

- HOW TO APPLY**
- Please complete front and back of application
  - Sign on back page
  - Return completed application to credit union
  - An incomplete or unsigned application may delay processing

**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.

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 Amount Requested \$ \_\_\_\_\_ Purpose/Collateral: \_\_\_\_\_  
 (Including ATM/Debit Card Access to the Account if Available)  
**Repayment:**  Payroll Deduction  Cash  Military Allotment  Automatic Payment

**Payment Protection**  Single Credit Disability Insurance  Single Credit Life Insurance  Joint Credit Life Insurance  
 Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Applicant		
NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	
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
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
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		
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
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	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		STARTING DATE
_____		_____
_____		ENDING DATE
_____		_____

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)	
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
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
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		
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
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 _____	
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MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		STARTING DATE
_____		_____
_____		ENDING DATE
_____		_____

<b>Applicant Reference</b>	RELATIONSHIP	<b>Other Reference</b>	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

What You Owe	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					Applicant	Other
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE <small>(Include Tax and Ins.)</small>			\$	\$		
2nd MORTGAGE			\$	\$		
1st AUTO LOAN			\$	\$		
2nd AUTO LOAN			\$	\$		
CHILD-CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			<b>TOTALS</b>	\$	\$	

What You Own	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN			OWNED BY	
			YES	NO	NO	Applicant	Other
HOME		\$	YES		NO		
AUTO		\$	YES		NO		
SAVINGS		\$	YES		NO		
CHECKING		\$	YES		NO		
OTHER (Describe)		\$	YES		NO		

<b>Other Information About You</b>	<b>IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET</b>				
		<b>APPLICANT</b>	<b>OTHER</b>		
		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. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?					
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? <small>FOR WHOM (Name of Others Obligated on Loan):</small>					
	<small>TO WHOM (Name of Creditor):</small>				

**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 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. (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.

<div style="border: 1px solid black; width: 90%; margin: 0 auto; text-align: center;"> <span style="font-size: 2em; font-weight: bold; color: red;">X</span> </div>	
<small>SIGNATURE FOR WISCONSIN RESIDENTS ONLY</small>	<small>DATE</small>

Signatures			
<p>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 what you owe. 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, renewal or extension of the credit received. You understand that the</p>	<p>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.</p>		
<span style="font-size: 2em; font-weight: bold; color: red;">X</span>	<span style="font-size: 2em; font-weight: bold; color: red;">X</span>		
<small>APPLICANT'S SIGNATURE</small>	<small>OTHER SIGNATURE</small>		
<small>DATE</small>	<small>DATE</small>		

For Credit Union Use Only							
<small>DATE</small>	<small>APPROVED</small>	<small>APPROVED LIMITS:</small>	<small>SIGNATURE</small>	<small>LINE OF CREDIT</small>	<small>OTHER</small>	<small>OTHER</small>	<small>DEBT RATIO/SCORE BEFORE AFTER</small>
	<small>DENIED (Adverse Action Notice Sent)</small>	\$		\$	\$	\$	
<small>LOAN OFFICER COMMENTS:</small>							
<small>SIGNATURES:</small>							
<span style="font-size: 2em; font-weight: bold; color: red;">X</span>				<span style="font-size: 2em; font-weight: bold; color: red;">X</span>			
			<small>DATE</small>				<small>DATE</small>

**Open-End Plan Signatures**

BORROWER 1 NAME (Please Print)	ACCOUNT NUMBER	BORROWER 2 NAME (Please Print)	ACCOUNT NUMBER
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**Credit Agreement**

This LOANLINER® Credit Agreement, which includes the Truth in Lending Disclosures, will be referred to as "the Plan." The Plan documents include this agreement and an Addendum. "You", "your" and "borrower" mean any person who signs the Plan. "Credit Union", "we", "our" and "us" mean the Credit Union whose name appears on the Plan or anyone to whom the Credit Union transfers its rights under the Plan.

**1. HOW THIS PLAN WORKS** — This is an open-end, multi-featured credit plan. We anticipate that, from time to time, you will borrow money (called "advances") under the Plan. **We are not required to make advances to you under the Plan and can refuse a request for an advance at any time.** The Addendum describes the different types of credit (called "subaccounts") available under the Plan, the current interest rate for each subaccount expressed as a daily periodic rate and corresponding annual percentage rate and other charges. It may also have other terms and a schedule for determining the payment amounts.

**2. CREDIT LIMIT** — We may, but do not have to, establish a credit limit on certain subaccounts. If a credit limit is set for a subaccount, you promise not to exceed the established credit limit. If you exceed the credit limit, you promise to repay immediately the amount which exceeds the credit limit.

**3. REPAYMENT** — You promise to repay all amounts you owe under the Plan plus interest. Payments are due on the last day of the month unless we set a different day at the time of an advance. If the Addendum has no payment schedule for a subaccount, your payment will be determined at the time of each advance. Payments must include any amount past due and any amount by which you have exceeded any credit limit you have been given for a subaccount. You may repay all or part of what you owe at any time without any prepayment penalty. Even if you prepay, you will still

*(continued on reverse side)*

**Signatures**

1. You have received and read the LOANLINER® Credit Agreement, including the Addendum ("Agreement") and Borrower Copy of the LOANLINER® Credit Agreement and Voluntary Payment Protection. By signing below you agree to be bound by the terms of the Agreement.

2. 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. 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)

**X** \_\_\_\_\_ (SEAL)

BORROWER 1 SIGNATURE

DATE

BORROWER 2 SIGNATURE

DATE

**Enrollment/Application and Schedule for Voluntary Payment Protection**

CUNA Mutual Insurance Society • Madison, WI 53701-0391 • Phone: 800/937-2644

"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 "yes" 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 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 you apply for the insurance. 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)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT DISABILITY			\$ .13	
SINGLE CREDIT LIFE			\$ .083	
JOINT CREDIT LIFE			\$ .124	

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
	024-0655-0			
DATE OF ISSUE OF THIS CERTIFICATE		MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT	\$ 600	N/A
		MAXIMUM INSURABLE BALANCE PER LOAN ACCOUNT	\$30,000	\$30,000
		MAXIMUM AGE FOR INSURANCE	66	71
SECONDARY BENEFICIARY (If you desire to name one)				

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

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

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

SIGNATURE OF MEMBER  
(Be sure to check one of the boxes above)  
APP.825-0191MO

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