

LOAN APPLICATION

Telephone: 800-821-7280



IMPORTANT: Read these directions before completing this application. Check the appropriate box and write your initials where marked if applying for joint credit—we cannot process this application otherwise.

- Individual Application: If you are applying for individual credit in your own name and are 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.
- Joint Application: If you are applying for joint credit with another person, provide information about the joint applicant or user and sign below.

We intend to apply for joint credit. Applicant Joint Applicant

Please complete all items. If not applicable, write "N/A." You must be a Credit Union member or attach a membership application. Copies of bills are needed for debt consolidation loans.

| MEFCU Account # | Loan Purpose | Loan Amount Requested | Loan Terms (Mos.) | Collateral Offered | Date Funds Required |
|-----------------|--------------|-----------------------|-------------------|--------------------|---------------------|
|-----------------|--------------|-----------------------|-------------------|--------------------|---------------------|

APPLICANT INFORMATION

Name (first, middle, last) _____

Social Security # _____ Date of birth (Mo/Day/Yr) _____

Home phone _____ Work phone _____

Home address _____ Apt.# _____

City, State, Zip _____ How long at residence? _____

Nearest relative not living with you _____ Phone _____

Personal reference (not a relative) Relationship to borrower _____ Phone _____

CO-APPLICANT INFORMATION

Name (first, middle, last) _____

Social Security # _____ Date of birth (Mo/Day/Yr) _____

Home phone _____ Work phone _____

Home address _____ Apt.# _____

City, State, Zip _____ How long at residence? _____

Nearest relative not living with you _____ Phone _____

Personal reference (not a relative) Relationship to borrower _____ Phone _____

EMPLOYMENT & FINANCES

Include copy of most recent pay stub.

Employer _____ Gross monthly salary _____

Address _____

Date hired _____ Yrs. in profession _____ Full-Time Part-Time Division/Property# _____ Position/Grade _____

Additional monthly income* _____ Source _____ Total # of dependents _____

EMPLOYMENT & FINANCES

Include copy of most recent pay stub.

Employer _____ Gross monthly salary _____

Address _____

Date hired _____ Yrs. in profession _____ Full-Time Part-Time Division/Property# _____ Position/Grade _____

Additional monthly income* _____ Source _____ Total # of dependents _____

*Alimony, child support and separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the loan.

Monthly Rent/Mortgage _____ Own Rent Other

\$ _____

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\$ _____

PERSONAL FINANCIAL INFORMATION

List all assets - attach separate sheet if necessary. **A**-Applicant **C**-Joint

| ASSETS | Balance | A | C | DEBTS | Monthly Payment | Balance | A | C |
|---------------------------|---------|---|---|---|-----------------|-----------|---|---|
| Checking/Savings | \$ | | | Credit Cards | \$ | \$ | | |
| Stocks/Bonds | \$ | | | Auto Loans | \$ | \$ | | |
| Profit Sharing/IRAs | \$ | | | Real Estate | \$ | \$ | | |
| Autos - Year, Make, Model | \$ | | | Profit Sharing Loan | \$ | \$ | | |
| Real Estate | \$ | | | Other Debt | \$ | \$ | | |
| Other Assets | \$ | | | Total Debt | \$ | \$ | | |
| Total Assets | \$ | | | TOTAL NET WORTH (Total Assets - Total Debts) | | \$ | | |

Unless I have checked the box below, I authorize the Credit Union to: (a) deduct \$10 per week plus my loan payment from my payroll and deposit it into a designated share savings account; and (b) make automatic deductions of my actual loan payments from the designated share savings account. I do not authorize the Credit Union to establish a payroll deduction or make automatic loan payments, and I will make loan payments separately as required by my loan agreement. I warrant the truth of my application information—oral, by phone, written, faxed or by electronic means—and authorize you, your employees and agents to investigate and verify any information I provide. I authorize my employer or its agent to provide employment, compensation and demographic information about me to you.

If approved for any feature category contained in a Credit Lines Account Program, I agree that I am contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure, a copy of which I will receive upon credit approval, and I promise to pay back all amounts charged to my account or advanced to me, plus accrued interest, according to its terms. If this is a joint application, I agree that such liability is joint and several. **PLEDGE OF SHARES:** I pledge and grant the Credit Union a security interest in my shares with the Credit Union or shares hereafter acquired to secure this loan and any other amounts I owe the Credit Union, now or in the future. I further agree that the Credit Union may apply those share holdings to pay any amount due in the event of default.

| | | | |
|------------------------|------|---------------------------|------|
| Signature of Applicant | Date | Signature of Co-applicant | Date |
| X | | X | |

OPTIONAL CREDIT INSURANCE

Credit Insurance disclosure for open end loans are furnished separately. Contact MEFCU for details. Insurance is not required to obtain credit. Note: You must check the appropriate boxes below. Credit Life and/or Credit Disability Insurance is not required to obtain credit and will be included only if authorized below by you. Each month, the insurance charge is calculated by multiplying the rate shown by the balance on the last day of the billing cycle. You must be under age 65 to request the insurance. For credit disability insurance, you must be actively and physically at work for wages or profit for at least 30 hours per week for a period of not less than 14 days immediately prior to each advance for the insurance to take effect for that advance. Only the primary borrower is eligible for Credit Disability. Joint Life Insurance covers only a spouse who is a co-applicant. Refer to your Certificate of Insurance for other important details of your coverage. By signing below, you are applying to Transamerica Life Insurance Company and agree to pay the premium for the coverage selected.

Monthly Premium Rates Per \$1,000 of Outstanding Principal Balance

| | | | |
|------------|-----------------------------------|---------|--|
| I select: | Credit Life Single Coverage | \$ 0.26 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| We select: | Credit Life Joint Coverage | \$ 0.47 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I select: | Credit Disability Single Coverage | \$ 0.62 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|------------------------|------|---------------------------|------|
| Signature of Applicant | Date | Signature of Co-applicant | Date |
| X | | X | |

DISTRIBUTION

- Mail to Property Express Mail to Property
 - Hold at MEFCU
 - Deposit to Applicant's: Checking Account (\$5) Savings Account (\$1)
- Funds will be restricted until the Credit Union receives the signed loan agreement.

Property #: _____ Property Address: _____

Property Phone: _____ City: _____ State: _____ Zip: _____