CHECK LIST

1.	Account #	(must have	account	before loans	can be proc	cessed)
2.	Purpose of Loan:					
3.	Amount Needed:					
4.	Repayment:	_Monthly Weekly		Bi-W Ser	-	
5.	Term of Loan:	5 years 2 Years		•	З ує	ears
6.	Insurance on Loan: Jt.Life/Single	Life e Disability		Disability Life and Disa		

Along with completed loan application & checklist, please include a copy of a **RECENT PAYSTUB** or **VERIFICATION OF OTHER INCOME** you receive (i.e. social security, retirement, child support, etc.) Thank you.

Chen-Del-O Federal Credit Union 114 Main Street - PO Box 102 Franklin NY 13775-0102			c	ONSUMER LOA	
607-829-3560 - 800-462-0320		ACCOUNT NUMBER DATE			DATE
MARRIED APPLICANTS may apply for a separate ac Individual Credit – You must complete the applican (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI); (2) you Joint Credit – If you are applying for a joint accou Co-Applicant section.	t section about yourself a r spouse will use the acco nt or an account that you	nd the other ount; or (3) ye	section about yo	our spouse if: (1) You live ir your spouse's income as a	a source of repayment.
Type of Credit Applied For:	Sour Creak				
Loan Type (auto, credit card, signature):		Amount	Requested:		Term (mos)
Purpose:					· · ·
Payment Method: Cash Military Allotment					
Payroll Deduction 🗌 Automa	•				
Notice To Credit Card Applicants: Please refer to the Impo Credit Card. You further understand that if you are approved, conditions of the credit card agreement provided to you separ	your use or allowing the ca	uded with this ard to be used	application for info I will constitute ack	ormation regarding the costs knowledgment, receipt and yo	associated with the use of your our agreement to the terms and
			OUSE 🗌 C	O-APPLICANT	
Complete for secured credit or if you live in a community	property state.			edit or if you live in a comm	nunity property state. (Single, Divorced, Widowed)
	, Divorceu, Widowed)		/CO-APPLICANT NA		(Single, Divolced, Widowed)
SOCIAL SECURITY NO. DRIVER'S LICENSE NO. & STATE	BIRTH DATE	SOCIAL	SECURITY NO.	DRIVER'S LICENSE NO. &	STATE BIRTH DATE
HOME PHONE NO. NO. OF DEP.	DO YOU:	HOME P	HONE NO.	NO. OF DEP.	
MOTHER'S MAIDEN NAME E-MAIL ADDRESS		MOTHER	S MAIDEN NAME	RELATIONSHIP	TO APPLICANT
CURRENT STREET ADDRESS	APT. NO. SINCE	CURREN	IT STREET ADDRES	S	APT. NO. SINCE
CITY/STATE/ZIP CODE	I	CITY/ST/	ATE/ZIP CODE		
FORMER STREET ADDRESS (if current less than 2 years)	YEARS THERE	FORMER	FORMER STREET ADDRESS(if current less than 2 years)		
CITY/STATE/ZIP		CITY/ST/	ATE/ZIP		
PERSONAL REFERENCE 1 (Name and Address)	PHONE NO. & RELATIONSHIP	PERSON	IAL REFERENCE 1 (PHONE NO. & RELATIONSHIP	
PERSONAL REFERENCE 2 (Name and Address)	PHONE NO. & RELATIONSHIP	PERSON	IAL REFERENCE 2 (Name and Address)	PHONE NO. & RELATIONSHIP
EMPLOYMENT & INCOME If you are self-employed, atta	ach a financial statement and vo	ur most recent i	ncome tax return		
CURRENT EMPLOYER	HIRE DATE	CURREN	IT EMPLOYER		HIRE DATE
CURRENT ADDRESS		CURREN	IT ADDRESS		
WORK PHONE NO. POSITION N	IONTHLY GROSS INCOME	WORK P	HONE NO.	POSITION	MONTHLY GROSS INCOME
FORMER EMPLOYER (if current less than 2 years)		FORMER	R EMPLOYER (if curre	ent less than 2 years)	\$
OTHER INCOME You need not list income from alimony, child SOURCE OF OTHER INCOME FREQUENCY	MONTHLY INCOME	SOURCE	ish it considered for p OF OTHER INCOM	E FREQUENCY	MONTHLY INCOME
1. ASSETS & DEPOSITS Please check the appropriate box b		licant OR	C - Spouse/Co-Applic	ant	\$
	CURRENT	CHECK OI	NE	FINANCIAL INSTITUTION N	JAME CURRENT BALANCE
	BALANCE \$	A	C TYPE		\$
	\$				\$
AUTO #1 MAKE MODEL YEAR	VALUE	AUTO #2 N	ЛАКЕ	MODEL YEAR	\$ VALUE
	\$				\$
REAL ESTATE TYPE	VALUE \$	OTHER AS	55E15		VALUE \$
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Be sure to list all open accounts with or without a balance. Attach separate sheet if necessary A - APPLICANT
C - SPOUSE/CO-APPLICANT
D - DEBTS TO BE PAID OFF IF LOAN IS GRANTED

	ASE C⊦ C	ECK D	LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS			ACCOUNT NUMBER	BALANC	=		/ONTH AYMEN				
A	C	D	RENT OR MORTGAGE									110		
			WER THE FOLLOWING QUESTIONS AND	4	4	(0				4	1	C	~
			A = Applicant C = Spouse/Co-Applicant	YES	NO	YES	NO				YES	NO	YES	NO
1.	Have Date		ver filed a petition for bankruptcy?					6.	Have you ever had credit in any other na What Name?	me?				
2.	Have	e you e erty for	ver had any auto, or furniture repossessed or eclosed upon?					7.	Have you any suits pending, judgments the child support awards against you?	iled, alimony or				
3.		Nhom 3	o-borrower or co-signer of any loan or lease?					8. Are you on temporary work assignment or internship?						
4.	Do y	ou hav	e any past due bills?					9.	Are you a U.S. citizen or permanent resid	dent alien?				
5.	ls ind	come li	sted likely to be reduced in the next two years?											

OPTIONAL CREDIT INSURANCE – The Credit Union will disclose the cost of voluntary insurance to you. A separate insurance election that discloses the terms and conditions must be signed for coverage to become effective.

You are interested in: 🗌 Single Credit Life Insurance 🗍 Joint Credit Life Insurance 🗍 Single Credit Disability Insurance 🗍 Joint Credit Disability Insurance

SIGNATURES – Are you currently on active military duty? Yes No

You promise that the information stated in this TotaLoan Consumer Loan Application is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about its credit history with you. The Credit Union may also obtain credit reports to update, increase, extend or renew credit with you. False or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information to obtain credit. If you request, you will be provided the name and address of any credit bureau from which we received a credit report. As security for any loan to you or on your behalf, you grant the Credit Union a Security Interest in all individual and joint share or other accounts you have with the Credit Union now and in the future. When you are in default you authorize the Credit Union to take that money and apply it to what you owe. Shares and deposits that would have an adverse tax consequence if pledged as security are not subject to this Security Interest. 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 will allow us to identify you. We may also ask to see your driver's license and other identifying information.

X		X	
Applicant/Co-Signer	Date	Spouse/Co-Applicant	Date

Credit Union Use Only				
Loan Approved 🗆 Yes 📄 No, reason	Comments:			
Debt Ratio/Score: Before After				
	Loan Officer Signature Date			
ECOA Notice and reason for Rejection sent or delivered on	X			

OPTIONAL CREDIT INSURANCE DISCLOSURE

THIS FORM, WHEN SIGNED, BECOMES PART OF YOUR LOAN AGREEMENT WITH THE CREDIT UNION.

CHEN-DEL-O FEDERAL CREDIT UNION

(The Credit Union)

Credit life and/or credit disability insurance is optional. If you want this insurance, you must complete questions 1 - 3 below. If we approve your application, you must pay the additional cost for the insurance requested.

Each month, the credit life insurance premium is calculated by multiplying the outstanding principal loan balance on the last day of the billing cycle by the Rate per Month Per \$1,000 and then dividing the result by 1,000.

For credit disability insurance, the total of the remaining scheduled payments on the last day of the billing cycle is multiplied by the rate per \$1,000 and the result is divided by 1,000.

Credit	Insurance Requested	Rate Per Month Per \$1,000
	Yes, I want Single Life	\$ 0.55
	Yes, I want Joint Life	\$ 0.88
	Yes, I want credit disability – Single Coverage	\$ 2.33

I/We Do Not Want Credit Insurance

If I/we have applied for credit insurance, I/we authorize the Credit Union named above to add the insurance premium to my/our loan account and charge me/us interest on the premium loan at the same rate of interest which applies to the loan account and forward the premium collected from me/us to the Insurance Company. The premium rates are subject to change and you will be given thirty (30) days written notice of any increase in premium.

Creditor:

CHEN-DEL-O Federal Credit Union

Proposed	Primary	Insured:

Proposed Joint Insured:

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

Home Office: 344 Route 9W, Glenmont, NY 12077

Administrator: Credit Insurance Division, P.O. Box 9007, League City, TX 77574-9007

Toll Free: (800)-899-6502

DEBTOR AND CO-DEBTOR SHORT FORM HEALTH STATEMENT

-READ AND ANSWER THE FOLLOWING QUESTIONS AS INSTRUCTED-

NOTE: ALL QUESTIONS MUST BE COMPLETED IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR INSURANCE

INSTRUCTIONS - For life and disability coverage, answer question 1.

1 a) Have you, within the past 12 months, been diagnosed or treated by a physician for having any of the following conditions or diseases: Heart Disease, Neurological Disorder, Stroke, Cancer, Tuberculosis, Drug or Alcohol Abuse, Kidney Disease or Disease of the Lungs or Liver?

b) Have you ever been treated or diagnosed as having: AIDS Related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)?

IF YOU ANSWER "YES"	TO QUESTION 1,	YOU DO NOT	QUALIFY FOR L	IFE AND/OR D	ISABILITY INSUF	ANCE.

INSTRUCTION - For disability coverage also answer questions 2 & 3. Do not answer if I

2. Have you, within the past 12 months, been diagnosed or treated by a physician for having any of the following conditions or diseases: Back or Neck Disorder, Nervous or Mental Disorder, Chronic Fatigue Syndrome?

3. Are you currently unemployed or working less than 25 hours per week?

ife only							
Proposed E	Debtor	Proposed	Proposed Co-Debtor				
YES	NO	YES	NO				
				٦			
				٦			

Proposed Co-Debtor

YFS

NO

(Please initial appropriate box)

Proposed Debtor

NO

(Please initial appropriate box)

YFS

IF YOU ANSWERED "YES" TO QUESTIONS 2 OR 3, YOU DO NOT QUALIFY FOR DISABILITY COVERAGE. HOWEVER, IF YOU ANSWERED "NO" TO QUESTION 1, YOU QUALIFY FOR LIFE INSURANCE.

I represent the information and answers to all questions contained herein are answered truthfully, to the best of my knowledge and belief and understand if found to be untrue may result in no coverage. I agree that these answers be relied upon by the insurance company as the basis for issuing the insurance in connection with my loan. I understand that material misrepresentations will be sufficient grounds for the Company to rescind coverage or deny benefits. I understand that this application shall form a part of the Certificate for which application is made. I declare that my age does not exceed the Maximum Age on the Effective Date as stated in the Schedule above on the Effective Date of Insurance. The Certificate will describe the terms and conditions of my coverage.

"For Disability Insurance Only: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I acknowledge receipt of a copy of this form.

Debtor's Signature

Co-Debtor's Signature

ANMOBCEOE-APHQ (NY)



Credit Union Copy

Date

Date of Birth

Date of Birth

_ .

CREDIT CARD SOLICITATION DISCLOSURE

IF YOU ARE APPLYING FOR A CREDIT CARD, THE FOLLOWING IS YOUR REQUIRED DISCLOSURE INFORMATION - The information provided in this disclosure is accurate as of May 1, 2013. The information may have changed after that date. To find out what may have changed contact us at the address shown in this application. Before we approve you for a credit card, we will review your credit report, and the information you provide with your application to confirm that you meet the criteria for this offer. The full terms and conditions will be outlined in the Credit Card Agreement and Disclosure which will be sent you after approval.

Interest Rates and Interest Charges						
ANNUAL PERCENTAGE RATE	Platinum Mastercard – 9.90%					
for Purchases	Classic Mastercard – 11.90%					
ANNUAL PERCENTAGE RATE for Balance Transfers	Platinum Mastercard – 9.90% Classic Mastercard – 11.90%					
ANNUAL PERCENTAGE RATE for Cash Advances	Platinum Mastercard – 9.90% Classic Mastercard – 11.90%					
How to Avoid Paying Interest	Your due date is at least 25 da ys after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entir e balance by the due date each month. We will be gin charging interest on balance transfers and cash advances on the transaction date.					
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at: http://www.consumerfinance.gov/learnmore.					
Fees						
Transaction Fees						
Foreign Transactions	1.00% of each transaction in U.S. dollars.					
Penalty Fees						
Late Payment Returned Payment Fee	Up to \$20.00 Up to \$25.00					
Replacement Card Fee	Up to \$10.00					
Replacement PIN Fee	Up to \$5.00					

How We Will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)".