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P.O. Box 1208  
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www.membersadvantagecu.com

1760 Plover Rd.  
P.O. Box 608  
Plover, WI 54467  
(715) 344-7440

A table that includes required credit card disclosures is provided with this Application. To obtain any change in the required information since it was printed, call us toll-free at 888-630-6228 or write to us at the address stated on this Application.



**Credit Card 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: (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.  **Credit Limit Requested:** \$ \_\_\_\_\_

Applicant		
NAME (Last - First - Initial)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
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)		
<b>Employment/Income</b>		START DATE
NAME AND ADDRESS OF EMPLOYER		
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	

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
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)		
<b>Employment/Income</b>		START DATE
NAME AND ADDRESS OF EMPLOYER		
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	

**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.

**X** SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**Signatures**

1. 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions

insured by NCUA.  
2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. 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. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and 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.

**X** (SEAL) APPLICANT'S SIGNATURE DATE

**X** (SEAL) OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY  APPROVED NO. OF CARDS \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_  
 DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE \_\_\_\_\_



CUNA Mutual Insurance Society

## Credit Insurance Application/Schedule

"You" or "Your" means the member and the joint insured (if applicable). A co-signor is not eligible for joint coverage.

**Within 15 days after you receive the Certificate, you have the right to return the Certificate to the credit union for cancellation and any premium paid by you will be immediately returned.**

Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check "yes" below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the initial Loan Date. If you are not, you will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

**NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$ .199	
JOINT CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$ .348	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$ .061	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$ .102	

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 15th day of disability.	<b>INSURANCE MAXIMUMS</b>		
		<b>DISABILITY</b>	<b>LIFE</b>
	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 600	N/A
	MAX. INSURABLE BALANCE PER LOAN ACCT.	\$30,000	\$30,000
GROUP POLICY NUMBER	MAXIMUM AGE FOR INSURANCE		
	66 70		
048-0116-6	SECONDARY BENEFICIARY (If you desire to name one)		
ACCOUNT NUMBER			
	MEMBER'S DATE OF BIRTH	JOINT INSURED'S DATE OF BIRTH	

**X** \_\_\_\_\_

SIGNATURE OF MEMBER  
(Be sure to check one of the boxes above.)  
APP.835-0496W1

DATE

**X** \_\_\_\_\_

SIGNATURE OF JOINT INSURED (CO-BORROWER)

DATE



**PLATINUM MASTERCARD/VISA PLATINUM  
Application and Solicitation Disclosure**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>11.99%</b>
<b>APR for Cash Advances</b>	11.99%
<b>Minimum Interest Charge</b>	If you are charged interest, the charge will be no less than <b>\$0.50</b> . The minimum interest charge will be charged on any dollar amount.
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
<b>For Credit Card Tips from the Federal Reserve Board</b>	To learn more about factors to consider when applying for or using a credit card, visit the Web site of the Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a> .
<b>Fees</b>	
<b>Set-up and Maintenance Fees</b>	
- Annual Fee	None
- Account Set-up Fee	None
- Program Fee	None
- Additional Card Fee	None
- Application Fee	None
<b>Transaction Fees</b>	
- Cash Advance Fee	None
- Foreign Transaction Fee	None
- Transaction Fee for Purchases	None
<b>Penalty Fees</b>	
- Late Payment Fee	Up to \$25.00
- Over-the-Credit Limit Fee	None
- Returned Payment Fee	Up to \$20.00

**How We Will Calculate Your Balance.** We use a method called "average daily balance (including new purchases)."

**Effective Date.**

The information about the costs of the card described in this application is accurate as of **November 9, 2010**. This information may have changed after that date. To find out what may have changed, contact the Credit Union.



SEE BACK OF PAGE for more important information about your account.

**OTHER DISCLOSURES**

Late Payment Fee

**\$25.00** or the amount of the required minimum payment, whichever is less, if you are one (1) or more days late in making a payment.

Returned Payment Fee

**\$20.00** or the amount of the required minimum payment, whichever is less.

Statement Copy Fee

**\$5.00**

Document Copy Fee

**\$5.00**

Rush Fee

**\$40.00**

Emergency Card Replacement Fee

**None**

PIN Replacement Fee

**\$10.00**

Card Replacement Fee

**\$10.00**

Pay-by-Phone Fee

**\$10.00**