

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.



Credit Card 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"/> Guarantor		
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	BUSINESS PHONE/ EXT.	BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
()	()	()	()	()	()
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
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
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	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

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 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.

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)	X (SEAL)
APPLICANT'S SIGNATURE _____ DATE _____	OTHER SIGNATURE _____ DATE _____

**Kimberly Clark
Credit Union**

1520 North Second Street
Memphis, TN 38107
(901) 521-4646 • (800) 462-7777
Fax: (901) 521-4644 • www.kimberlyclarkcu.org

LOANLINER.



**PLATINUM MASTERCARD
Application and Solicitation Disclosure**

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	9.99%, 12.85%, or 16.99% when you open your account, based on your creditworthiness.
APR for Cash Advances	9.99%, 12.85%, or 16.99% when you open your account, based on your creditworthiness.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the Web site of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
Fees	
Set-up and Maintenance Fees • Additional Card Fee	\$10.00 per card
Transaction Fees • Foreign Transaction Fee	1.00% of each transaction in U.S. dollars
Penalty Fees • Late Payment Fee • Returned Payment Fee	\$21.00 \$21.00

How We Will Calculate Your Balance. We use a method called "average daily balance (including new purchases)."

Effective Date. The information about the costs of the card described in this application is accurate as of **April 30, 2010**. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

Statement Copy Fee	\$5.00
Document Copy Fee	\$5.00
Card Replacement Fee	\$15.00



CUNA Mutual Insurance Society

Credit Insurance Application/Schedule

"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 the "yes" box below 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 below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$.295	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.088	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.154	

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability.	INSURANCE MAXIMUMS		DISABILITY	LIFE
	MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$ 850	N/A
	MAX. INSURABLE BALANCE PER LOAN ACCT.		\$50,000	\$50,000
GROUP POLICY NUMBER	MAXIMUM AGE FOR INSURANCE		66	70
041-0058-2	SECONDARY BENEFICIARY (If you desire to name one)			
ACCOUNT NUMBER	MEMBER'S DATE OF BIRTH		JOINT INSURED'S DATE OF BIRTH	

X _____

SIGNATURE OF MEMBER
(Be sure to check one of the boxes above)
APP.825-0786

DATE

X _____

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

DATE