



7508 Ferguson Rd
 Dallas, TX 75228
 (800) luv-mycu (588-6928)
 Ph: (214) 327-9367
 Fax: (214) 217-8151
 www.lonestarcu.org



Application

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.

LOANLINER Account/Loan:

(Including ATM/Debit Card Access to the Account if Available)

Amount Requested \$

Purpose/Collateral:

Repayment:

PAYMENT PROTECTION

Are you interested in having your loan protected?

If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

APPLICANT		
NAME		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS		
LENGTH AT RESIDENCE		
PREVIOUS ADDRESS		
LENGTH AT RESIDENCE		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARITAL STATUS:		
EMPLOYMENT/INCOME	\$	PER
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME		
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?		
WHERE	ENDING/SEPARATION DATE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE	
ENDING DATE		
REFERENCE		
RELATIONSHIP		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE	

OTHER		
NAME		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS		
LENGTH AT RESIDENCE		
PREVIOUS ADDRESS		
LENGTH AT RESIDENCE		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARITAL STATUS:		
EMPLOYMENT/INCOME	\$	PER
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME		
\$	PER	SOURCE
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MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?		
WHERE	ENDING/SEPARATION DATE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE	
ENDING DATE		
REFERENCE		
RELATIONSHIP		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE	



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Open-End Plan Signatures

LOANLINER® ACCOUNT

Borrower 1 Name: _____ Account Number: _____
 Borrower 2 Name: _____ Account Number: _____

SIGNATURES

By signing below, you are opening a Credit Plan even if you are not requesting an advance today.

1. You authorize the Credit Union to obtain credit reports in connection with this Plan opening 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 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.

2. By signing below you acknowledge that you have received and agree to the terms and conditions contained in the LOANLINER® Credit Agreement or LOANLINER® Credit/Security Agreement including the Addendum.

disclosures and information related to voluntary payment protection and to any amendments that may be made to any of these documents from time to time.

3. You grant the Credit Union a security interest in all share and/or deposit accounts that you own now and in the future to secure what you owe under the LOANLINER® Credit Agreement or LOANLINER® Credit/Security Agreement. When you are in default, you authorize the Credit Union 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.

 BORROWER 1 SIGNATURE DATE

 BORROWER 2 SIGNATURE DATE

ENROLLMENT/APPLICATION AND SCHEDULE FOR VOLUNTARY PAYMENT PROTECTION

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

"You" or "Your" means the member and the joint insured (if applicable). The joint insured may only be spouses or business partners.

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. By signing below you certify that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- 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, that particular advance will not be insured until 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.

- For Credit Life insurance, if you are not actively at work on the date of the initial advance, you have not, at any time during the twelve (12) months immediately preceding the date of the initial advance, received a medical diagnosis or any care or treatment for cancer, high blood pressure or for any disease of the heart, lungs or blood vessels.
- You are under the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.201	
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.066	
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.098	

If you are totally disabled for at least 14 days, then the disability benefit will begin with the 15th day of disability.

MEMBER	INSURANCE MAXIMUMS	DISABILITY	LIFE
ACCOUNT NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT PER LOAN	\$ 850.00	N/A
GROUP POLICY NUMBER	MAX. AMOUNT OF LOAN INSURABLE PER LOAN	\$ 50,000.00	N/A
SECONDARY BENEFICIARY (if you desire to name one)	MAX. AMOUNT OF LOAN INSURABLE PER MEMBER	N/A	\$ 50,000.00
DATE	MAX. AGE FOR INSURANCE	66	70

DATE MEMBER'S DATE OF BIRTH AGE DATE JOINT INSURED'S DATE OF BIRTH AGE

SIGNATURE OF MEMBER (Be sure to check one of the boxes above.)

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

APP.825-0892 TX(3.53RA)

***AUTHORIZATION AND RATIFICATION OF FACSIMILE
SIGNATURE FOR LONE STAR CREDIT UNION***

I acknowledge that I am providing Lone Star Credit Union with a facsimile copy of the Loan Application and/or other loan documents which I have signed this date.

I ratify such facsimile copy and signature for all purposes. I direct and authorize that the Credit Union treat such facsimile signature as my original signature. I agree to be bound by the terms and conditions of said application, and I understand that the Credit Union is relying upon these representations by me concerning this facsimile copy and my facsimile signature.

Signed this _____ day of _____

Applicant Signature

Co-Applicant Signature



LOAN ADDENDUM AND DISCLOSURE

This addendum is incorporated into and becomes a part of your LOAN Credit/Security Agreement.
Please keep this attached to your LOAN Credit/Security Agreement.

SECTION A – TRUTH-IN-LENDING DISCLOSURE

DESCRIPTION	MODEL YEAR	APPROX. TERM ¹	DAILY PERIODIC RATE	<u>ANNUAL PERCENTAGE RATE²</u>
Auto Loans – New and Used				
	2010 – 2011	12 – 60 Months	.0130137% - .0308219%	4.75% - 11.25%
		61 – 72 Months	.0143836% - .0328767%	5.25% - 12.00%
	2002 – 2009	12 – 60 Months	.0130137% - .0308219%	4.75% - 11.25%
		61 – 72 Months	.0143836% - .0328767%	5.25% - 12.00%
Secured Loans – Boats, Motorcycles, Farm and Business Equipment				
	2010 – 2011	12 – 60 Months	.0191781% - .0445205%	7.00% - 16.25%
		61 – 72 Months	.0205479% - .0458904%	7.50% - 16.75%
	2002 – 2009	12 – 60 Months	.0191781% - .0445205%	7.00% - 16.25%
		61 – 72 Months	.0205479% - .0458904%	7.50% - 16.75%
Rec. Vehicles	2010 – 2011	12 – 72 Months	.0191781% - .0431507%	7.00% - 15.75%
		73 – 240 Months	.0198630% - .0458904%	7.25% - 16.75%
	2002 – 2009	12 – 72 Months	.0191781% - .0431507%	7.00% - 15.75%
		73 – 240 Months	.0198630% - .0458904%	7.25% - 16.75%
Signature Loans		Up to 60 Months	.0239726% - .0493151%	8.75% - 18.00%
90 % Share Secured		Up to 60 Months		2% above dividend rate ⁴

SECTION B – LINE OF CREDIT DISCLOSURE

DESCRIPTION	SCHEDULED PAYEMENT	DAILY PERIODIC RATE	<u>ANNUAL PERCENTAGE RATE</u>
Line of Credit Advances	2.5% of unpaid balances monthly. Minimum monthly payment of \$50.00. ³	.0232877%	8.50%
	Overdraft advances will be in increments of \$100.00.		

SECTION C – CERTIFICATE SECURED DISCLOSURE

DESCRIPTION	<u>ANNUAL PERCENTAGE RATE</u>
90% Certificate Secured	2% above Certificate Rate ⁴

Filing Fees: If you give a security interest in certain types of property, we may charge you a filing fee to perfect our interest in the property. If so, the amount of the fee will be disclosed to you at the time you obtain an advance.

Late Fee: If you are ten (10) or more days late making your payment, you will pay a late fee of 20% of the interest due. (Maximum \$35.00, minimum \$7.00).

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

¹72 Months financing available on loan amounts of \$25,000 or more.

² The ANNUAL PERCENTAGE RATE you receive for the sub-accounts listed above will be within the range disclosed and is based on certain credit worthiness criteria. Ask the credit union for the rate you qualify for.

³ Any increase in the APR will result in more payments of the same amount until what you owe has been repaid. The APR and Daily Periodic Rate will be disclosed on the disbursement receipt at the time of the advance.

⁴ The Annual Percentage Rate (APR) will be the dividend rate being paid on Regular Shares and Certificates offered as security (index) plus 2%. When the certificate matures, the loan must be completely paid, or if the certificate is reinvested, then the loan must be rewritten and the interest accrued paid. Failure to renew will result in default under the plan. When the Certificate is renewed the APR will change to reflect the new dividend rate.