

- New Application
- Change Request
- Visa Platinum with Rewards
- Visa Platinum without Rewards



CREDIT CARD APPLICATION

A table that includes the APRs and other required cost disclosures for credit card applications is on the next page of this 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 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 Request:** \$ _____ (do not complete if new applicant)

Applicant				Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor					
NAME				NAME					
PASSWORD		ACCOUNT NUMBER		PASSWORD		ACCOUNT NUMBER			
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE			
BIRTH DATE	HOME PHONE	WORK PHONE/ EXT.		BIRTH DATE	HOME PHONE	WORK PHONE/ EXT.			
E-MAIL ADDRESS				E-MAIL ADDRESS					
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		YEARS AT THIS 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		PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		YEARS AT THIS ADDRESS			
MORTGAGE/RENT OWED TO:				MORTGAGE/RENT OWED TO:					
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	NO. OF DEPENDENTS & AGE		MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	NO. OF DEPENDENTS & AGE			
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					
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER					
START DATE		POSITION		START DATE		POSITION			
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 \$	PER	OTHER INCOME \$	PER		EMPLOYMENT INCOME \$	PER	OTHER INCOME \$	PER	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE:		<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE:			
NAME AND ADDRESS OF PREVIOUS EMPLOYER			START DATE/END DATE	NAME AND ADDRESS OF PREVIOUS EMPLOYER			START DATE/END DATE		
Deposit Account Name & Account Number		VALUE	Creditor Name & Account Number		BALANCE	MONTHLY PAYMENT			
SAVINGS:		\$	CREDITOR:		\$	\$			
CHECKING:		\$	CREDITOR:		\$	\$			
Other Assets			CREDITOR:		\$	\$			
OTHER PROPERTY:		\$	CREDITOR:		\$	\$			
OTHER:		\$	AUTO:		\$	\$			
AUTO:	MAKE:	YEAR:	OTHER:		\$	\$			
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
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.
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

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

CREDIT UNION USE ONLY

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

TABULAR DISCLOSURE

Annual Percentage Rate (APR) for Purchases	Other APR's	Grace Period for Purchases	Method of Computing the Balance for Purchases	Annual Fee	Minimum Finance Charge	Transaction Fee for Purchases
Visa Platinum with Rewards Introductory APR: 6.9% - 10.9% for a period of 90 days from the issuance date, 9.9% - 13.9% Thereafter ◊ Visa Platinum (without Rewards) Introductory APR: 6.9% - 10.9% for a period of 90 days from the issuance date, 8.9% - 12.9% Thereafter ◊	Cash Advance Visa Platinum with RewardsIntroductory APR: 6.9% - 10.9% for a period of 90 days from the issuance date, 9.9% - 13.9% Thereafter◊ Visa Platinum (without Rewards)Introductory APR: 6.9% - 10.9% for a period of 90 days from the issuance date, 8.9% - 12.9% Thereafter◊ Balance Transfer Visa Platinum with Rewards6.9% - 10.9%◊ Visa Platinum (without Rewards)6.9% - 10.9%◊	25 Days	Average Daily Balance (Including New Purchases)	None	None	None

Multiple Currency Foreign Transaction Fee1%♦
 Single Currency Foreign Transaction Fee0.80%♦
 Balance Transfer Fee \$5.00
 Late Payment Fee \$29.00
 Over the Credit Limit Fee..... \$20.00

◊ The ANNUAL PERCENTAGE RATE is based on certain creditworthiness criteria.
 ♦ of transaction amount

The information about the costs of the card described in this application is accurate as of 05/2009. This information may have changed after that date. To find out what may have changed, contact the credit union.

CREDIT INSURANCE

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road
Madison, WI 53701-0391
Phone: 800/937-2644

CREDIT INSURANCE APPLICATION & SCHEDULE

"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 the "yes" box below 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 below 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 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. 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 insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for disability insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER

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

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
ACCOUNT NUMBER	GROUP POLICY NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$	N/A
DATE OF ISSUE OF THIS CERTIFICATE		MAX. INSURABLE BALANCE		\$	\$
DATE		MEMBER'S DATE OF BIRTH		MAXIMUM AGE FOR INSURANCE	
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)		SECONDARY BENEFICIARY (If you desire to name one)			
SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		DATE			
X		DATE			
X		JOINT INSURED'S DATE OF BIRTH			

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CREDIT INSURANCE APPLICATION & SCHEDULE

"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 the "yes" box below 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 below 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 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. 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 insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for disability insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER

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

MEMBER	INSURANCE MAXIMUMS	DISABILITY	LIFE
ACCOUNT NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$	N/A
GROUP POLICY NUMBER	MAX. INSURABLE BALANCE	\$	\$
DATE OF ISSUE OF THIS CERTIFICATE	MAXIMUM AGE FOR INSURANCE	SECONDARY BENEFICIARY (If you desire to name one)	
DATE	MEMBER'S DATE OF BIRTH	DATE	JOINT INSURED'S DATE OF BIRTH
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)	SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		
X	X		