It is important that you read all the provisions of the credit agreement and addendum thoroughly before you sign.*

- (1) You promise that everything you have stated in this application is correct to the best of your knowledge and that the information on the reverse side is a complete listing of all your debts and obligations. You authorize the credit union 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 or State Chartered Credit Unions insured by NCUA.
- (2) You have received and read the Consumer Loan Credit and Security Agreement and Disclosure (LOANLINER®), including a Loan Rate Schedule on a separate form (Addendum). By signing below, you acknowledge receipt and agree to the terms of the LOANLINER® Loan Credit and Security Agreement and Disclosure and Fair Credit Billing Notice. You understand that future loan advances may be made under the Loan Agreement

and agree to the specific terms of any Advance Voucher/Security Agreement or Loan Proceeds check given with an advance, which are incorporated herein and collectively shall govern this Account.

(3) If you are applying for a credit card, you understand that use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

(4) **You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure what you owe under the Agreement and if you have applied for a credit card, under the credit card agreement. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.**

**X** **SIGN HERE**  
 \_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE

**8**  
**CREDIT INSURANCE APPLICATION/SCHEDULE**  
*You can protect your financial future by signing up for voluntary credit insurance below.*

CUNA Mutual Insurance Society • Madison, WI 53702-0392 • Phone 800/937-2644

"You" or "Your" means the member. You may select any insurer of your choice.

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 CANNOT BE DENIED CREDIT SIMPLY BECAUSE YOU CHOOSE NOT TO BUY CREDIT INSURANCE. CREDIT LIFE INSURANCE AND CREDIT ACCIDENT AND HEALTH INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT. INSURANCE WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE ADDITIONAL CHARGE.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	LOANLINER® ACCOUNT		CREDIT CARD ACCOUNT		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	INSURANCE MAXIMUMS	DISABILITY	LIFE
	YES	NO	YES	NO				
SINGLE CREDIT DISABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 1,100	N/A
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDENDUM	MAX. INSURABLE BALANCE PER LOAN ACCOUNT	\$75,000	\$75,000
						MAXIMUM AGE FOR INSURANCE	66	70

GROUP POLICY NUMBER: 020-0206-4      ACCOUNT NUMBER: \_\_\_\_\_      DATE OF ISSUE OF THIS CERTIFICATE: \_\_\_\_\_      SECONDARY BENEFICIARY (If you desire to name one): \_\_\_\_\_

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

DATE: \_\_\_\_\_ MEMBER'S DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_ JOINT INSURED'S DATE OF BIRTH: \_\_\_\_\_

**X** **SIGN HERE**  
 \_\_\_\_\_  
 SIGNATURE OF MEMBER  
 (Be sure to check one of the boxes above)

**X** **SIGN HERE** N/A  
 \_\_\_\_\_  
 SIGNATURE OF JOINT INSURED (CO-BORROWER)  
 (Only required if JOINT CREDIT LIFE coverage is selected.)

APP. 825-0786MA

**CREDIT UNION INFORMATION**  
*Do not write in this section— for credit union use only. Check applicable box(es).*

DATE: \_\_\_\_\_ APPROVED LIMITS: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ LOC: \_\_\_\_\_ OVERDRAFT (LOC): \_\_\_\_\_ VISA®: \_\_\_\_\_

ADVANCE APPROVED:  YES  NO       COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED  
 OUTSIDE INFORMATION CONSIDERED:  YES  NO      IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

DESCRIBE COUNTER OFFER: \_\_\_\_\_  
 SPECIFIC REASON(S) FOR REJECTION: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_ X \_\_\_\_\_ DATE: \_\_\_\_\_  
 LOAN OFFICER

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON \_\_\_\_\_ (DATE) BY \_\_\_\_\_ (INITIALS)