

**CONSUMER LOAN APPLICATION (Rev 3/2011)**



**Payment Method:**  
 Payroll  ACH   
 Coupons  Auto Transfer

Account No \_\_\_\_\_  
 Rate Type:  Variable  Fixed  
 Security Offered: \_\_\_\_\_

**LOAN REQUEST**

PURPOSE OF LOAN	AMOUNT REQUESTED	MONTHS NEEDED	RATE
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**PERSONAL INFORMATION**

This application is designed to be completed by the applicant(s) with the lender's assistance.

**Check One: We intend to apply for**  Individual  Joint credit **Applicant (initials)** \_\_\_\_\_ **Co-Applicant (initials)** \_\_\_\_\_

<b>APPLICANT</b>	<b>OTHER:</b> <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR
FULL NAME _____ DOB (MM/DD/TY) _____	FULL NAME _____ DOB (MM/DD/YY) _____

HOME - <input type="checkbox"/> Own <input type="checkbox"/> Rent Amount \$ _____	HOME - <input type="checkbox"/> Own <input type="checkbox"/> Rent Amount \$ _____
ADDRESS _____	ADDRESS _____
CITY, ST ZIP _____	CITY, ST ZIP _____
HOME PHONE: _____	HOME PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____

PREVIOUS ADDRESS (Complete if less than 2 years at present address) \_\_\_\_\_

<b>MARTIAL STATUS</b>	<b>DEPENDENTS</b>	<b>MARTIAL STATUS</b>	<b>DEPENDENTS</b>
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	No. _____ Ages _____	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	No. _____ Ages _____

Social Security Number \_\_\_\_\_

Name and address of nearest relative NOT living with you and relationship. \_\_\_\_\_

Are you co-maker or guarantor on any other loans?  Yes  No  
 If "yes" for whom - Amount \$ \_\_\_\_\_

**INCOME**

(If self-employed, please provide two years of tax returns) Hire Date _____ GROSS Monthly Income \$ _____ <b>EMPLOYER NAME:</b> _____ PHONE: _____ POSITION: _____ ADDRESS: _____ CITY, ST ZIP: _____	(If self-employed, please provide two years of tax returns) Hire Date _____ GROSS Monthly Income \$ _____ <b>EMPLOYER NAME:</b> _____ PHONE: _____ POSITION: _____ ADDRESS: _____ CITY, ST ZIP: _____
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**Notice:** Alimony, Child Support, or Separate Maintenance income need not be revealed if you do not choose to have it considered.  
 Other Income: Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_

**LIABILITIES**

**PERSONAL FINANCIAL INFORMATION – Attach additional sheet if necessary. "X" obligations to be paid with this loan.**

Liabilities (Lists all debts including credit cards and other charge accounts.)									
Owed to:	Orig. Amt.	Pymt. Amt.	Current Bal.	Owed to:	Orig. Amt.	Pymt. Amt.	Current Bal.		
				Total of Student Loans					
				Alimony/Child Support					
				Total Liabilities					
Applicant's Signature _____ Date _____				Other Signature _____ Date _____					

**FOR CREDIT UNION USE ONLY**

Date _____	Advance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Counter Offer Made	Approved	Collateral	Ln Amt Rt Amt
Remarks _____			Signature _____		Date _____
Advanced \$ _____ Payment Amt. \$ _____			Signature _____		Date _____
Rate _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable First Pymt. Due _____			Debit Ratio _____ Share Balance _____ Rate Adjustment _____		
No. of Payments _____ Last Pymt. Due _____					
Note # _____					

**Four Points Federal Credit Union**  
PO Box 541030  
510 North 127<sup>th</sup> Street  
Omaha Nebraska 68154-9030

**EQUAL CREDIT OPPORTUNITY DISCLOSURE /  
PRIVACY PLEDGE TO MEMBERS**

The Federal Equal Credit Opportunity Act prohibits any creditor from discriminating against any aspect of a credit transaction on the basis of marital status, race, color, religion, sex, national origin or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income is derived from a public assistance program, or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The Federal Agencies that administer compliance with this law concerning the creditor Four Points Federal Credit Union are:

Assistant Secretary for Fair Housing  
and Equal Opportunity  
Dept of Housing & Urban Development  
Washington DC 20410

AND

National Credit Union Administration  
Office of Examination and Insurance  
1775 Duke Street  
Alexandria VA 22314-3428

Four Points Federal Credit Union has also notified me that I am not required or compelled to disclose, unless I choose to do so, income received from alimony child support or a separate maintenance payment.

After the credit union has received and processed my completed application, the credit union will notify me within 30 (thirty) days (or such longer reasonable time if needed) of the action taken on my application. If adverse action is taken, the credit union shall provide me with a written statement of reasons for the refusal to extend credit.

After the credit union has received and processed my completed application, the credit union will give me a written notification of the adverse action. If I receive such a notification, I am entitled to a statement of reasons for the adverse action. I acknowledge that I must request the statement of reasons within 60 (sixty) days of my receipt of the notification. Four Points Federal Credit Union will respond to my request within 30 (thirty) days. I can request the statement orally or in writing. Requests should be directed to Four Points Federal Credit Union, PO Box 541030, Omaha NE 68154. If my request is submitted orally, I am advised of my right to have the statement of reasons confirmed in writing upon my written request.

Four Points Federal Credit Union values and respects the private personal and financial information of our members. As a credit union member, you can be confident that your financial privacy is one of Four Points Federal Credit Union's top priorities. We are required by law to provide you with this privacy statement to explain how the credit union collects, uses and safeguards your personal financial information. If you have any questions, please contact Four Points Federal Credit Union by calling (800) 323-2786 or (402) 431-5180. You may also direct your questions to us in writing or by visiting our main office at: PO Box 541030, 510 North 127<sup>th</sup> Street, Omaha, Nebraska 68154-9030.

We will not sell our membership list to anyone. We will collect only the personal information about our members that is necessary to assist us in providing products and services to our members.

We will share information about our members only with servicing company that we engage to assist us with internal operations and in providing services to our members.

Such servicing companies engaged by Four Points Federal Credit Union will be given only information that is pertinent to the service they provide and they must agree to protect the confidentiality of member information.

We will provide information to others only when legally required "by government agencies or courts" and for credit reporting and fraud prevention.

We will maintain security controls to ensure that member information in our files and computers is protected.

We will comply with all applicable privacy laws and regulations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**DEBT PROTECTION PRODUCTS**

**Insurance Protection For Your Loan**

Debt Protection can provide valuable protection for you and your family in the event of untimely death, accident illness, or unemployment. We want to be sure our members are aware of this protection.

**Debt Protection**

Debt Protection is a plan that either cancels debt or makes loan payments in certain events. The benefits are the same as traditional Credit Life and Credit Disability Insurance:

- Life Coverage pays off the loan balance in the event of the death of the borrower or joint borrowers, if joint coverage is elected.
- Disability Coverage makes loan payments if the borrower is unable to work because of a disability. If joint coverage is elected, payments are made if joint borrower(s) become disabled.
- Life-Disability Coverage combines both of these protections into one plan. It is available either as single or joint coverage.
- Involuntary Unemployment is a feature that is available with combined Life-Disability coverage. This plan option makes loan payments in the event of an involuntary loss of employment. If joint coverage is elected, payments are made if joint borrowers become involuntarily unemployed.

**Eligible Loans**

Debt Protection is available on loans with balances up to \$75,000. Eligible loans are consumer loans and second mortgage loans, including both closed-end installment loans and revolving lines of credit. Debt Protection is not available on first mortgage loans.

**Restrictions**

There are no age limits for obtaining this coverage. If enrollment is requested 30 days or more after the loan is made health questions may be needed. There are some coverage restrictions after the age of 70 years which are identified in the product information. Contact the credit union for further information.

**Exclusions**

There is a six-month pre-existing condition and a one-year suicide exclusion on life option.

**Premiums and Payment**

**Single Coverage**

**Life, Disability & Unemployment:** \$0.359 per \$100  
**Life & Disability:** \$0.250 per \$100  
**Life Only:** \$0.086 per \$100

**Joint Coverage**

**Life, Disability & Unemployment:** \$0.610 per \$100  
**Life & Disability:** \$0.434 per \$100  
**Life Only:** \$0.141 per \$100

Although you may not choose to elect the Payment Protection products at this time, you do have the option to elect coverage at a later date. Please contact the credit union directly if adding coverage after loan has been disbursed.

I wish to have the following Debt Protection coverage on my loan\*

- Single Protection for Borrower 1 Only
- Single Protection for Borrower 2 (co-borrower)
- Joint Protection (borrower and co-borrower)

No Debt Protection coverage is desired

Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*Separate enrollment must be completed to put coverage into effect.