

## Express Application

**Notice to Applicant:** The following applies if you are not already a member of Christian community Credit Union. I hereby apply for membership with Christian Community Credit Union with this application and certify that I qualify for membership based on the relationship stated below. I understand that a \$25 one-time membership fee applies if I do not have a deposit account at Christian Community Credit Union. Fee will be waived if I have a deposit account or I open one within 30 days of loan approval. Visit [myCCCU.com/deposit](http://myCCCU.com/deposit). I further understand that to continue my membership with Christian Community Credit Union, I must maintain this loan account relationship or separately establish a member savings or checking account should I discontinue this loan. Credit union membership is not required for spouse.

**Important Information about Procedures for Opening a New Account:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### Credit Union Membership Eligibility (Check all that apply)

Group Code: \_\_\_\_\_

You can qualify for membership in one of two ways:

1) **Through Your Church or Ministry** - You're affiliated with a Christian ministry (including many Protestant Christian churches and schools) that is within Christian Community Credit Union's field of membership. You may be a member, regular attendee, employee, missionary, or student/alumnus.

2) **Through Your Family** - You're a relative of a current member of Christian Community Credit Union. Relatives include: spouse, father/mother (and in-laws), brother/sister (and in-laws), son/daughter (and in-laws), grandparent, grandchild, aunt, uncle, niece, nephew or cousin.

I am a Christian Community Credit Union member. Member Number: \_\_\_\_\_

**Affiliation:** I am a/an:  Member  Regular Attendee  Missionary  Student/Alumnus  Employee  Other: \_\_\_\_\_

Of (School/Church/Ministry/Organization): \_\_\_\_\_

Denomination/Affiliation (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Family:** I am a relative of a Christian Community Credit Union member.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

For more information about your membership eligibility, visit [myCCCU.com/membership](http://myCCCU.com/membership) or call 800.347.CCCU (2228).

### How did you hear about us?

Family  Friend  Work

CCCU Rep NAME \_\_\_\_\_  Event/Presentation NAME \_\_\_\_\_

Church  School  Mail

Magazine NAME \_\_\_\_\_  Newspaper NAME \_\_\_\_\_

Radio STATION \_\_\_\_\_  Online \_\_\_\_\_  Other \_\_\_\_\_

### For Credit Union use.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application approved by - Membership Officer

**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.  
 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:  
 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.

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<p><b>STATE LAW NOTICES</b></p> <p><b>OHIO RESIDENTS ONLY:</b> 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.</p> <p><b>WISCONSIN RESIDENTS ONLY:</b> (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</p>	<p>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 <b>not</b> 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.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">X</p> <p style="margin: 0;">SIGNATURE FOR WISCONSIN RESIDENTS ONLY</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; width: 100px; float: right;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">X</p> <p style="margin: 0;">DATE</p> </div>
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<b>SIGNATURES</b>	
<p>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.</p>	<p>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.</p>
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DATE	DATE

**APPLICATION OF BORROWER**

You are applying for the credit insurance marked and authorizing the Creditor to add the charges for insurance to your loan each month as they become due. You understand you do not have to buy this insurance to get your loan approved. You have the right to stop this authorization. Your signature below means you agree that:

1. You are eligible for disability insurance only if you are working for wages or profit 30 hours a week or more on the date you apply for insurance.
2. You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you.
3. Each month the insurance charge is calculated by multiplying the insured outstanding principal balance of your loan on the billing date by the rate shown in the

Schedule. We can change the rate later on. But if we do, we will let you know in advance. The new rate will apply only to charges for insurance made after the date of the rate change.

4. Only the Primary Borrower is eligible for disability insurance.
5. Neither you nor your co-borrower are eligible for insurance after you have reached your 70th birthday and insurance will also stop when you reach that age.

**THIS INSURANCE MAY NOT COVER CONDITIONS FOR WHICH YOU HAVE SEEN A DOCTOR OR CHIROPRACTOR IN THE LAST SIX MONTHS BEFORE THE ADVANCE OR CHARGE. (Refer to "WHAT WE WON'T PAY" in your Certificate for details.)**

**SCHEDULE**

CREDIT INSURANCE APPLIED FOR	YES	NO	MONTHLY PREMIUM PER \$100 OF INSURED DEBT	MAXIMUM AMOUNT OF LIFE INSURANCE	MAXIMUM MONTHLY DISABILITY BENEFIT
					\$
				\$	CLASS OF BUSINESS

CREDITOR BENEFICIARY (CREDIT UNION) CREDITOR BENEFICIARY ADDRESS CREDITOR BENEFICIARY TELEPHONE NUMBER

GROUP POLICY NUMBER SOURCE CODE INSURANCE AGENT'S LICENSE NUMBER BORROWER'S ACCOUNT NUMBER

PRIMARY BORROWER (CALLED YOU) PRIMARY BORROWER'S ADDRESS

CO-BORROWER (ALSO CALLED YOU) DATE OF BIRTH OF PRIMARY BORROWER DATE OF BIRTH OF CO-BORROWER

EFFECTIVE DATE SECONDARY BENEFICIARY

\_\_\_\_\_  
 PRIMARY BORROWER SIGNATURE DATE

\_\_\_\_\_  
 CO-BORROWER SIGNATURE DATE

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EFFECTIVE DATE SECONDARY BENEFICIARY

**X** Signature on file at Credit Union

PRIMARY BORROWER SIGNATURE DATE

**X** Signature on file at Credit Union

CO-BORROWER SIGNATURE DATE

*CMFG Life Insurance Company*

P.O. Box 391 • 5910 Mineral Point Road  
Madison, WI 53701-0391  
Phone: 800.356.2644

- Credit insurance is voluntary and is not required to secure a loan or an extension of credit.
- This insurance coverage may provide duplication of coverage already provided by your other personal insurance policies or by another source of coverage.
- The credit insurance agent is not qualified or authorized to evaluate the adequacy of your existing coverage.
- You may cancel the insurance at any time. If you cancel this insurance within 30 days from the delivery of the certificate, your premium will be refunded in full. If you cancel at any time thereafter, any unearned premium will be refunded in accordance with applicable law.

By signing, you acknowledge the above disclosures.

**X**

SIGNATURE OF BORROWER

DATE

**X**

SIGNATURE OF CO-BORROWER

DATE