

SAVANNAH POSTAL CREDIT UNION

P.O. Box 13807

Savannah, GA 31416-0807

**Loan Application
and Plan Signatures PLUS**

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.

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

ف **LOANLINER® Account/Loan:** ف Individual ف Joint ف **Credit Card Account:** ف Individual
 (Including ATM/Debit Card Access to the Account if Available) (See Disclosure Table or Agreement for Terms)

Amount Requested \$ _____ Credit Limit Requested \$ _____

Purpose/Collateral _____ If Authorized User, Name: _____

Repayment: ف Payroll Deduction ف Cash ف Military Allotment ف Automatic Payment ف Other

APPLICANT			
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER / STATE			
BIRTH DATE	HOME PHONE () ()	BUSINESS PHONE/EXT () ()	
PRESENT ADDRESS (Street - City - State - Zip)		OWN	RENT
EMAIL ADDRESS;		YEARS AT THIS ADDRESS	
PREVIOUS ADDRESS		YEARS AT THIS ADDRESS	
NUMBER OF DEPENDENTS	AGE OF DEPENDENTS		
ف MARRIED ف SEPARATED ف UNMARRIED (Single - Divorced - Widowed)			
EMPLOYER NAME & ADDRESS		START DATE	
EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ PER	\$ _____ PER	\$ _____ SOURCE	\$ _____ PER
ف NET	ف GROSS	SOURCE	

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED
 COMPLETE PREVIOUS EMP INFO IF CURRENT EMPLOYMENT IS LESS THAN 24 MTHS

PREVIOUS EMPLOYER Name, Address, Phone Number	START DATE
SUPERVISOR	PHONE #

Other Co-applicant Spouse			
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER / STATE			
BIRTH DATE	HOME PHONE () ()	BUSINESS PHONE/EXT () ()	
PRESENT ADDRESS (Street - City - State - Zip)		OWN	RENT
EMAIL ADDRESS		YEARS AT THIS ADDRESS	
PREVIOUS ADDRESS		YEARS AT THIS ADDRESS	
NUMBER OF DEPENDENTS	AGE OF DEPENDENTS		
ف MARRIED ف SEPARATED ف UNMARRIED (Single - Divorced - Widowed)			
EMPLOYER NAME AND ADDRESS		START DATE	
EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ PER	\$ _____ PER	\$ _____ SOURCE	\$ _____ PER
ف NET	ف GROSS	SOURCE	

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED

PREVIOUS EMPLOYER Name, Address, Phone Number	START DATE
SUPERVISOR	PHONE #

VERIFICATIONS OF INCOME ARE REQUIRED: PAY STUBBS FOR LAST TWO PAY PERIODS

IF SELF-EMPLOYED, PLEASE SUBMIT BALANCE SHEET, PROFIT & LOSS STATEMENT. AND COPY OF LAST YEARS FEDERAL TAX RETURN

Are there any unsatisfied judgments against you? _____
 In the last 7 years have you declared Bankruptcy? _____
 Did you ever have credit in any other name? _____ If so
 What Name _____

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 In the past 7 years have you declared Bankruptcy? _____
 Did you ever have credit in any other name? _____ If so
 What Name _____

References: NAME AND ADDRESS OF NEAREST RELATIVES NOT LIVING WITH YOU:

NAME	ADDRESS	RELATIONSHIP	HOME PHONE
NAME	ADDRESS	RELATIONSHIP	HOME PHONE
NAME	ADDRESS	RELATIONSHIP	HOME PHONE

Liabilities:

Applicant / Joint	Creditor Name And Address	Account Number	Original Balance	Present Balance	Monthly Payment	Past Due?
Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Include Taxes & Ins						

Assets:

Deposits in Checking and Savings:

Name of Institution	Type	Account Number	Amount or Value	Applicant/Co-Applicant

Vehicles Owned:

Make	Year Model	Fully Paid?	Balance Owed	Value

Real Estate Owned:

Property Address	Type	Fully Paid?	Balance Owed	Value

Other Assets:

Applicant

Date

Co-Applicant/Spouse

Date

State Law Ohio RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and credit reporting agencies maintain separate credit histories on each individual 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 §766.59, or court decree under §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 upon granted, will be incurred in the interest of the marriage or family of the undersigned.

SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

Signatures

- You promise that everything you have stated in this application is correct to 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, 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.
- You have received and read the LOANLINER® Credit and Security Agreement, including the Addendum ("Agreement"), and a Credit Insurance Certificate. By signing below you agree to be bound by the terms of the Agreement.
- If you are applying for a credit card, you understand that use of your credit 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 what you owe under the Agreement and if you have applied for a credit card, under the credit card agreement. 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.

Applicant's signature DATE

OTHER SIGNATURE DATE

Credit Insurance Enrollment Form/Schedule

CUNA Mutual Insurance Society • Madison, WI 53701-0391 • Phone: 800/937-2644

"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 "yes" 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 means you agree that:

you return to work and complete an application for insurance. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for insurance if you are working for wages or profit for 25 hours a week or more on the date of the initial advance. If you are not, you will not be insured until

- If you are a homemaker, retiree or student, you are eligible for Credit Life insurance only if you are performing all of the usual duties of a homemaker, retiree or student in the normal manner on the date of the initial advance and you are not receiving disability benefits from any source.
- Are you presently actively at work? Yes No
- You are eligible for Insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE (S)	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE		COVERED MEMBER (please print)
	YES	NO	
SINGLE CREDIT DISABILITY		28¢	
SINGLE CREDIT LIFE		7¢	
JOINT CREDIT LIFE		10.5¢	

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.

ACCOUNT NUMBER	DATE OF ISSUE OF THIS CERTIFICATE	INSURANCE MAXIMUMS	DISABILITY	LIFE
		MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 750	N/A
		MAX. INSURABLE BALANCE PER LOAN ACCOUNT	\$40,000	\$40,000
SECONDARY BENEFICIARY (if you desire to name one)		MAXIMUM AGE FOR INSURANCE	66	71

DATE BORROWER'S DATE OF BIRTH DATE CO-BORROWER'S DATE OF BIRTH

SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED
(Be sure to check the boxes above)

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

For Credit Union Use Only

DATE	APPROVED	APPROVED LIMITS :	SIGNATURE	LINE OF CREDIT	CREDIT CARD	DEBT RATIO/SCORE
	DENIED (Adverse Action Notice Sent)		S	S	S	

LOAN OFFICER COMMENTS

SIGNATURES **X** _____ Date _____ **X** _____ Date _____

Savannah Postal Credit Union

PO Box 13807
Savannah, GA 31416-0807

Addendum

This addendum is incorporated into and becomes a part of your LOANLINER® Credit Agreement and Credit Card. Please keep this attached to your LOANLINER® Credit Agreement.

ATTACHMENT "A" OPEN-END CREDIT PLAN AGREEMENT RATE DISCLOSURES

Savannah Postal Credit Union

PO Box 13807
Savannah, GA 31416-0807
(912) 691-2087

Effective 08/01/02

ADDITIONAL DISCLOSURES – FIXED AND VARIABLE RATE SUB-ACCOUNTS

Subaccount Description	% Above Index	Approximate Term	Daily Periodic Rate	ANNUAL PERCENTAGE RATE
+ Line of Credit		Up to 36 months	0.0356164	13.00%
+Home Equity Line of Credit		Up to 120 months	Based on prime plus percentage. (See attachments)	

VARIABLE RATE SUB-ACCOUNTS

Share Secured	2%	Up to 60 months	See Below	2% Above Index
Certificate Secured	2%	Up to 60 months	See Below	2% Above Index

+Your Annual Percentage Rate may vary depending on your creditworthiness. Please ask a loan officer for details regarding how your rate is determined.

*Signature loan discount rate of .50% - 4% will be given based on SPCU credit rating and use of SPCU services.

The Annual Percentage Rate (APR) for share secured advances is subject to change on the 1st day of each calendar quarter at 2% above the current declared share dividend rate. If there is an existing balance on the date of the new advance, the existing balance will be added to the new advance and the entire balance will be at the new APR. Any increase in the APR will take the form of more payments of the same amount until what you owe has been repaid.

MINIMUM PAYMENT: The minimum monthly payment is based upon the outstanding balance as of the most recent advance based on the estimated term of the loan and the ANNUAL PERCENTAGE RATE in effect on the day the advance is made. The amount and due date of your payment will be established at the time of each advance. Your minimum monthly payment will never be less than \$20.00.

The payment, once determined, does not change as the outstanding balance declines. If the outstanding balance is less than the stated payment, then the monthly payment is the amount of the outstanding balance plus accrued interest to date.

LATE CHARGE: You promise to pay a late charge of 5% of your monthly loan payment on every payment that is over 15 days past due with a minimum of \$5.00 with the exception of Real Estate loans on the primary residence of the borrower, the late fee on this type loan will be 5% of the pmt amt.

COLLECTION COSTS: Georgia: You promise to pay all costs of collecting the amount you owe under this Agreement, including reasonable attorney fees not in excess of 15% of the unpaid debt and all court costs.

BORROWER'S SIGNATURE

Date

CO-BORROWER'S SIGNATURE

Date

Savannah Postal Credit Union

PO Box 13807
Savannah, GA 31416-0807

CREDIT CARD DISCLOSURE

	VISA® CLASSIC	VISA® CLASSIC	VISA® CLASSIC
ANNUAL PERCENTAGE RATE *	11.50%	15.00%	18.00%
Grace Period for Repayment Of the Balance for Purchases	25 Days	25 Days	25 Days
Annual Fees	\$0.00	\$0.00	\$0.00
Transaction Fees for Cash advances in our offices	\$0.00	\$0.00	\$0.00
Transaction Fees for paying late	\$15.00 after 15 days late and \$20.00 past due	\$15.00 after 15 days late and \$20.00 past due	\$15.00 after 15 days late and \$20.00 past due
Transaction Fees for Exceeding the credit limit	\$15.00 if \$10.00 over limit on day statement drops	\$15.00 if \$10.00 over limit on day statement drops	\$15.00 if \$10.00 over limit on day statement drops

* Interest rate based on credit information received.

This information is accurate as of July 15, 2002. The terms may have changed after that date. Please call us at (912) 691-2087, or write to us at Savannah Postal Credit Union, PO Box 13807, Savannah, Georgia 31416-0807.

***VARIABLE RATE INFORMATION:** Your Annual Percentage Rate may vary depending on your creditworthiness. The APR will never be less than 11.50% nor greater than 18% or the maximum rate allowed by law, whichever is less. Any increase in the APR will take the form of higher payments. Please ask a loan officer for details regarding how your rate is determined.

MINIMUM PAYMENT: The minimum monthly payment will be either (a) 3% of your total new balance or \$20.00, whichever is greater; or (b) your total new balance if it is less than \$15.00, plus (c) any portion of the minimum payment(s) shown on prior statement(s) which remains unpaid. In addition, at any time your total new balance exceeds your credit line, you must immediately pay the excess.

COLLECTION COSTS: You promise to pay all costs of collecting the amount you owe under this agreement including court costs and reasonable attorney fees.

LATE CHARGE: You promise to pay a late charge of \$15.00 after 15 days late and \$20.00 if past due.

OTHER CHARGES:

- (a) \$15.00 fee to replace the card
- (b) \$20.00 fee for each returned check
- (c) \$5.00 fee to change your PIN number
- (d) \$4.00 fee for each copy of a sales draft or statement

TELEPHONE INFORMATION AND MAILING ADDRESS: For all purposes as referenced in the VISA Credit Card Agreement and Truth in Lending Disclosure call us at (912) 691-2087, or write to us at Savannah Postal Credit Union, PO Box 13807, Savannah, Georgia 31416-0807.

LOST OR STOLEN CARDS: Call credit union at (912) 691-2087 or on Holidays, weekends, and after credit union hours call (800) 299-9842.

CREDIT INSURANCE COST DISCLOSURES

Coverage Cost per \$100.00 of Your Monthly Loan Balance

Single Credit Life	7.0¢
Joint Credit Life	10.5¢
Single Credit Disability	28.0¢
Joint Credit Disability	

We offer GAP Insurance on car advances. This insurance coverage is voluntary and is not required to obtain the advance. If you purchase the coverage from the credit union the cost will be \$200.00