



TEAMSTERS COUNCIL #37 FEDERAL CREDIT UNION
PO BOX 20849 PORTLAND, OR 97294-0849
503-251-2390 1-800-547-7657 fax 503-251-2310

DATE

ACCOUNT NUMBER

INITIAL LOAN REQUEST

<input type="checkbox"/> AUTO	<input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> OTHER	AMOUNT	<input type="text"/>	TERM	<input type="text"/>	YEAR	<input type="text"/>
<input type="checkbox"/> RV	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> UNSECURED	PURPOSE?	<input type="text"/>			MAKE	<input type="text"/>
PAYMENT BY:			<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> AUTO TRANSFER	<input type="checkbox"/> TRANSFER FROM OTHER	<input type="checkbox"/> CASH	MODEL	<input type="text"/>
							MILES	<input type="text"/>

TYPE OF ACCOUNT REQUESTED

YOU & YOUR MEANS APPLICANT & CO-APPLICANT.

Please check the appropriate box:

<input type="checkbox"/> If you are applying for an individual account in your own name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested. (do not complete Co-Applicant Section)	<input type="checkbox"/> If you are applying for a joint account or an account that you and another person will use, complete all sections.	<input type="checkbox"/> If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Co-Applicant Section about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If a member resides in a community property state or income is derived from a community property state, all Sections of the application should be completed.
--	---	---

APPLICANT NAME

ADDRESS

CITY, STATE ZIP

EMPLOYER

EMAIL ADDRESS

NEED RECENT PAYCHECK STUB

SOCIAL SECURITY #

DATE OF BIRTH

PHONE # (BEST DAYTIME NUMBER?)

WORK PHONE #

HIRE DATE

MONTHLY SALARY

RENT?

OWN?

MONTHLY PYMT?

CO-APPLICANT NAME

EMPLOYER

EMAIL ADDRESS

NEED RECENT PAYCHECK STUB

SOCIAL SECURITY #

DATE OF BIRTH

HIRE DATE

WORK PHONE #

PHONE # (BEST DAYTIME NUMBER?)

MONTHLY SALARY

APPLICATION FOR CREDIT INSURANCE COVERAGE

CREDIT INSURANCE IS OPTIONAL AND VOLUNTARY AND NOT A CONDITION FOR OBTAINING A LOAN
 You are not required to purchase Credit Life or Credit Disability Insurance. Your decision whether to purchase Credit Insurance will not be considered in granting the loan. You can obtain Credit Insurance elsewhere if you like. The Credit Union will not charge you for the insurance or be obligated to provide the insurance unless you sign separately below. However, if you elect Credit Life or Credit Disability coverage, that coverage will apply to each loan you hereafter obtain through the Credit Union, unless you decline such coverage in writing. Only persons not over age 65 on the effective date are eligible for coverage. No insurance may be written which would terminate after an insured reaches age 71. All insurance must terminate at age 71.

WHAT WE WILL PAY

Single Life Insurance Benefit. If you die while you are insured for single life coverage we will pay the amount of covered insurance in force at the time of your death after we receive proof of your death.

Joint Life Insurance Benefit. If you or your co-borrower die while insured for joint life coverage we will pay the amount of covered insurance in force at the time you or your co-borrower dies after we receive proof of death. Only one death benefit is payable under the policy.

Amount of Life Insurance. The amount of Decreasing Term Life Insurance is the Original Amount of Life Insurance shown in the Schedule until the first payment due date. After that your insurance declines each month by the amount of the monthly payment as shown in the Schedule. The amount of Level Term Life Insurance stays the same while the policy is in force.

Total Disability Insurance. Commencing with the 1st day, for any period during which you are totally disabled for 14 days, a benefit equal to one thirtieth (1/30) of the amount of monthly payment stated in the Schedule will be paid.

Definition of Total Disability. During the first 18 months of total disability, in Hawaii during the first 12 months of total disability, total disability means that you are not able to perform any of the duties of your occupation because of sickness or accidental injury. After the first 18 or 12 months of total disability (as indicated), the definition changes and requires that you not be able to perform the duties of any occupation for which you are

(THIS AREA MUST BE SIGNED REGARDLESS OF WHETHER OR NOT YOU WANT INSURANCE)
 reasonably qualified by education, training or experience. You will be required to give us written proof of your continuing total disability from time to time.

WHAT WE WON'T PAY

Misstated Age. If you stated you are under 66, but you are not, we will return your premium when we discover this and will not pay any benefits. This also applies to your co-borrower, if you applied for joint life coverage.

Suicide. We won't pay a claim if you commit suicide within 6 months of the Effective Date shown in the Schedule in Oregon and Arizona, 12 months in Utah, Washington, Hawaii, Colorado and Idaho, and 24 months in Montana, Guam and Alaska, but we will refund the life insurance premium. This also applies to your co-borrower, if you applied for joint life coverage.

Total Disabilities Not Covered. We won't pay the claim or refund the premium if your disability:

1. is the result of normal pregnancy or
2. is a result of intentionally self-inflicted injury or
3. was a result of a pre-existing medical condition. A pre-existing medical condition is one for which you saw, or were under treatment by, a physician or a chiropractor both within the 6 months before and the 6 months after the effective Date shown in the Schedule, however (except in Nevada, Guam) if you are not disabled for the pre-existing condition within 6 months after the policy effective date that pre-existing condition will be covered.

I apply for the following Credit Insurance Coverage on: (Check yes or no)

CREDIT LIFE AND DISABILITY INSURANCE

If I have applied for Credit Insurance, I authorize the Credit Union to add the cost of my Credit Insurance to the amount of each insured Loan. I understand that my Credit Insurance is subject to all the terms and limitations of the Certificate of Insurance I will receive when my insurance becomes effective.

CREDIT LIFE INSURANCE		CREDIT DISABILITY		JOINT CREDIT LIFE & DISABILITY	
BORROWER:	YES <input type="checkbox"/> NO <input type="checkbox"/>	BORROWER:	YES <input type="checkbox"/> NO <input type="checkbox"/>	BORROWER:	YES <input type="checkbox"/> NO <input type="checkbox"/>
CO-BORROWER:	YES <input type="checkbox"/> NO <input type="checkbox"/>	CO-BORROWER:	YES <input type="checkbox"/> NO <input type="checkbox"/>	CO-BORROWER:	YES <input type="checkbox"/> NO <input type="checkbox"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

SIGNATURE OF APPLICANT (Be sure to check the boxes above.)

DATE

SIGNATURE OF CO-APPLICANT (Be sure to check the boxes above.)

DATE

SIGNATURE(S)

LOAN AUTHORIZATION.

By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining credit, and you agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this application for the purpose of an extension of credit to you or the review or collection of a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and receive information from others about your credit history and performance; and (c) that you will give the Credit Union your new address if you move and that all notices and statements from the Credit Union may be sent to the addresses shown on this application or any address correction received from the U.S. Postal Service for any applicant or authorized user.

CLOSED-END LOAN(S).

If requested above, you will receive a Closed-End Disclosure Statement, Promissory Note and Security Agreement for each closed-end loan requested now or later. You promise to pay the Credit Union all sums loaned to you by the Credit Union. By signing below and accepting the proceeds of any requested loan, you agree to repay each loan in accordance with the Closed-End Agreement provided at the time of each loan. In addition, for any secured loan, you understand that each loan proceeds check is part of the Closed-End Agreement and by endorsing a check, you agree to the security provisions set forth on the Closed-End Agreement.

OPEN-END LINE OF CREDIT AGREEMENT AND DISCLOSURES.

If requested above, you will receive an Open-End Line of Credit Agreement and Disclosure for each open-end line of credit requested now or later. By signing below, you acknowledge receipt of and agree to the terms and conditions of the Open-End Line of Credit Agreement and Disclosure.

MASTERCARD CREDIT CARD AGREEMENT.

If requested above, you will receive a MasterCard Credit Agreement and Disclosure on a separate form. By signing below, you acknowledge receipt of and agree to the terms and conditions of the MasterCard Credit Card Agreement and Disclosure which governs the use of your card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

ADDITIONAL INFORMATION / FIRST TIME BORROWERS PLEASE COMPLETE

REFERENCES

APPLICANT

NAME AND ADDRESS OF NEAREST RELATIVE <i>(Not living with you)</i>	RELATIONSHIP	HOME PHONE
PERSONAL REFERENCE NAME AND ADDRESS	RELATIONSHIP	HOME PHONE
PERSONAL REFERENCE NAME AND ADDRESS	RELATIONSHIP	HOME PHONE
PERSONAL REFERENCE NAME AND ADDRESS	RELATIONSHIP	HOME PHONE

CO-APPLICANT

NAME AND ADDRESS OF NEAREST RELATIVE <i>(Not living with you)</i>	RELATIONSHIP	HOME PHONE
PERSONAL REFERENCE NAME AND ADDRESS	RELATIONSHIP	HOME PHONE
PERSONAL REFERENCE NAME AND ADDRESS	RELATIONSHIP	HOME PHONE
PERSONAL REFERENCE NAME AND ADDRESS	RELATIONSHIP	HOME PHONE

OTHER ASSETS

TYPE OF ACCOUNT (CHECKING, SAVINGS, CD, STOCK, BOND, OTHER)	INSTITUTION NAME	ACCOUNT NUMBER	BALANCE OR VALUE
			\$
			\$
			\$
			\$
			\$
			\$

OTHER INCOME

SOURCE	RECEIVED UNDER:	APPLICANT	CO-APPLICANT	AMOUNT
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTAINENCE AGREEMENT	COURT ORDER <input type="checkbox"/>	WRITTEN AGREEMENT <input type="checkbox"/>	ORAL UNDERSTANDING <input type="checkbox"/>	\$
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTAINENCE AGREEMENT	COURT ORDER <input type="checkbox"/>	WRITTEN AGREEMENT <input type="checkbox"/>	ORAL UNDERSTANDING <input type="checkbox"/>	\$
	RECEIVED: MONTHLY <input type="checkbox"/>	APPLICANT QUARTERLY <input type="checkbox"/>	CO-APPLICANT ANNUALLY <input type="checkbox"/>	\$
IF THIS INCOME IS ON A FIXED TERM, WHEN WILL IT END?				
	RECEIVED: MONTHLY <input type="checkbox"/>	APPLICANT QUARTERLY <input type="checkbox"/>	CO-APPLICANT ANNUALLY <input type="checkbox"/>	\$
IF THIS INCOME IS ON A FIXED TERM, WHEN WILL IT END?				

Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.