

# APPLICATION



835 Merchant Street  
Ambridge, PA 15003-2325  
(724) 266-7675  
newalliancefcu.com

There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at \_\_\_\_\_ or writing to us at the address stated on 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

- 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.

**LOANLINER Account/Loan:**  Individual  Joint  
(Including ATM/Debit card access to the account if available)

**Credit Card Account:**  Individual  Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant  <b>X</b>  (Seal)	Date    (Seal)	Co-Applicant  <b>X</b>  (Seal)	Date    (Seal)
---	----------------------------	--	----------------------------

Amount Requested \$ \_\_\_\_\_  Credit Limit Requested \$ \_\_\_\_\_  
Purpose/Collateral: \_\_\_\_\_ If Authorized User, Name: \_\_\_\_\_

**PAYMENT PROTECTION** Are you interested in having your loan protected?  YES  NO

If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

**Guarantors Complete OTHER section below.**

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

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		
STARTING DATE	ENDING DATE	STARTING DATE	ENDING DATE
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	

**STATE LAW NOTICE(S)**

**Notice to Nebraska Residents:** A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

**Notice to Ohio Residents:** 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.

**Notice to Wisconsin Residents:** (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.

Signature for Wisconsin Residents Only	Date
<b>X</b>	(Seal)

**CONSENSUAL SECURITY INTEREST**

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 IRA or 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. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
<b>X</b>	(Seal)

Security Interest Acknowledgement and Agreement	Date
<b>X</b>	(Seal)

**SIGNATURES**

By signing or otherwise authenticating below:

- 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 crime to willfully and deliberately provide incomplete or incorrect information in this application.
- If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
<b>X</b>	(Seal)

Other Signature	Date
<b>X</b>	(Seal)

**CREDIT UNION USE ONLY**

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	APPROVED LIMITS: \$	SIGNATURE \$	LINE OF CREDIT \$	OTHER \$	OTHER \$	DEBT RATIO/SCORE BEFORE AFTER
------	---	---------------------	--------------	-------------------	----------	----------	----------------------------------

LOAN OFFICER COMMENTS:

Credit Committee or Loan Officer Signatures

Date
<b>X</b> (Seal)

Date
<b>X</b> (Seal)



CMFG Life Insurance Company

Home Office:
2000 Heritage Way • Waverly, IA 50677
Administrative Office:
5910 Mineral Point Road • Madison, WI 53705
Phone: 800.356.2644

SCHEDULE

Form with fields for Credit Union Name, Group Policy Number, Account Number, Borrower #1 Name and Address, Borrower #2 Name, Insurance Applied For, Monthly Cost Per \$100, Effective Date of Insurance, Maximum Life Benefit, Maximum Issue Age, Termination Age, and Secondary Beneficiaries.

APPLICATION FOR GROUP CREDIT INSURANCE

“You” or “Your” means a person who is borrowing from the Credit Union. A business entity, partnership, corporation, association, cosigner or guarantor is not eligible for coverage.

Credit insurance is voluntary and not required in order to obtain credit. You may select any insurer of Your choice. You are applying to CMFG Life Insurance Company for credit insurance on Your account. You can get this insurance only if You are eligible for the coverage and check the appropriate boxes above to select coverage and sign Your name and write in the date below. The rate You are charged for the insurance is subject to change. You will receive written notice before any change goes into effect. You have the right to stop this insurance by notifying Your Credit Union in writing.

**NOTICES:**

**IF THE AMOUNT OF YOUR OUTSTANDING BALANCE IS GREATER THAN THE MAXIMUM LIFE BENEFIT, THIS INSURANCE WILL NOT BE ENOUGH TO COMPLETELY PAY OFF YOUR ACCOUNT.**

**THIS CERTIFICATE OF INSURANCE CONTAINS A PRE-EXISTING CONDITIONS EXCLUSION THAT IS APPLIED FROM THE EFFECTIVE DATE OF INSURANCE. THIS EXCLUSION MAY PREVENT A BENEFIT FROM BEING PAYABLE. REFER TO THE CERTIFICATE FOR FURTHER DETAILS.**

**YOU ARE NOT ELIGIBLE FOR INSURANCE COVERAGE IF YOU ARE OVER THE MAXIMUM ISSUE AGE SHOWN IN THE SCHEDULE AS OF THE DATE YOU SIGN THIS APPLICATION.**

**LIFE INSURANCE WILL TERMINATE WHEN YOU REACH AGE 70 .**

**ELIGIBILITY - PLEASE ANSWER THE FOLLOWING QUESTION.**

1. What is Your Date of Birth?

Borrower #1

Borrower #2

DO NOT SIGN THIS APPLICATION IF ANY SPACES APPLICABLE TO THE BORROWER ELECTING THE COVERAGE AND TO THE COVERAGE BEING ELECTED HAVE NOT BEEN COMPLETED. THE APPLICATION WILL NOT BE USED IN A CONTEST IF THE BORROWER(S) HAVE NOT ANSWERED THE QUESTIONS APPLICABLE TO THE COVERAGE BEING APPLIED FOR AND/OR IF THE BORROWER(S) HAVE NOT SIGNED AND DATED THE APPLICATION.

**WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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 subjects such person to criminal and civil penalties.**

Your signature below means:

You authorize the Credit Union to add the charges for insurance to Your account each month. • You understand that the rate You are charged for the insurance is subject to change. • You understand that You will be insured only for Advances actually received by You, not for any unused credit which may be available. • You understand that each Advance is subject to the terms and conditions contained within the Group Policy. • You understand that the insurance coverage is subject to the Maximum Life Benefit and the Termination Age shown in the Schedule. • You want the coverage(s) selected, even if the insurance will terminate because You reach the Termination Age before Your account is paid off. • You have received the Certificate of Insurance for the coverage(s) selected. • The statements contained in this Application are representations and are true and correct to the best of Your knowledge and belief.

Signature of Borrower #1	Date
<b>X</b>	

Signature of Borrower #2	Date
<b>X</b>	

Signature of Witness	Date
<b>X</b>	