

KENT COUNTY CREDIT UNION
 1619 Plainfield Ave. NE
 Grand Rapids, MI 49505
 (616) 336-3490

**CREDIT CARD
 APPLICATION**



There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at _____ or writing to us at the address stated on this 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 appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Credit Card Account: Individual Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Date X (Seal)	Co-Applicant Date X (Seal)
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Credit Limit Requested \$

If Authorized User, Name:

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.

Guarantors Complete OTHER section below.

APPLICANT				OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
BIRTH DATE		EMAIL ADDRESS		BIRTH DATE		EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.		HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	
DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS		DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS	
PRESENT ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRESENT ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT
			LENGTH AT RESIDENCE				LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PREVIOUS ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT
			LENGTH AT RESIDENCE				LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO				MORTGAGE/RENT OWED TO			
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %		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)				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)			
EMPLOYMENT/INCOME			START DATE	EMPLOYMENT/INCOME			START DATE
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
NAME AND ADDRESS OF EMPLOYER				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.				NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME PER \$		OTHER INCOME \$	PER	EMPLOYMENT INCOME PER \$		OTHER INCOME \$	PER
TITLE/GRADE		SOURCE		TITLE/GRADE		SOURCE	

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary Kent County Credit Union		Group Policy Contract No. 021-0898-4	
Borrower 1 Name and Address		Email Address	
		Birth Date	
Borrower 2 Name and Address		Email Address	
		Birth Date	
Account No./Loan No.		Secondary Beneficiary	
<input type="checkbox"/> Closed-End	Estimated Insurance Charge Life \$ Disability \$	Term of Loan months If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan.	
<input type="checkbox"/> Open-End	Rate(s) per \$1000 of Your monthly Loan balance Single Life \$ 0.99 Joint Life \$ 1.55	See Separate Rate Schedule Single Disability \$ XXXXX Joint Disability \$ XXXXX	
Insurance Applied For		Applicable Maximums	
Life Insurance Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input type="checkbox"/> N/A Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Life Disability	
		Maximum Monthly Disability Benefit N/A \$850.00	
		Total Benefit Maximum \$50,000.00 Unlimited	
		Maximum Issue Age 71 66	
		Termination Age 71 66	
		Maximum Eligible Loan Term*(in months) 120 120	
		Maximum Term of Insurance*(in months) 120 120	
		*Closed-End Only	
Waiting Period 14 days		Benefits Begin Retroactive	

CI-MP-SCH-OECE-S1

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

EVIDENCE OF INSURABILITY QUESTIONS:

INSTRUCTIONS:

Applicants for life insurance: If You are applying for life insurance more than 30 days after the date of a Loan/Advance, You must answer Health Question 1.

Applicants for disability insurance: You must answer the Actively at Work Question. If You are applying for disability insurance more than 30 days after the date of a Loan/Advance, You must also answer Health Questions 1 and 2.

Actively at Work Question

Mark as appropriate

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	<table> <tr> <td>Borrower 1</td> <td>Borrower 2</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Borrower 1	Borrower 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Borrower 1	Borrower 2				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

Health Question 1

Mark as appropriate

In the past 3 years, have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	<table> <tr> <td>Borrower 1</td> <td>Borrower 2</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Borrower 1	Borrower 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Borrower 1	Borrower 2				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2

Mark as appropriate

In the past 3 years, have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	<table> <tr> <td>Borrower 1</td> <td>Borrower 2</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Borrower 1	Borrower 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Borrower 1	Borrower 2				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- **Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.**
- **You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.**
- **This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.**
- **The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.**
- **If a balloon payment is part of Your Loan (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.**
- **In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.**
- **There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You have received both Part A and Part B of the certificate.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature Date <div style="font-size: 2em; font-weight: bold; text-align: center;">X</div>

Borrower 2 Signature Date <div style="font-size: 2em; font-weight: bold; text-align: center;">X</div>

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APPLICATION AND SOLICITATION DISCLOSURE



Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	<p>Titanium</p> <p>Introductory APR, for qualifying members, for a period of six billing cycles.</p> <p>After that, or if you do not qualify for the Introductory APR, your APR will be to , based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p> <p>Quartz</p> <p>Introductory APR, for qualifying members, for a period of six billing cycles.</p> <p>After that, or if you do not qualify for the Introductory APR, your APR will be to , based on your creditworthiness.</p>
APR for Balance Transfers	<p>Titanium</p> <p>Introductory APR, for qualifying members, for a period of six billing cycles.</p> <p>After that, or if you do not qualify for the Introductory APR, your APR will be to , based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p> <p>Quartz</p> <p>Introductory APR, for qualifying members, for a period of six billing cycles.</p> <p>After that, or if you do not qualify for the Introductory APR, your APR will be to , based on your creditworthiness.</p>
APR for Cash Advances	<p>Titanium</p> <p>to , when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p> <p>Quartz</p> <p>to , based on your creditworthiness.</p>
How to Avoid Paying Interest on Purchases	Your due date is at least 28 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	None
Transaction Fees - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee	None \$5.00 or 3.00% of the amount of each cash advance, whichever is greater 2.00% of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$20.00 Up to \$27.00

How We Will Calculate Your Balance:

We use a method called "average daily balance (including new purchases)."

Promotional Period for Introductory APR:

The Introductory APR for purchases and balance transfers will apply to transactions posted to your account during the first six months following issuance of your card. Any existing balances on Kent County Credit Union loan or credit card accounts are not eligible for the Introductory APR for balance transfers.

Loss of Introductory APR:

We may end your Introductory APR for purchases and balance transfers and apply the prevailing non-introductory APR if you are 60 days late in making a payment.

Effective Date:

The information about the costs of the card described in this application is accurate as of:

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

For California Borrowers, the Titanium and Quartz are secured credit cards. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares, (c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings. Notwithstanding the foregoing, you acknowledge and agree that during any periods when you are a covered borrower under the Military Lending Act your credit card will be secured by any specific Pledge of Shares you grant us but will not be secured by all shares you have in any individual or joint account with the Credit Union. For clarity, you will not be deemed a covered borrower if: (i) you establish your credit card account when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Other Fees & Disclosures:

Late Payment Fee:

\$20.00 or the amount of the required minimum payment, whichever is less, if you are three or more days late in making a payment.

Cash Advance Fee (Finance Charge):

\$5.00 or 3.00% of the amount of each cash advance, whichever is greater.

Returned Payment Fee:

\$27.00 or the amount of the required minimum payment, whichever is less.

Returned Convenience Check Fee:

\$27.00 or the amount of the returned convenience check, whichever is less.

Card Replacement Fee:

\$15.00.

Document Copy Fee:

\$5.00.

PIN Replacement Fee:

\$5.00.

Rush Fee:

\$50.00 second day. \$70.00 overnight.

Statement Copy Fee:

\$5.00.

Convenience Check Stop Payment Fee:

\$27.00.