



**CREDIT CARD APPLICATION**

**Check below to indicate the type of credit for which you are applying. 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.

**Applicant**

NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE		
BIRTH DATE	HOME PHONE ( ) ( )	WORK 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 %

**Other:**  Co-Applicant  Spouse  Guarantor

NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE		
BIRTH DATE	HOME PHONE ( ) ( )	WORK 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:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**Employment/Income**

NAME AND ADDRESS OF EMPLOYER

START DATE POSITION

**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  
 NET  GROSS SOURCE

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**Employment/Income**

NAME AND ADDRESS OF EMPLOYER

START DATE POSITION

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\$ PER \$ PER  
 NET  GROSS SOURCE

Deposit Account Name & Account Number	VALUE	Creditor Name & Account Number	BALANCE	MONTHLY PAYMENT
SAVINGS	\$	CREDITOR	\$	\$
CHECKING	\$	CREDITOR	\$	\$

Other Information About You	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET.			APPLICANT		OTHER	
	YES	NO	YES	NO	YES	NO	
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?							
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?							
3. 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):				

**Personal Reference** RELATIONSHIP: HOME PHONE:

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:

**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.

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.

**WISCONSIN RESIDENTS ONLY:** (1) 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

**X** SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**Signatures**

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. You

understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement. **A condition of your account is your granting us a security interest in your share accounts. By signing below 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 your credit card account. 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 this security interest. When you are in default we may apply the balance in these accounts to any amounts due under the credit card agreement.**

**X** (SEAL)  
APPLICANT'S SIGNATURE DATE

**X** (SEAL)  
OTHER SIGNATURE DATE

FOR CREDIT UNION  APPROVED NO. OF CARDS \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_  
 DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE \_\_\_\_\_

TABULAR DISCLOSURE	
Annual Percentage Rate (APR) for Purchases	MasterCard Standard <b>8.9%</b> MasterCard Gold <b>8.9%</b>
Other APRs	MasterCard Standard Cash Advance APR: . . . . . 8.9% Balance Transfer APR: . . . 8.9% MasterCard Gold Cash Advance APR: . . . . . 8.9% Balance Transfer APR: . . . 8.9%
Grace Period for Purchases	25 Days
Method of Computing the Balance for Purchases	Average Daily Balance (Including New Purchases)
Annual Fee	None
Minimum Finance Charge	None
Transaction Fee for Purchases . . . . .	None
Late Payment Fee . . . . .	\$5.00*
Over-the-Credit Limit Fee . . . . .	\$10.00

\*If fourteen (14) or more days late

The information about the costs of the card described in this application is accurate as of 6/2005. This information may have changed after that date. To find out what may have changed, contact the credit union.

## CUNA MUTUAL GROUP

CUNA Mutual Insurance Society

### CREDIT INSURANCE APPLICATION/SCHEDULE

"You" or "Your" means the member and the joint insured (if applicable). The joint insured may only be spouses or business partners.

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. By signing below you certify that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are working for wages or profit for 25 hours a week or more on the date of the initial advance. If you are not, that particular advance will not be insured until you return to work and complete an application for insurance. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- For Credit Life insurance, if you are not actively at work on the date of the initial advance, you have not, at any time during the twelve (12) months immediately preceding the date of the initial advance, received a medical diagnosis or any care or treatment for cancer, high blood pressure or for any disease of the heart, lungs or blood vessels.
- You are under the Maximum Age for Insurance. Insurance will stop when you reach that age.

**NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE
	SINGLE CREDIT DISABILITY	<input type="checkbox"/>	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$ .048
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$ .072
INSURANCE MAXIMUMS			DISABILITY LIFE
MAX. MONTHLY TOTAL DISABILITY BENEFIT PER LOAN			\$ 700 N/A
MAX. AMOUNT OF LOAN INSURABLE PER LOAN			\$40,000 N/A
MAX. AMOUNT OF LOAN INSURABLE PER MEMBER			N/A \$50,000
MAX. AGE FOR INSURANCE			66 70
GROUP POLICY NUMBER		ACCOUNT NUMBER	
042-0985-2			

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 1st day of disability.

SECONDARY BENEFICIARY (If you desire to name one)

MEMBER'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

JOINT INSURED'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

**X** \_\_\_\_\_

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_  
(Be sure to check one of the boxes above)

**X** \_\_\_\_\_

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

APP:825-0892 TX (3.53RA)

CARRY A  
CREDIT CARD  
WITH



the  
credit  
union  
difference.