

Tulip Cooperative Credit Union

P.O. Box 1243
Olympia, WA 98507
(360) 570-2292

Loan Application Agreement to Terms

An Incomplete or Unsigned Form Will Delay Processing

READ AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

Individual Credit: Complete **Applicant** sections if only the applicant's income is considered for loan approval. Complete **Applicant** and **Co-Applicant/Non-Applicant Spouse/Other** sections (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA and WI.

Joint Credit: Complete **Applicant** and **Co-Applicant/Non-Applicant Spouse/Other** sections if your co-applicant will be contractually liable for repayment of the loan and initial below:

We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

Amount Requested: \$ _____ Purpose/Collateral: _____

Other Loan Request: _____

APPLICANT				<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> NON-APPLICANT SPOUSE/OTHER <input type="checkbox"/> GUARANTOR			
NAME (Last - First - Initial)		ACCOUNT NUMBER		NAME (Last - First - Initial)		ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.		BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	
E-MAIL ADDRESS		OTHER NUMBER (cell, fax, etc.)		E-MAIL ADDRESS		OTHER NUMBER (cell, fax, etc.)	
PHYSICAL ADDRESS (Street, City, State, Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS		PHYSICAL ADDRESS (Street, City, State, Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS	
MAILING ADDRESS (Street, City, State, Zip)				MAILING ADDRESS (Street, City, State, Zip)			
MONTHLY PAYMENT (MORTGAGE/RENT) \$ _____				MONTHLY PAYMENT (MORTGAGE/RENT) \$ _____			
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)				PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)			

EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
HIRE DATE	POSITION	HIRE DATE	POSITION

INCOME

OTHER INCOME: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME (GROSS)	OTHER INCOME (GROSS)	EMPLOYMENT INCOME (GROSS)	OTHER INCOME (GROSS)
\$ _____ PER _____	\$ _____ PER _____	\$ _____ PER _____	\$ _____ PER _____
SOURCE	SOURCE	SOURCE	SOURCE

REFERENCES

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME NUMBER	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME NUMBER
	RELATIONSHIP		RELATIONSHIP

WHAT YOU OWE	CREDITOR NAME (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	MARKET VALUE	PAST DUE
<input type="checkbox"/> RENT <input type="checkbox"/> 1ST MORTGAGE (incl. Tax & Ins.)			\$ _____	\$ _____		
2ND MORTGAGE			\$ _____	\$ _____		
AUTO LOAN			\$ _____	\$ _____		
CREDIT CARD			\$ _____	\$ _____		
CREDIT CARD			\$ _____	\$ _____		
OTHER			\$ _____	\$ _____		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:		TOTALS				

LOAN APPLICATION SIGNATURES

BY SIGNING BELOW, I AGREE AS FOLLOWS:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you.

IF MY LOAN APPLICATION IS APPROVED:

Terms and Conditions: I acknowledge that I have read, understand and accept the terms and conditions of the Open-end Credit Plan, Disclosures, Credit Agreement, and Security Agreement. I also understand that I may receive an Advance Receipt, that the Advance Receipt is a part of my credit contract, and I should be bound by the terms of the Advance Receipt. I acknowledge that I have received copies of these documents. If I have elected to apply for voluntary credit insurance, I acknowledge that I have read and understand the terms of the insurance Application and Certificate of Group Insurance; I certify that all information given in connection with the Application is true and complete; and I acknowledge receipt of a copy of the Application and Certificate.

I also understand that by signing or endorsing any advance proceeds checks or vouchers, or by otherwise accepting, using or accessing advance proceeds now or in the future, I also agree to the terms of the above documents. I further understand and acknowledge that no additional signatures shall be required for you to enforce the terms of the above agreements, but I may be asked, and shall be required to, provide additional signatures if you deem it necessary. I also agree to provide Credit Union with any and all information necessary for you to perfect your security interest in any collateral pledged in connection with my advances, either now or in the future.

Cross-collateralization: I understand and acknowledge that any and all collateral given in connection with any advances shall secure all amounts I owe the credit union now and in the future. However, non-purchase-money household goods shall not secure any loan or advance, and my principle dwelling will not secure any advance under this Open-end Plan.

On-going credit checks: I understand that you may periodically update my credit information in order to evaluate my on-going credit worthiness, without any additional signatures, for as long as my plan is open and/or an outstanding balance exists. You may use and communicate any information gathered for any lawful purpose in any manner allowed by law.

Credit Insurance: Voluntary Credit Insurance is available to protect your loan. If you are interested in applying for coverage please complete the Insurance Application below.

PLEDGE OF SHARES: I grant and pledge to you a consensual lien on all sums on deposit to secure my obligations to the credit union pursuant to applicable state law. "All sums on deposit" and "shares" for purposes of this pledge means all deposits in any share savings, share draft, club, certificate, P.O.D., revocable trust or custodial accounts(s), whether jointly or individually held, that you have on deposit now or in the future, all of which are deemed "general deposits" for the purpose of this pledge. My pledge does not include any IRA, Keogh, tax escrow, irrevocable trust or fiduciary account in which I do not have vested ownership interest. In addition, I acknowledge and agree to impressment of the Credit Union's statutory lien rights under the Federal Credit Union Act as of the date I opened my credit plan, which gives you the right to apply the sums in my account(s), to satisfy any obligations I owe to the credit union, regardless of contributions at the time of default, and without further notice to me or any owner of the account(s).

SECURITY INTEREST AND LIEN ON ACCOUNT(S). (1) By signing the Master Application, or by accessing, using, or otherwise accepting any funds, accounts or services, I grant the Credit Union a security interest in all goods, property, or other items purchased under this Plan either now or in the future, or in any other collateral given now or at the time of any future advance, or given at any other time in connection with the Open-end Plan, in accordance with my Security Agreement. I also agree to abide by the terms of the Security Agreement and any Advance Receipt or similar document.

(2) By signing the Master Application and/or Account Card, or by accessing, using, or otherwise accepting any funds, accounts or services, I grant the credit union, and you impress, a lien on any and all funds in any joint and individual share account(s), regardless of the source of the funds in the account(s) or any owner's contributions, to secure any account owner's joint or individual obligations to you, now or in the future, whether direct, indirect, contingent or secondary. This lien secures all debts I owe you pursuant to any loan or credit agreements; under this Open-end Credit Plan; arising from any insufficient funds item; fees; costs, expenses; or otherwise. I understand and agree that the Credit Union has multiple rights which include a "consensual lien" a "statutory lien" pursuant to 12 USC 1757 and 12 CFR 701.39, applicable state law and your "common law" right to set off, which authorize you to apply the funds in any joint or individual account to any obligations owed to you if I default or fail to pay or satisfy any obligation to you without any legal process, court proceeding or any notice to any owner of the account(s) affected hereunder or otherwise under this Agreement. I specifically agree that you have a right to place an administrative freeze on any of my joint or individual account(s) and that such action shall not violate 11 USC 362 or other applicable law. I agree that my account(s) are not assignable or transferable except to the Credit Union unless specifically authorized in writing by you. Obligations secured by my primary residence, household goods and any funds in an IRA or Keogh account are not included in your lien or this security interest, unless subject to specific pledge or security agreement. The Credit Union will not have any responsibility or liability to me or others relating to the dishonor or other return of any check, draft, ACH transaction or other order occurring as a result of you exercising your lien rights or freezing any accounts in order to protect or preserve such rights.

If I purchase voluntary credit insurance or other products in connection with this loan, I understand that a portion of the premium or fee I pay will be retained by the credit union (or paid back to the credit union by the service provider) as compensation for making these services available to me.

Negative Information Notice: You may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

APPLICANT'S SIGNATURE X	DATE
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CO-APPLICANT'S SIGNATURE (Where Applicable) X	DATE
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HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

**CREDIT INSURANCE IS VOLUNTARY AND IS NOT REQUIRED TO OBTAIN YOUR LOAN
YOUR COVERAGE TERMINATES WHEN YOU REACH AGE 70 FOR CREDIT LIFE INSURANCE AND AGE 66 FOR CREDIT DISABILITY INSURANCE.**

APPLICATION FOR GROUP CREDIT INSURANCE

Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101-2098

CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER 32968-G-500	INSURANCE MAXIMUM \$20,000	GROUP POLICY NUMBER 32969-G-500	MAXIMUM MONTHLY DISABILITY BENEFIT \$500	MAXIMUM LOAN REPAYMENT PERIOD 120 Months
MAXIMUM LOAN REPAYMENT PERIOD 120 Months		MAX. AGGREGATE DISABILITY BENEFIT \$20,000	WAITING PERIOD 14 Days	RETROACTIVE BENEFIT Yes

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. I (we) also agree that: 1. I am eligible for life insurance if I am presently under age 70 and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age 70. Please read the "When does your insurance terminate?" provision.** 2. If joint life insurance is selected, we are eligible if the older applicant is presently under age 70 and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age 70. Coverage will terminate on both of you. Please read the "When does your insurance terminate?" provision.** 3. I am eligible for single disability insurance if I am presently under age 66 and my loan is repayable within the maximum loan repayment period shown above. **In no event is disability insurance coverage to remain in force beyond the date you reach age 66. Please read the "When does your insurance terminate?" provision.** 4. Only the person signing this application as primary applicant is eligible for single disability insurance.

If single disability insurance is selected, I am presently working outside the home for wages or profit for 30 hours or more per week and have been so working for 30 days or more immediately prior to this date.

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

COVERAGE REQUESTED (*MONTHLY PREMIUM PER \$100.00 OF OUTSTANDING BALANCE.)

<input type="checkbox"/> Yes <input type="checkbox"/> No Single Life	7.0c*	<input type="checkbox"/> Yes <input type="checkbox"/> No Joint Life	11.2c*	<input type="checkbox"/> Yes <input type="checkbox"/> No Credit Disability	25.5c*
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APPLICANT'S SIGNATURE X	DATE
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JOINT LIFE APPLICANT'S SIGNATURE IF APPLICABLE X	DATE
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