

# LOAN APPLICATION

## PURPOSE OF LOAN (Please see reverse side for important rate, fee, and other cost information)

<input type="checkbox"/> New or Used Vehicle <input type="checkbox"/> Personal Loan For the following purpose:	<input type="checkbox"/> Pre- approval <input type="checkbox"/> Other: _____	Amount Requested \$ _____	<input type="checkbox"/> VISA Classic <input type="checkbox"/> VISA Share-Secured <input type="checkbox"/> Overdraft Line of Protection
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**IMPORTANT:** If you are self-employed or retired, attach your income tax return and other proof of income. When applicable, please attach copy of your last payroll stub. If you have any questions, call us to avoid delays in processing your request at **(818) 902-3965**

**DEFINITIONS:** Whenever used in this Application, the words **You** and **Your** refer to the applicant(s), and the words **We**, **Us** and **Our** refer to CareConnections Federal Credit Union.

**INSTRUCTIONS:** 1. Complete all questions, or answer N/A. 2. Indicate if you are interested in Credit Life or Credit Disability by completing the Credit Insurance section below. 3. Sign the application. 4. Married applicants may apply for individual credit.  **Individual Credit:** complete the Applicant section a) if you are applying for individual credit in your own name; b) if you are not married; c) if you are NOT relying on alimony, child support or separate maintenance payments or on income or assets of another person as the basis for repayment of the credit requested. Complete the Co-applicant section as follows: a) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI, and Puerto Rico); b) about the person on whose income or assets you are relying for alimony, child support or maintenance payments as the basis for repayment of the credit requested.  **Joint Credit,** complete both Applicant and Co-applicant sections. A **guarantor** will have to fill out a separate application.

### I. APPLICANT

Name: _____		SSN: _____	Birth Date: _____
Driver's License # & State: _____		Home Phone # (_____) _____	Work Phone # (_____) _____
Address: _____		How long there: _____	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check one for Joint Credit or if you reside or are relying on property in a community property state: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single-divorced-widowed)		Residence: <input type="checkbox"/> Monthly Rent/Mortgage: \$ _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other (explain): _____	Age of Dependent(s): _____

**PRESENT EMPLOYER:** \_\_\_\_\_ Personnel Office Phone #: (\_\_\_\_\_) \_\_\_\_\_

Position held: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

**INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED.**

Source of Other Income: \_\_\_\_\_ Expected duration: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

#### OTHER INFORMATION

Do you have any of the following credit references held in your name or jointly? If YES, what is your monthly payment?  
 Real Estate Loans: \$ \_\_\_\_\_ Vehicle/Boat Loans: \$ \_\_\_\_\_ Other Loan/Cr. Card: \$ \_\_\_\_\_

**CREDIT INSURANCE: (Credit insurance is optional and not a condition for obtaining a loan. Please complete this section to indicate whether or not insurance is being requested. An appropriate disclosure will be furnished at the time your credit is approved. See VISA Chargecard Disclosure and signature line on the reverse).**

YES, interested in  Credit Life Insurance  Credit Disability Insurance  Involuntary Unemployment Insurance (VISA only)  
 NO, not interested in any optional credit insurance.

### II. CO-APPLICANT

Name: _____		SSN: _____	Birth Date: _____
Relationship with applicant _____		Age of Dependent(s) if other than above: _____	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License # & State: _____		Home Phone #: (_____) _____	Work Phone #: (_____) _____
Address: _____		How long there: _____	
<b>PRESENT EMPLOYER:</b> _____		Personnel Office Phone #: (_____) _____	
Position held: _____		Date Hired: _____ Gross Monthly Income: _____	

**INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED.**

**OTHER INFORMATION (Do not include payments already listed by Applicant.).** Do you have any of the following credit references held in your name only? If yes, please fill in your monthly payments.  
 Real Estate Loans: \$ \_\_\_\_\_ Vehicle/Boat Loans: \$ \_\_\_\_\_ Other Loan/Cr. Card: \$ \_\_\_\_\_

### III. SIGNATURE:

By signing below, you certify as to the accuracy of the information provided above. You understand it is a violation of Section 1014, Title 18, U.S. Code to make a false statement or overvalue security for the purpose of influencing the action of any Federally insured credit union. You authorize our employees and agents to investigate and verify any credit and employment information we consider appropriate from time to time. If you apply for an Overdraft Protection Line of Credit, you understand and agree that you are bound by the terms of the Loanliner® Credit Agreement and Insurance Certificate, and Addendum, and promise to pay according to their terms, all amounts charged to your Overdraft Protection Line of Credit. If you apply with a co-applicant and/or guarantor, you understand and agree that your liability is joint and several. You authorize us to accept your facsimile signature on this application and agree that your facsimile signature will have the same legal force and effect as your original signature. You assume any risk that may be associated with permitting us to accept your facsimile. You understand and agree that we may retain this application and any other credit information we may receive. You waive your right to confidentiality of your record with and authorize us to obtain such information from the Department of Motor Vehicles under California Vehicle Code §1808.21.

**For Credit Card applicants:** If you are issued a Credit Card, you grant and consent to a lien on your share and deposits in all joint and individual accounts you have with us now and in the future.

APPLICANT SIGNATURE (Attach Paycheck Stub) _____	DATE _____	CO-APPLICANT SIGNATURE (Attach Paycheck Stub) _____	DATE _____
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**Share-Secured Visa Applicants:** You will also sign a separate Share-Secured Pledge Agreement granting a pledge of shares in the amount of \$ \_\_\_\_\_ from Account No. \_\_\_\_\_

# VISA CHARGE CARD UNEMPLOYMENT, DISABILITY AND LIFE CREDIT INSURANCE DISCLOSURE

**LIFE BENEFITS:** If you or your co-cardholder (spouse) dies, Chargegard will pay the outstanding account balance as of the date of death, up to the master policy maximum. Suicide excluded except in ME, MD, MA, MO. In HI & IN at age 65 (66 in Iowa), life coverage converts to Accidental Death Coverage. Single life coverage only in MA, ME and VT.

**DISABILITY/UNEMPLOYMENT BENEFITS:** If you become disabled, Chargegard will make your minimum payment as long as you are under a doctor's care and unable to work. If you become involuntarily unemployed, Chargegard will make your scheduled minimum payment until you return to work or the master policy maximum has been paid. Retirement is not covered. Labor disputes/strikes are not covered in AR, IL, and not available in CT, MA, MN, and VT. Disability and Unemployment exclusions vary by state.

**GENERAL PROVISIONS:** You, the primary cardholder, are eligible for this coverage if you are employed full time in a non-seasonal occupation (seasonal restriction does not apply in AZ, MI, NC, NM, NY, OR & RI). Unemployment and disability benefits begin after 30 consecutive days of unemployment or disability and are paid retroactive to the first day of loss. Benefits are based on the outstanding balance as of the date of loss and the balance at the date of loss will not be adjusted to reflect finance charges accumulated during the benefit period. Benefits will continue until your balance is paid, you return to work, or you reach the limits of the master policy, whichever occurs first. Only Life benefits available to co-cardholder (Spouse). Benefits are not payable on purchases made while claims are being paid.

Maximum enrollment age is **69** in all states except (age 65 in IA, ID, MA, ME, NY, OR and TX, age **64** in CA, CT, HI, IN, MN, NJ, RI, VT, WA, WI, & WY) and coverage ends at age 65 in CA, CT, MN, NJ, RI, VT, WA, WI, and WY.

Maximum entry age is **70** in: AZ, FL, MI, MO & OK. Coverage ends at age **66** in ID, OR, MA, ME, NY, and TX.

The monthly premium is 66 cents per \$100 of your outstanding balance, which will be charged to your account. 26.4 cents in CT; 63.8 cents in GA; 64.6 cents in NC; 64.8 cents in ND; 46.9 cents in NH; 64 cents in NM; 62.1 cents in SC; 21.9 cents in VT; 42.7 cents in TX; 60 cents in CA, IA, ID, IN, MO, NJ, OR, RI, WA, & WY; 65.8 cents in AZ; 57.5 cents in HI; 28.9 cents in MA, and 55.8 cents in ME, 20.1 cents in MN; 51.1 cents in NY; 59 cents in WI. TX life rate: .057 cents per \$100; TX disability rate: 17 cents per \$100 ; TX unemployment rate: 20 cents per \$100.

Coverage is provided by American Bankers Life Assurance Company of Florida, and American Bankers Insurance Company of Florida, 11222 Quail Roost Drive, Miami, Florida, 33157-6596. Texas Life and Disability Certificate numbers AC3181CB-0592 (3.53 R.A.) and Involuntary Unemployment Certificate numbers are B2754EQ-1089 and AD9139CQ-0791. In NY, Life and Disability Coverage provided by Bankers American Life Assurance Company. In Puerto Rico, coverage is provided by Caribbean American Life Assurance Company and Caribbean American Property Insurance Company. **COVERAGE IS NOT AVAILABLE TO RESIDENTS OF PA. (6/20/94). CERTIFICATE PROVISIONS VARY BY STATE. READ YOUR CERTIFICATE CAREFULLY FOR FULL DETAILS OF COVERAGE AND EXCLUSIONS.**

Yes, enroll me in the VISA Chargegard Insurance Plan providing coverage as described herein. I understand it is not required to obtain the VISA credit card and will not be provided unless I sign and agree to pay the additional cost disclosed. Coverage, benefits exclusions and rates vary by state. I will receive an applicable insurance certificate when my credit is approved

APPLICANT SIGNATURE : \_\_\_\_\_ DATE \_\_\_\_\_

C O-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## POWER IN YOUR HANDS ... when you use the CARECONNECTIONS FEDERAL CREDIT UNION Credit Card for the purchase of goods or services:

- > No annual fee
- > Worldwide acceptance at more than 10 million merchant locations
- > No fee for first transfer of charge balances to your new VISA.
- > No charge for additional card(s)

### \$250,000 TRAVEL ACCIDENT INSURANCE

You are automatically covered by accidental death and dismemberment protection when traveling by any common carrier worldwide.

### TRAVEL RESERVATIONS

You can call toll-free 24-hour reservations on hotel/motel reservations, rental car arrangements, airline, train or cruises.

### TRAVEL DIVIDENDS

Dividends are yours whenever you use the Travel Reservations service.

### TRAVEL DISCOUNTS

You are guaranteed special savings on auto rental rates at Avis, Hertz and National.

### EMERGENCY CASH

You have emergency cash available, up to \$500, if you are stranded without cash.

### CARDHOLDER VANTAGE POINT

A quarterly newsletter will come to you with your card statement.

### EYE WEAR DISCOUNTS

This program entitles you to savings on most eye wear products.

## Important Disclosure Information – VISA Card

Annual Percentage Rate (APR) for Purchases, balance transfers and Cash Advances	<b>VISA CLASSIC: 10% to 18%*</b> <b>VISA SECURED: 10.00%*</b>
Grace Period for Repayment of Balances for Purchases (Not applicable to cash advances)	Finance Charges Imposed on Credit Purchases if Total New Balance Not Paid in Full within First 25 days of billing Cycle
Method of Computing the Balance for Purchases	Average Daily Balance Including New Purchases
Annual Fees	NONE
Minimum Finance Charge	NONE
Transaction Fee for Purchases	NONE
Transaction Fee for Cash Advance or balance transfer: 3% of advance (Minimum \$25, No Maximum ) Late Payment Fee: \$25 if your payment is more than 15 days late Over the Credit Limit Fee: \$ 25 per occurrence Pay by Phone Fee: \$10	

### \*Rate subject to credit evaluation

The information about the costs of the Card is accurate as of January 29, 2009. You can call us at (818) 247-2600 to inquire if any change occurred since that date. VISA Cards may not be used for any illegal transaction(s) including internet gambling.