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Loan	Δ.	n	nI	10	a	tı.	റ	r
Lvan	$\boldsymbol{\Gamma}$	v	V	.10	u	u	v	A.

Amount Requested \$		App			ffered:		
Account Number:	Driver's License#		Co-Appli	cant Driver's Licens	e#		
Name Applicant		- N	Vame	Co-Applicant			
Address		\overline{A}	Address				
City, State, ZIP		C	City, State	e, Zip			
ocial Security Number Birth Date		S	Social Security Number B			Sirth Date	
Email	Home & Cell Phones	Ē	Email			e & Cell Phone	
Employment and Income Applicant	If Applying for Joint C		Here: Co-Appli				
Name and Address of Employer PerPer		N S	Name and Address of Employer \$ Per				
Gross Income Other Income: Alimony, Chil considered as a basis for repa			Gross Inco ome nee		you do not	Years on Job wish to have it	
Debts							
Applicant Home (Own or Rent?)		Balance		Monthly Payment			
,							
Co-Applicant Home		Balance		Monthly Payment			
ноше							
			Applicant Yes/No		Applicant Yes/No		
Have you ever filed for Bankry Have you ever had property for Do you have any outstanding ju Are you a co-maker or co-signed A yes answer requires a written References:	eclosed upon or repossessed adgements? or on any loan not listed above	?					
I hereby certify that all of the st and release credit information in you will give me the name and provide incomplete or incorrect	n connection with this applicated address of the Credit Bureau	cation and any a(s) used. I und	update, derstand	renewal or extension that it is a Federal cr	of any cred	dit received. At my red	
Applicant's Signature	Date		(Co-Applicant's Signat	ture	Date	
For Credit Union Use Only:	Approved or Denied by:					Date:	

Are you interested in having your loan protected with credit life and/or credit disability insurance? If you are make your selection below. The credit insurance 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.

I understand that credit life insurance is voluntary and is not required in order to obtain this loan. I want and agree to pay for credit life insurance. Member Signature	Member's Choice Life Insurance	
Complete if Member's Choice Life Insurance IS NOT Issued I understand that this loan# will not be protected by credit life insurance because, I want it, I am not eligible for it, or it is not offered on the type of loan I have applied for. Member's Signature Date Witness Credit Disability Insurance Statement I elect to have Credit Disability Insurance on this loan # My decision to have this coverage is entirely voluntary with n	ance is voluntary and is not required in order to obtain this loan. I want and agree to pay for	
I understand that this loan# will not be protected by credit life insurance because, I want it, I am not eligible for it, or it is not offered on the type of loan I have applied for. Member's Signature Date Witness Credit Disability Insurance Statement I elect to have Credit Disability Insurance on this loan # My decision to have this coverage is entirely voluntary with m	Date Witness	
for it, or it is not offered on the type of loan I have applied for. Member's Signature Date Witness Credit Disability Insurance Statement I elect to have Credit Disability Insurance on this loan # My decision to have this coverage is entirely voluntary with n	Complete if Member's Choice Life Insurance IS NOT Issued	
Credit Disability Insurance Statement I elect to have Credit Disability Insurance on this loan # My decision to have this coverage is entirely voluntary with n		gible
I elect to have Credit Disability Insurance on this loan # My decision to have this coverage is entirely voluntary with n		
I elect to have Credit Disability Insurance on this loan # My decision to have this coverage is entirely voluntary with n understand it is not a condition for the approval of the loan I have applied for. This insurance is not a requirement of the Electrical W	Credit Disability Insurance Statement	
558 Federal Credit Union or any of its employees. By signing below I understand and agree to the following statements in addition to listed on the Certificate of Insurance.	or the approval of the loan I have applied for. This insurance is not a requirement of the Electric of its employees. By signing below I understand and agree to the following statements in additional contents of the statements in additional contents are statements and agree to the following statements are statements and agree to the following statements are statements and agree to the following statements are statements are statements and agree to the following statements are statements are statements and agree to the following statements are statements are statements are statements.	cal Workers
 The Credit Disability Insurance Policy is a contract between the CMFG Life Insurance Company, and myself and I am responsible all loan payments regardless of insurance coverage. Before filing a claim, I must be off work and under a Doctor's care for 30 days, at that time I will contact the Credit Union, who then notify the insurance company to mail me a claim form to be filled out by myself and my Doctor. I am responsible for making the completed form gets returned to the insurance company. (Some Doctors charge a fee for completing the form; I understand I responsible for this charge.) I understand that pre-existing conditions will not be covered. This includes but is not limited to the following: I blood pressure, heart attack, stroke, cancer, back troubles, gout, asthma, epilepsy, nervous breakdown, emphysema, etc. The Credit Union may retain a portion of the Insurance charge. 	s of insurance coverage. It be off work and under a Doctor's care for 30 days, at that time I will contact the Credit Union, impany to mail me a claim form to be filled out by myself and my Doctor. I am responsible for furned to the insurance company. (Some Doctors charge a fee for completing the form; I underst existing conditions will not be covered. This includes but is not limited to the following stroke, cancer, back troubles, gout, asthma, epilepsy, nervous breakdown, emphysema, etc.	, who will making sure tand I will be
Member signature Date Witness	Date Witness	
Complete if Credit Disability Insurance is not Issued	Complete if Credit Disability Insurance is not Issued	
I understand this loan # Will Not be covered by credit disability insurance, either because I do not want it, I am not for it, or it is not available for the type of loan I have applied for.		n not eligible
Member signature Date Witness	Date Witness	
Borrower's Agreement to Provide Collateral Insurance	Borrower's Agreement to Provide Collateral Insurance	
In consideration for the granting of the loan applied for, I agree to keep the collateral insured at all times against loss, theft, and dama under a policy of insurance which provides for payment to the Electrical Workers 558 Federal Credit Union in the event of loss cover the policy. I will keep the insurance in force for the term of the loan, and any extensions or renewals thereof.	th provides for payment to the Electrical Workers 558 Federal Credit Union in the event of loss	
My insurance agent is:		
Signature of Borrower Date Witness	- Without With	