



1001 Springhill Ave.
Mobile AL 36604
(251) 438-7464
4313 Downtowner Loop South
Mobile AL 36609
(251) 342-7521

A table that includes required credit card disclosures is provided with this Application. To obtain any change in the required information since it was printed, write 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 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. **Credit Limit Requested:** \$ _____

Applicant				Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
NAME (Last - First - Initial)		ACCOUNT NUMBER		NAME (Last - First - Initial)		ACCOUNT NUMBER	
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS				E-MAIL ADDRESS			
BIRTH DATE		HOME PHONE		CELL PHONE		BUSINESS PHONE/ EXT.	
() ()		() ()		() ()		() ()	
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
.....			YEARS AT THIS ADDRESS			YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:				MORTGAGE/RENT OWED TO:			
MORTGAGE BALANCE		MONTHLY PAYMENT		MORTGAGE BALANCE		MONTHLY PAYMENT	
\$ _____		\$ _____		\$ _____		\$ _____	
		INTEREST RATE				INTEREST RATE	
		%				%	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:				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)				<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			
Employment/Income		START DATE		Employment/Income		START DATE	
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
.....						
NOTE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NOTE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME		OTHER INCOME		EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ PER _____		\$ _____ PER _____		\$ _____ PER _____		\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE		<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE	

State Law Notices **OHIO RESIDENTS ONLY:** 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.

WISCONSIN RESIDENTS ONLY: (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 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 granted, will be incurred in the interest of the marriage or family of the undersigned.

X _____
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

Signatures

1. 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. 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.

2. You understand that the use of your 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 your credit card account. 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.

X _____ (SEAL)
APPLICANT'S SIGNATURE DATE

X _____ (SEAL)
OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY APPROVED DECLINED NO. OF CARDS _____ CREDIT LIMIT \$ _____ CREDIT CARD NUMBER _____
CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____

You now have the opportunity to apply for Credit Insurance on your credit card. For coverage in the event of death or disability, complete the Application and Schedule of Credit Insurance. To apply for Credit Insurance: 1) Complete Section A. 2) Read over Section B and indicate which borrower(s) you would like protected. 3) Read over Section C and sign.



Home Office: 2000 Heritage Way • Waverly, IA 50677
 Administrative Office: 5910 Mineral Point Road • Madison, WI 53705
 Phone: 800.356.2644

**MONTHLY PREMIUM CREDIT INSURANCE
 APPLICATION AND CERTIFICATE (PART A)
 Credit Card**

SECTION A

SCHEDULE OF CREDIT INSURANCE

Credit Union / Primary Beneficiary Gulf Coast Federal Credit Union		Group Policy Contract No. 001-0083-2	
Borrower 1 Name and Address		Email Address	Birth Date
Borrower 2 Name and Address		Email Address	Birth Date
Account No. Pending Credit Card Approval		Secondary Beneficiary	

SECTION B

Rate(s) per \$1000 of Your monthly Loan balance		Single Disability \$2.80	
Single Life \$1.20	Joint Life \$1.80		
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 checked="" type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Maximum Monthly Disability Benefit	N/A
Disability Insurance Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input checked="" type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Total Benefit Maximum	\$30,000
Waiting Period 14 days		Maximum Issue Age	70
Benefits Begin Retroactive		Termination Age	70
		Disability	\$ 600
			\$30,000
			66
			66

CI-MP-SCH-OECE-S2 AL

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). 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.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question – Only answer this Question if:

- You are applying for disability insurance.

Are You actively at work, for wages or profit, 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.	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "No" to the Actively at Work Question, 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.
- Receipt of a terminal illness or accidental dismemberment benefit (accelerated benefit) may be taxable. Assistance should be sought from a personal tax advisor.
- 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. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct; You meet the eligibility requirements shown above; and You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.

Borrower 1 Signature X	Date	Borrower 2 Signature X	Date
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