

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.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

LOANLINER® Account/Loan: Individual Joint
 (Including ATM/Debit Card Access to the Account if Available)

Credit Card Account: Individual Joint

Amount Requested \$ _____ Credit Limit Requested \$ _____

Purpose/Collateral: _____ If Authorized User, Name: _____

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment Other _____

Applicant		
NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
()	()	()
E-MAIL ADDRESS		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
.....		YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE
\$	\$	%
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		START DATE
NAME AND ADDRESS OF EMPLOYER		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____	\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	
Reference	RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
.....	HOME PHONE	

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse		
NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
()	()	()
E-MAIL ADDRESS		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
.....		YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE
\$	\$	%
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		START DATE
NAME AND ADDRESS OF EMPLOYER		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____	\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	
Reference	RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
.....	HOME PHONE	

State Law 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 ONLY: (1) No provision of any marital property agreement, unilateral statement under §766.59, or court decree under §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. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X _____
 SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

Signatures

1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes, you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. 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. 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 LOANLINER® Credit Agreement or LOANLINER® Credit/Security Agreement, including the Addendum ("Agreement") and Borrower Copy of the LOANLINER® Credit/Security Agreement *PLUS* and Voluntary Payment Protection. For Credit Insurance only, understand that enrollment applies to all

accounts under the Agreement. By signing below you agree to be bound by the terms of the Agreement.
 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 LOANLINER® Credit Agreement or LOANLINER® Credit/Security 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 _____ (SEAL)
 APPLICANT'S SIGNATURE DATE

X _____ (SEAL)
 OTHER SIGNATURE DATE

Enrollment/Application and Schedule for Voluntary Payment Protection

CUNA Mutual Group • Madison, WI 53701-0391 • Phone: 800.356.2644

"You" or "Your" means the member and the joint insured (if applicable). The joint insured is eligible **only** for life coverage.

regularly performing all of the usual duties of a gainful occupation a minimum of 25 hours a week? Yes No If no, why not?

Credit life and credit disability 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 "yes" for the coverage desired, sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive advance written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing.

If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for credit disability insurance only if you are actively at work a minimum of 25 hours a week. On this date, are you presently actively at work and

• 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 (FOR CREDIT DISABILITY INSURANCE). PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE		COVERED MEMBER (please print)
	YES	NO	
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	See Separate Schedule
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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

ACCOUNT NUMBER	GROUP POLICY NUMBER	INSURANCE MAXIMUMS	DISABILITY	LIFE
	029-0088-1	MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT	\$600	N/A
DATE OF ISSUE OF THIS CERTIFICATE		MAXIMUM INSURABLE BALANCE PER LOAN ACCOUNT*	NONE	N/A
		MAXIMUM AGE FOR INSURANCE	66	N/A
SECONDARY BENEFICIARY (If you desire to name one)		*THIS AMOUNT MAY BE LESS THAN THE AMOUNT OF YOUR LOAN.		

DATE MEMBER'S DATE OF BIRTH DATE JOINT INSURED'S DATE OF BIRTH

X _____

SIGNATURE OF MEMBER
 (Be sure to check one of the boxes above)
 APP:825-0796NJ(0212)

X _____

SIGNATURE OF JOINT INSURED (CO-BORROWER)
 (Only required if JOINT CREDIT LIFE coverage is selected)

For Credit Union Use Only

DATE	APPROVED	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE	AFTER
	DENIED (Adverse Action Notice Sent)	\$	\$	\$	\$	\$		
LOAN OFFICER COMMENTS:								
SIGNATURES:								
X _____				X _____				
	DATE				DATE			