AMERICAN BROADCAST EMPLOYEES FEDERAL CREDIT UNION
P.O. Box 4002
Ansonia Station
New York, NY 10023

LOANLINER VISA

VISA CLASSIC/VISA PLATINUM
APPLICATION AND SOLICITATION DISCLOSURE

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**Visa Classic** **13.88%** **Visa Platinum** **9.99%**
APR for Balance Transfers	**Visa Classic** **13.88%** **Visa Platinum** **9.99%**
APR for Cash Advances	**Visa Classic** **13.88%** **Visa Platinum** **9.99%**
Penalty APR and When it Applies	**None**
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
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	
Annual Fee - Annual Fee - Visa Classic - Annual Fee - Visa Platinum	 **$15.00** **None**
Transaction Fees - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee	 **None** **$20.00** or **2.00%** of the amount of each cash advance, whichever is greater **1.00%** of each multiple currency transaction in U.S. dollars **0.80%** of each single currency transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	 Up to **$35.00** Up to **$35.00**

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 1, 2014 .
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

Late Payment Fee — $25.00 or the amount of the required minimum payment, whichever is less, if you are one or more days late in making a payment. In the event you fail to make a payment on time in any of the six billing cycles following the initial violation, you will be charged $35.00 or the

SEE NEXT PAGE for more important information about your account.

	amount of the required minimum payment, whichever is less.
Returned Payment Fee	$25.00 or the amount of the required minimum payment, whichever is less. In the event a payment is returned in the same or in any of the six billing cycles following the initial violation, you will be charged $35.00 or the amount of the required minimum payment, whichever is less.
Rush Fee	$25.00

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LOANLINER®

Application

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: If you are applying with another person, complete the **Applicant** and **Other** sections.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

☐ **LOANLINER Account/Loan:** ☐ Individual ☐ Joint
(Including ATM/Debit Card Access to the Account if Available)
Amount Requested $ _____
Purpose/Collateral: _____

☐ **Credit Card Account:** ☐ Individual ☐ Joint
(See Disclosure Table or Agreement for Terms)
Credit Limit Requested $ _____
If Authorized User, Name: _____

Repayment: ☐ Payroll Deduction ☐ Cash ☐ Military Allotment ☐ Automatic Payment

PAYMENT PROTECTION
☐ Single Credit Disability Insurance
☐ Single Credit Life Insurance
☐ Joint Credit Life Insurance

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

APPLICANT

NAME

MOTHER'S MAIDEN NAME | ACCOUNT NUMBER

SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER/STATE

AGES OF DEPENDENTS | EMAIL ADDRESS

BIRTH DATE | HOME PHONE | BUSINESS PHONE/EXT.

PRESENT ADDRESS (Street - City - State - Zip) | ☐ OWN ☐ RENT | LENGTH AT RESIDENCE

PREVIOUS ADDRESS (Street - City - State - Zip) | ☐ OWN ☐ RENT | LENGTH AT RESIDENCE

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

☐ MARRIED ☐ SEPARATED ☐ 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
$_____ Per _____
☐ NET ☐ GROSS

OTHER INCOME
$_____ Per _____
SOURCE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? ☐ YES ☐ 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

☐ **CO-APPLICANT** ☐ **SPOUSE** ☐ **OTHER**

NAME

MOTHER'S MAIDEN NAME | ACCOUNT NUMBER

SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER/STATE

AGES OF DEPENDENTS | EMAIL ADDRESS

BIRTH DATE | HOME PHONE | BUSINESS PHONE/EXT.

PRESENT ADDRESS (Street - City - State - Zip) | ☐ OWN ☐ RENT | LENGTH AT RESIDENCE

PREVIOUS ADDRESS (Street - City - State - Zip) | ☐ OWN ☐ RENT | LENGTH AT RESIDENCE

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)

EMPLOYMENT/INCOME

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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.

EMPLOYMENT INCOME
$_____ Per _____
☐ NET ☐ GROSS

OTHER INCOME
$_____ Per _____
SOURCE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? ☐ YES ☐ 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	OWED BY OTHER
☐ RENT ☐ FIRST MORTGAGE (incl. Tax & Ins.)			$	$		
2nd MORTGAGE			$	$		
1st AUTO LOAN			$	$		
2nd AUTO LOAN			$	$		
CHILD-CARE			$	$		
CHILD SUPPORT			$	$		
CREDIT CARD			$	$		
CREDIT CARD			$	$		
OTHER			$	$		
OTHER			$	$		
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	PLEDGED AS COLLATERAL FOR ANOTHER LOAN				OWNED BY APPLICANT	OWNED BY OTHER
HOME		$		YES		NO		
AUTO		$		YES		NO		
SAVINGS		$		YES		NO		
CHECKING		$		YES		NO		
OTHER (Describe)		$		YES		NO		

OTHER INFORMATION ABOUT YOU

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

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

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 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 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. If you are applying for a credit card, 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

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

LOAN OFFICER COMMENTS:

SIGNATURES:

X DATE

X DATE

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LOANLINER

CREDIT INSURANCE

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.

CUNA MUTUAL GROUP
CUNA Mutual Insurance Society
P.O. Box 391 · 5910 Mineral Point Road
Madison, WI 53701-0391
Phone: 800/937-2644

CREDIT INSURANCE APPLICATION & SCHEDULE

"You" or "Your" means the member and the joint insured (if applicable).

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 the "yes" box 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 25 hours a week or more on the date of any advance. If you are not, that particular advance 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 insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for disability 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 civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER $100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
Single Credit Disability			$ .149	
Single Credit Life			$ .060	
Joint Credit Life			$ .096	

If you are totally disabled for more than **30** days, then the disability benefit will begin with the **31st** day of disability.

MEMBER

ACCOUNT NUMBER

GROUP POLICY NUMBER **031-1685-2**

INSURANCE MAXIMUMS	DISABILITY	LIFE
MAX. MONTHLY TOTAL DISABILITY BENEFIT	$ 600.00	N/A
MAX. INSURABLE BALANCE	$ 30,000.00	$ 40,000.00
MAXIMUM AGE FOR INSURANCE	66	75

DATE OF ISSUE OF THIS CERTIFICATE

SECONDARY BENEFICIARY (If you desire to name one)

DATE — MEMBER'S DATE OF BIRTH

DATE — JOINT INSURED'S DATE OF BIRTH

SIGNATURE OF MEMBER
(Be sure to check one of the boxes above)
X

SIGNATURE OF JOINT INSURED (CO-BORROWER)
(Only required if JOINT CREDIT LIFE coverage is selected)
X

APP.821-1291NY/Rev.