

Eddy Federal Credit Union

Loan Application

1. Complete highlighted areas for all applicants
2. Under “What you owe” Please list all obligations including rent and mortgage.
3. Answer all four of the “Information about you” questions.
4. All applicants please sign application
 - a. Application will not be taken without signatures
5. If you are interest in Credit Life or Disability please fill out the Insurance pages and sign.
6. For Collateral loans – Please select whether or not you are interest in GAP Protection Coverage
7. Please list at least 3 References

Documents needed to complete application:

Most recent proof of Income (2)

Valid Driver’s License



EDDY FEDERAL CREDIT UNION
 909 West Pierce Street
 Carlsbad, New Mexico 88220
 © (505) 867-1784

LOANLINER

Application

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 the 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.

LOANLINER Account/Loan: Individual Joint
 (Including ATM/Debit Card Access to the Account if Available)

Amount Requested \$

Purpose/Collateral:

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

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.

APPLICANT	
NAME	
ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS
BIRTH DATE	HOME PHONE
	CELL PHONE
	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	
	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)	
	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
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	
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE
	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE	ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE
	ENDING DATE
REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE

OTHER	
<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME	
ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS
BIRTH DATE	HOME PHONE
	CELL PHONE
	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	
	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)	
	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
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	
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE
	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE	ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE
	ENDING DATE
REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE

WHAT YOU OWE	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
			\$	\$		
	SEE ATTACHED		\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

WHAT YOU OWN	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	APPLICANT	OTHER
		\$				
	SEE ATTACHED	\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		

OTHER INFORMATION ABOUT YOU IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET

1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? APPLICANT OTHER

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?

3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?

4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?
 FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____

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.

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 and that the above information is a complete listing of what you owe. 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.

(SEAL) _____ DATE _____
 APPLICANT'S SIGNATURE

(SEAL) _____ DATE _____
 OTHER SIGNATURE

FOR CREDIT UNION USE ONLY

DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE	AFTER
			\$	\$	\$	\$		

LOAN OFFICER COMMENTS: _____
 SIGNATURES: _____ DATE _____ _____ DATE _____



CUNA MUTUAL GROUP

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

**MONTHLY PREMIUM
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

SCHEDULE OF CREDIT INSURANCE																								
Credit Union/Primary Beneficiary Eddy Federal Credit Union		Group Policy Contract No. 130-0077-0																						
Borrower 1 Name and Address		Email Address																						
		Birth Date																						
Borrower 2 Name and Address		Email Address																						
		Birth Date																						
Account No./Loan No.		Secondary Beneficiary																						
<input type="checkbox"/> Closed-End	Estimated Insurance Charge Life \$ Disability \$	Term of Loan months	If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan.																					
<input type="checkbox"/> Open-End	Rate(s) per \$1000 of Your monthly Loan balance Single Life \$ 0.69 Joint Life \$ 1.02	Single Disability \$ 1.64 Joint Disability \$ 2.65																						
Insurance Applied For		Applicable Maximums																						
Life Insurance Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint*) <input checked="" type="checkbox"/> N/A Only borrower 2 (single) <input type="checkbox"/> Neither borrower *Available for spouses and business partners only		<table border="1"> <thead> <tr> <th></th> <th>Life</th> <th>Disability</th> </tr> </thead> <tbody> <tr> <td>Maximum Monthly Disability Benefit</td> <td>N/A</td> <td>\$850.00</td> </tr> <tr> <td>Total Benefit Maximum</td> <td>\$50,000.00</td> <td>\$50,000.00</td> </tr> <tr> <td>Maximum Issue Age</td> <td>72</td> <td>67</td> </tr> <tr> <td>Termination Age</td> <td>72</td> <td>67</td> </tr> <tr> <td>Maximum Eligible Loan Term*(in months)</td> <td>Unlimited</td> <td>Unlimited</td> </tr> <tr> <td>Maximum Term of Insurance*(in months)</td> <td>Unlimited</td> <td>Unlimited</td> </tr> </tbody> </table>			Life	Disability	Maximum Monthly Disability Benefit	N/A	\$850.00	Total Benefit Maximum	\$50,000.00	\$50,000.00	Maximum Issue Age	72	67	Termination Age	72	67	Maximum Eligible Loan Term*(in months)	Unlimited	Unlimited	Maximum Term of Insurance*(in months)	Unlimited	Unlimited
	Life	Disability																						
Maximum Monthly Disability Benefit	N/A	\$850.00																						
Total Benefit Maximum	\$50,000.00	\$50,000.00																						
Maximum Issue Age	72	67																						
Termination Age	72	67																						
Maximum Eligible Loan Term*(in months)	Unlimited	Unlimited																						
Maximum Term of Insurance*(in months)	Unlimited	Unlimited																						
Disability Insurance Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> N/A Only borrower 2 (single) <input type="checkbox"/> Neither borrower		*Closed-End Only																						
Waiting Period 14 days	Benefits Begin Retroactive																							

CI-MP-SCH-OECE-S1 NM(25)

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

CI-MP-BAPP-OECE-S2 NM(25)
© CUNA Mutual Group 2011 All Rights Reserved

CREDIT UNION COPY

(continued)

INMA90 012414
130-0077-0

EVIDENCE OF INSURABILITY QUESTIONS:

INSTRUCTIONS:

Applicants for life insurance: If You are applying for life insurance more than 30 days after the date of a Loan/Advance, You must answer Health Question 1.

Applicants for disability insurance: You must answer the Actively at Work Question. If You are applying for disability insurance more than 30 days after the date of a Loan/Advance, You must also answer Health Questions 1 and 2.

Actively at Work Question

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	Mark as appropriate			
	Borrower 1		Borrower 2	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

Health Question 1

In the past 3 years, have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Mark as appropriate			
	Borrower 1		Borrower 2	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2

In the past 3 years, have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Mark as appropriate			
	Borrower 1		Borrower 2	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any Insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- If a balloon payment is part of Your Loan (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You have received both Part A and Part B of the certificate.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature _____ Date _____ X	Borrower 2 Signature _____ Date _____ X
--	--

Date _____

Name _____

Co-Applicant _____

_____ Yes I would like to add GAP insurance to my vehicle loan. I understand that the insurance cost 649.00 and that it is a one-time fee.

_____ No I don't want to add GAP insurance to my vehicle loan.

What is Member's Choice Guaranteed Asset Protection Plus (GAP PLUS)?

It's a way to help protect your vehicle loan. Many times primary auto insurance settlements don't pay off your loan balance. When you buy a new or used vehicle, there's no way to know if it will be stolen or totaled in an accident. With MEMBER'S CHOICE Guaranteed Asset Protection Plus, you're protecting your vehicle investment against a possible financial loss.

How Does It Work?

The fee can be included with your monthly payments or made separately by cash, check, charge or possibly electronic funds transfer. If there's a difference between what you owe on your loan and the value of your vehicle, GAP Plus will help pay the difference based on the terms of your member agreement. By taking a few simple steps while signing your loan paperwork, you're helping take responsibility for your financial future. Your loan officer can show you how.

Why is it valuable?

New and used vehicles often depreciate rapidly and vehicle loans are typically getting longer in terms. There may be a point where you owe more than it's worth. That's where MEMBER'S CHOICE GAP Plus can kick in. GAP Plus will help cancel the difference between the primary insurance settlement and what you may still owe. In addition, if your vehicle is stolen or totaled in an accident, it will cancel \$1,000.00 of your next loan with your credit union when you purchase a replacement vehicle within 60 days of your primary insurance settlement. MEMBER'S CHOICE Guaranteed Asset Protection Plus helps you prepare for the unexpected.

References

Please list references other than those that live with you
at your current address.

1. Name: _____

Relation: _____

Address: _____

Phone: _____

2. Name: _____

Relation: _____

Address: _____

Phone: _____

3. Name: _____

Relation: _____

Address: _____

Phone: _____