

E. FINANCIAL INFORMATION AND REFERENCES

BANK NAME	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CD'S	BANK NAME	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CD'S
NAME OF RELATIVE NOT LIVING WITH YOU	NAME (Last, First, Initial)	PRESENT ADDRESS (Street, City, State, Zip)	PHONE NUMBER RELATIONSHIP
PERSONAL REFERENCE NOT RELATED TO APPLICANT	NAME (Last, First, Initial)	PRESENT ADDRESS (Street, City, State, Zip)	PHONE NUMBER

F. INSURANCE INFORMATION

Credit Life and Credit Disability Insurance is available to protect your loan. Credit Life Insurance can reduce or pay off your loan if you die. Credit Disability Insurance can help make your loan payments if you should become disabled and unable to work.

- I am interested in applying for the insurance coverage(s) checked below. I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. I understand that the cost will be disclosed on my Truth-in-Lending Disclosure Statement. Insurance coverage will become effective after I apply and meet the eligibility requirements of the group policies when my loan or credit plan is approved.
- I would like information on the insurance coverage(s) checked below.

<input type="checkbox"/> Single Credit Life	<input type="checkbox"/> Joint Credit Life	<input type="checkbox"/> Credit Disability
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LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT	DATE
X	

SIGNATURE OF CO-APPLICANT	DATE
X	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

ADDITIONAL COMMENTS

FOR CREDIT UNION USE ONLY

LOAN OFFICER: APPROVED REJECTED REFERRED TO CREDIT COMMITTEE

REASON _____

LOAN OFFICER'S SIGNATURE	DATE
X	

CREDIT COMMITTEE: APPROVED REJECTED

REASON _____

CREDIT COMMITTEE'S SIGNATURE	DATE	CREDIT COMMITTEE'S SIGNATURE	DATE	DATE
X		X		

ECOA NOTICE SENT OR DELIVERED ON _____	BY _____
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