



Credit Card Application

A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, call us toll free at _____.

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:
- 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);
 - your spouse will use the account, or
 - 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 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. **Credit Limit Requested \$** _____

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

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.

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 understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. 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. 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

CREDIT UNION USE ONLY

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



Membership, Ownership, Financial Security

Credit Card

BORROWER 1 NAME	BORROWER 2 NAME	ACCOUNT NUMBER
-----------------	-----------------	----------------

PAYMENT PROTECTION CONTRACT

Payment Protection (referred to as "the program") is voluntary and not required in order to obtain credit. We will not consider whether or not you elect Payment Protection in making our credit decision.

COVERED LOAN

CREDIT CARD NUMBER: _____

OPTIONS

YOU ELECT: (check only one box)	<input type="checkbox"/> Option 1 • Loss of Life • Disability • Involuntary Unemployment	<input type="checkbox"/> Option 2 • Loss of Life • Disability	<input type="checkbox"/> Option 3 • Loss of Life	<input type="checkbox"/> Option 4 • Disability	<input type="checkbox"/> No Protection
Cost per \$100 of the Monthly Outstanding Loan Balance*	\$0.551	\$0.398	\$0.248	\$0.258	

*If the outstanding loan balance is greater than \$50,000, the rate will not be applied to the amount that exceeds \$50,000.

The program contains certain terms and exclusions. Subject to those terms and conditions, which you should read carefully, you are eligible for the program if you are a borrower on the loan.

One important condition to your ability to have your loan payment canceled/postponed due to Disability and Involuntary Unemployment is that you must be actively working for income 25 hours or more per week when you become disabled or become involuntarily unemployed.

The program protects the first two borrowers listed on the lending agreement.

The protected borrower(s) may not qualify for all benefits.

This contract contains the conditions upon which we will cancel or postpone all or a portion of the interest, daily payment, or protected balance. You, meaning a borrower enrolled in the program, should read this contract carefully and keep it in your files. This contract explains the terms that both you and we agree to follow for the program. This contract replaces any and all credit insurance policies and/or certificates, similar payment protection plans, and program contracts you previously entered into with respect to the loan.

Your signature below means:

- Your election above will remain in effect, according to the terms of the Payment Protection Contract, unless subsequently modified.
- You agree that you have received and thoroughly read the Payment Protection Contract.
- You authorize the program fee to be added to your outstanding balance each month.

Subsequent Election

If the election above represents a replacement of credit insurance or similar payment protection or a change in the program for an existing loan, and the cost of the newly elected protection results in increased program fees, you agree to increase your monthly payment according to the terms of your credit card account agreement.

X	
BORROWER 1 SIGNATURE	DATE

X	
BORROWER 2 SIGNATURE	DATE

By phone conversation, I hereby represent that the above referenced member has authorized election of the specified coverage(s), indicated above:

DATE _____ TIME _____

SIGNATURE OF C.U. EMPLOYEE _____

DEFINITIONS

ACCIDENTAL INJURY means an occurrence that is unforeseen, unexpected, involuntary and due to an external cause.

ADMINISTRATOR means CUNA Mutual Insurance Agency, Inc., 5910 Mineral Point Road, Madison, Wisconsin 53705.

ADVANCE means each extension of credit we provide to you under a loan.

BORROWER means a person who is obligated to repay the advance to us, either principally or jointly and severally. It does not include guarantors.

DAILY PAYMENT means the protected periodic payment converted to an equivalent amount per day.

EFFECTIVE DATE OF PROTECTION means the later of the date you enrolled in a program option, the date your protection under the program is reinstated, or the date of the advance.

FULL TIME EMPLOYMENT or **EMPLOYED FULL TIME** means actively working for income 25 hours or more per week.

LOAN means a loan identified on this contract as a covered loan.

NON-PROTECTED ADVANCE means any advance not protected according to the Non-Protected Events section of this contract.

PROTECTED BALANCE means the pay-off amount owed under the loan on the first day of a protected event less any non-protected advances.

PROTECTED PERIODIC PAYMENT means the minimum payment amount, including principal, interest, and the program fee, due on the protected balance. It does not include any other fee or insurance amount not included in the protected balance, scheduled balloon payment, escrow amounts, the amount of any minimum payment that represents past due payments, or amounts that exceed any credit limit for the loan. For balloon loans, the protected periodic payment will be determined using the minimum payment amount due for the period immediately preceding the scheduled balloon payment. For variable rate and/or variable payment loans, the protected periodic payment will remain equal to the protected periodic payment as of the first day of the protected event.

WE, US, OUR means the Lender named on the loan and this contract.

GENERAL PROVISIONS

PROOF OF A PROTECTED EVENT. You must notify us or our administrator when a protected event occurs. Claim forms and written evidence may be required periodically to show that conditions of the program are satisfied. If you do not report a claim or provide initial or continued proof within one year of the date requested, we will not accept (or continue to accept) your claim.

PAST EVENTS. The program does not protect you from events that occurred before your enrollment in the program.

If you enroll in the program as a single borrower and add a joint borrower at a later date, the joint borrower will be considered to have enrolled in the program on the date of becoming a joint borrower.

TAX IMPLICATIONS. You may be subject to federal, state, and local taxes on the amount of a canceled or postponed debt. You should consult your tax advisor. Neither we, nor our administrator, are able to provide you with tax guidance.

PROGRAM FEE. The program fee is the amount you pay for protection under the program. The rate used to determine the program fee is subject to change. You will receive notice before any increase goes into effect. The program fee will be added to the outstanding balance each month.

CHANGING THE TERMS OF THIS CONTRACT. We have the right to change (including the addition or deletion of) the terms of this contract and apply those changes to the outstanding balance. You will receive notice before any change goes into effect. Your continued payment of the program fee will constitute your acceptance of the change in terms. You have the right to cancel this contract at any time.

CHANGING BETWEEN OPTIONS. If you change from one program option (the "prior program option") to a different program option (the "current program option"), and an event occurs that does not qualify for protection under the current program option because of the new effective date of protection, we will recognize the continuous time protected for a specific event under both program options. However, the level of protection available will be the lesser of:

- the protection that would be provided under the current program option if the effective date of protection was adjusted to be the same as the effective date of protection under the prior program option; or
- the protection that would have been provided under the prior program option if it had remained in effect.

TERMINATION OF THE PROGRAM. You may terminate this program contract at any time by providing us with written notice at least 5 business days prior to the requested termination date. If you do so within 30 days of enrolling in the program, we will credit the outstanding balance for any fees charged for the program.

Your protection under the program will automatically terminate:

- when any portion of any payment of the loan is past due for 90 days or more. If you bring your loan current, your protection under the program will not be reinstated automatically. You must re-enroll to participate in the program.
- when you fail to pay the program fee.
- for any other reason if we give you written notice at least 30 days in advance of the termination (or as required by law).

Termination will not affect benefits for a protected event that occurred prior to the termination date as long as an outstanding balance remains on the loan.

ERRORS AND ADJUSTMENTS. If we cancel or postpone more or less than we should have according to the terms of this contract, we will adjust the balance when the error is discovered.

If we issued protection under the program due to our own error, and we recognize our error before a protected event occurs, our obligation to you is limited to return of any program fee you paid. If we recognize our error after a protected event occurs, we will provide benefits for the protected event that occurred, and we will terminate the program for any future events as of the date we recognize our error.

However, if you misstated a material fact when enrolling for the program that caused us to issue protection under the program when we otherwise wouldn't have, we will return any program fee you paid when we discover this, and we will not provide any benefits even if an otherwise protected event has already occurred.

WAIVER OF PROVISIONS. We reserve the right to waive any of the requirements described in this contract, at our sole discretion. If we do so, we will not be obligated to waive the same requirements in any other situation and our waiver will not constitute a waiver of any other requirements.

CONTINUED EFFECTIVENESS. If any part of this contract is determined to be unenforceable, the rest will remain in effect.

PROTECTED EVENTS

A loan is protected according to the terms of this contract if you are enrolled for the specified program protection and you have paid the applicable program fee.

LOSS OF LIFE (Included with Option 1, Option 2 and Option 3)

If you die:

- before the end of the month during which you reach age 70, we will cancel 100% of your protected balance as of the date of death, up to a maximum of \$50,000.
- after the end of the month during which you reach age 70, we will cancel 25% of your protected balance as of the date of death, up to a maximum of \$12,500.

DISABILITY (Included with Option 1, Option 2 and Option 4)

Disability means that you are:

- unable to engage in the significant duties of your occupation for at least 14 consecutive days; and
- under the regular care and treatment of a physician; and
- not working at any job, or combination of jobs, paying you an income equal to or exceeding 80% of the wages you were earning from your full time employment immediately preceding the date you became disabled.

After you have been disabled for 12 months, the definition of Disability changes and means that you are:

- unable to engage in the significant duties of any occupation for which you are reasonably qualified by training, education, and experience; and
- under the regular care and treatment of a physician.

If you are employed full time when you become disabled, we will cancel the daily payment for each day that you are disabled:

- beginning with the 1st day of Disability; and
- for the next 24 months or until the entire protected balance is canceled, but not more than \$24,000 per period of Disability.

INVOLUNTARY UNEMPLOYMENT (Included with Option 1)

Involuntary Unemployment means that for at least 14 consecutive days you are not working at any job, or any combination of jobs for 25 hours or more per week and that you are actively seeking full time employment. Involuntary Unemployment includes honorable discharge from active duty service by the United States Armed Forces. Involuntary Unemployment does not include any annual, regularly scheduled, or seasonal layoff or any period of unemployment that occurs while you are a temporary employee, independent contractor, self-employed, or employed by a joint borrower. It also does not include any retirement, vacation, strike, unionized labor dispute, lockout, sabbatical, family leave, disability, termination due to your willful or criminal misconduct, resignation by agreement with your employer, voluntary furlough, voluntary unemployment or voluntary loss of wages.

If you are employed full time when you become Involuntarily Unemployed, we will cancel the daily payment for each day that you are Involuntarily Unemployed:

- beginning with the 1st day of Involuntary Unemployment or the first day after any severance pay has ceased, whichever comes later; and
- for the next 6 months or until the entire protected balance has been canceled, but not more than \$6,000 per period of Involuntary Unemployment.

For Involuntary Unemployment, we will initially require proof that you have received federal, state, or railroad unemployment benefits for the period of unemployment to determine if you meet the definition of Involuntarily Unemployed. You must provide evidence of your continued Involuntary Unemployment each month by demonstrating your continued registration with a state unemployment office or a recognized employment agency.

NON-PROTECTED EVENTS

An advance is not protected by the program if the event:

- is due to the commission of a felony.
- is caused by or results from an atomic explosion or any other release of nuclear energy (except when used solely for medical treatment).

Additional non-protected events are specified below.

An advance is not protected by **Loss of Life** protection if the event:

- occurs within the 6 months immediately following the effective date of protection for the advance and is related to a pre-existing condition for which you received advice, diagnosis, or treatment (including medication) within the 6 months immediately preceding the effective date of protection for the advance.
- is the result of a suicide or an intentionally self-inflicted injury that occurs within the 12 months immediately following the effective date of protection for the advance.

An advance is not protected by **Disability** protection if the event:

- occurs within the 6 months immediately following the effective date of protection for the advance and is related to a pre-existing condition for which you received advice, diagnosis, or treatment (including medication) within the 6 months immediately preceding the effective date of protection for the advance.
- is related to a normal pregnancy.
- is due to an intentionally self-inflicted injury.

An advance is not protected by **Involuntary Unemployment** protection if the event:

- occurs within the 6 months immediately following the effective date of protection for the advance.
- is due to an intentionally self-inflicted injury.

CONCURRENT PROTECTED EVENTS

If we are canceling the daily payment for one protected event and another protected event occurs:

- the amount canceled will be applied to the dollar limitation for the first protected event.
- we will not cancel more than the daily payment for any one day.

If two protected borrowers die at the same time, we will cancel the lesser of the protected balance or the Loss of Life amount for each protected borrower for Option 1, Option 2 and Option 3.

RECURRENT EVENTS

If you incur a claim for the same type of protected event again within one year after you have recovered or returned to work, we will consider this a continuation of the prior event. For disability, however, this only applies if you are disabled due to the same condition. Any remaining time period available from the earlier protected event will continue beginning with the date of the recurrence. If you incur a claim for the same type of protected event more than one year after recovering or returning to work, we will consider it a new protected event. This provision applies whether you return to work with the same or a different employer.

STATUS OF THE LOAN AFTER A PROTECTED EVENT

During the time it takes to process your claim, you remain responsible for making at least the minimum payment due on the loan by the payment due date. You are responsible for any difference between the minimum payment due on the loan and the amount canceled or postponed. If you have a valid claim, we will refund the portion of your payment(s) that should have been canceled or postponed according to the terms of this contract.

Contact us with any questions on the program.