



**ROCKLAND EMPLOYEES
FEDERAL CREDIT UNION**
170 E Central Ave
Spring Valley, NY 10977
Phone: (845) 371-5804 Fax: (845) 371-2652



Credit Card Application

A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, call us toll free at **(877) 922-2822**

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.
- Guarantor:** Complete the Other section if you are a guarantor on an account/loan. Credit Limit Requested \$ _____

APPLICANT	OTHER
NAME (Last - First - Initial)	NAME (Last - First - Initial)
ACCOUNT NUMBER	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICENSE NUMBER/STATE
EMAIL ADDRESS	EMAIL ADDRESS
BIRTH DATE	BIRTH DATE
HOME PHONE	HOME PHONE
BUSINESS PHONE/EXT.	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	PRESENT ADDRESS (Street - City - State - Zip)
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO:	MORTGAGE/RENT OWED TO:
MORTGAGE BALANCE	MORTGAGE BALANCE
MONTHLY PAYMENT	MONTHLY PAYMENT
INTEREST RATE	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	EMPLOYMENT/INCOME
START DATE	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	EMPLOYMENT INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	<input type="checkbox"/> NET <input type="checkbox"/> GROSS
OTHER INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
SOURCE	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.

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.

(SEAL) _____ DATE _____

(SEAL) _____ DATE _____

CREDIT UNION USE ONLY

APPROVED NO. OF CARDS _____ CREDIT LIMIT \$ _____ CREDIT CARD NUMBER _____

DECLINED 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**



CMFG Life Insurance Company

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

**MONTHLY PREMIUM
LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

Credit Card

SCHEDULE OF CREDIT INSURANCE					
Credit Union / Primary Beneficiary Rockland Employees Federal Credit Union			Group Policy Contract No. 031-1404-5		
SECTION A	Borrower 1 Name and Address				
	Email Address			Birth Date	
	Borrower 2 Name and Address				
	Email Address			Birth Date	
	Account No.		Secondary Beneficiary		
	Rate(s) per \$1000 of Your monthly Loan balance		Single Life	\$0.62	Single Disability
		Joint Life	\$1.00	Joint Disability	N/A
SECTION B	Insurance Applied For		Applicable Maximums		
	Life Insurance			Life	Disability
	Who do You want covered by life insurance? Check only one:		Maximum Monthly Disability Benefit	N/A	\$ 800
	<input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint)		Total Benefit Maximum	\$55,000	\$30,000
	<input checked="" type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Maximum Issue Age	75	75
			TERMINATION AGE	75	75
Disability Insurance					
Who do You want covered by disability 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					
Waiting Period 14 days		Benefits Begin Retroactive			

CI-MP-SCH-OECE.NY

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 disability insurance: You must answer the Actively at Work Question.

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.

Borrower 1 Borrower 2
 Yes No Yes No

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

SECTION C

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, 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.
- 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 summarized 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.

FRAUD WARNING-DISABILITY COVERAGE ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

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 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 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
X

Borrower 2 Signature Date
X



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**VISA PLATINUM/VISA SECURED
APPLICATION AND SOLICITATION DISCLOSURE**

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	<p>Visa Platinum 7.99% Introductory APR for a period of 12 billing cycles. After that your APR will be 9.99% to 17.99% based on your creditworthiness.</p> <p>Visa Secured 7.99% Introductory APR for a period of 12 billing cycles. After that your APR will be 10.99%.</p>
APR for Balance Transfers	<p>Visa Platinum 9.99% to 17.99% when you open your account, based on your creditworthiness.</p> <p>Visa Secured 10.99%</p>
APR for Cash Advances	<p>Visa Platinum 9.99% to 17.99% when you open your account, based on your creditworthiness.</p> <p>Visa Secured 10.99%</p>
How to Avoid Paying Interest on Purchases	Your due date is at least 25 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	
Transaction Fees	
- Cash Advance (ATM) Fee	\$2.00 or 2.00% of the amount of each cash advance, whichever is greater (Maximum Fee: \$500.00)
- Cash Advance (Over the Counter) Fee	\$5.00 or 2.00% of the amount of each cash advance, whichever is greater (Maximum Fee: \$500.00)
- Foreign Transaction Fee	1.00% of each multiple currency transaction in U.S. dollars 0.80% of each single currency transaction in U.S. dollars
Penalty Fees	
- Late Payment Fee	Up to \$25.00
- Returned Payment Fee	Up to \$25.00

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 1, 2014. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

Late Payment Fee	\$25.00	or the amount of the required minimum payment, whichever is less, if you are five (5) or more days late in making a payment.
Returned Payment Fee	\$25.00	or the amount of the required minimum payment, whichever is less.