



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



### Credit Card Application

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, call us toll-free at \_\_\_\_\_ or 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 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 \$ \_\_\_\_\_**

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

<b>OTHER</b>		<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR
NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
MORTGAGE/RENT OWED TO:		
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)		
<b>EMPLOYMENT/INCOME</b>		
NAME AND ADDRESS OF EMPLOYER		
START DATE		
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	
\$ _____ Per _____	\$ _____ Per _____	
<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 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)  
 APPLICANT'S SIGNATURE DATE

**X** (SEAL)  
 OTHER SIGNATURE DATE





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

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<p><b>Visa Platinum</b></p> <p>when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p> <p><b>Visa Secured</b></p> <p>This APR will vary with the market based on the Prime Rate.</p>
<b>APR for Cash Advances</b>	<p><b>Visa Platinum</b></p> <p>when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p> <p><b>Visa Secured</b></p> <p>This APR will vary with the market based on the Prime Rate.</p>
<b>APR for Balance Transfers</b>	<p><b>Visa Platinum</b></p> <p>when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.</p> <p><b>Visa Secured</b></p> <p>This APR will vary with the market based on the Prime Rate.</p>
<b>How to Avoid Paying Interest on Purchases</b>	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.
<b>For Credit Card Tips from the Federal Reserve Board</b>	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 <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a> .
<b>Fees</b>	
<b>Transaction Fees</b>	
<ul style="list-style-type: none"> <li>Foreign Transaction Fee</li> </ul>	of each transaction in U.S. dollars
<b>Penalty Fees</b>	
<ul style="list-style-type: none"> <li>Late Payment Fee</li> <li>Returned Payment Fee</li> </ul>	

**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 [redacted]. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**OTHER DISCLOSURES**

- Late Payment Fee
- Document Copy Fee
- Rush Fee
- Card Replacement Fee





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**CREDIT INSURANCE**

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road  
 Madison, WI 53701-0391  
 Phone: 800/937-2644

**CREDIT INSURANCE APPLICATION & SCHEDULE**

"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)			COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
	YES	NO		

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

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
ACCOUNT NUMBER	GROUP POLICY NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT PER LOAN		\$	N/A
SECONDARY BENEFICIARY (If you desire to name one)		MAX. AMOUNT OF LOAN INSURABLE PER LOAN		\$	N/A
DATE OF ISSUE OF THIS CERTIFICATE		MAX. AMOUNT OF LOAN INSURABLE PER MEMBER		N/A	\$
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)		
<b>X</b>			<b>X</b>		

APP.825-0892 TX(3.53RA)

**CERTIFICATE OF INSURANCE**  
**Credit Life/Credit Disability**

**Within 15 days after you receive this Certificate, you have the right to return the Certificate to the credit union for cancellation and any premium paid by you will be immediately returned.**

We certify that while we are paid the premiums for the Group Policy by the credit union as they become due, you are insured for the coverage marked in the Schedule, subject to the terms of the Group Policy issued to the credit union.

**BENEFITS**

Benefits are paid to your credit union to pay off or reduce your loan. If the benefits are more than the balance of your loan, the difference will be paid to you (by separate check from us) if you are living or to the Beneficiary named by you, if any, or to your estate. Our payment will completely discharge our liability to the extent of the payment.

**Death Benefit.** If you die while you are insured for life coverage, we will pay the principal balance of your loan on the date of your death, not to exceed the Maximum Amount of Loan Insurable.

**Joint Insured Death Benefit.** If your joint insured dies while insured for life coverage, we will pay on the same basis as above. Only one (1) death benefit, however, is payable under this Certificate.

**Total Disability Insurance Benefit.** If you are insured for disability coverage, we will pay a benefit if you file written proof that you became totally disabled while insured and continue to be totally disabled for longer than the period stated in the Schedule. Payment will be calculated beginning with the day shown in the Schedule.

The monthly benefit for each month of your disability to be compensated will be equal to the minimum monthly payment required on your loan on the date you became disabled. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit. Our monthly benefit payment will not exceed the Maximum Monthly Total Disability Benefit stated in the Schedule.

Our benefit payments will stop on the date:

1. you are not totally disabled any more; or
2. the insured portion of your loan has been repaid or otherwise stops; or
3. the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
4. of your death.

**Definition of Total Disability.** During the first 12 consecutive months of total disability, Total Disability means that you are not able to perform most of the duties of your occupation because of a medically determined sickness or accidental injury and are under the care and treatment of a physician. After the first 12 consecutive months of Total Disability, the definition changes and requires that you not be able to perform the duties of any occupation for which you are reasonably qualified by education, training or experience. You will be required to give us proof of your continuing Total Disability from time to time.

If your Total Disability recurs **within** seven (7) days after you have recovered from that period of Total Disability, we will consider this a continuation of that period of Total Disability. However, if your Total Disability recurs **more than** seven (7) days after you have recovered, we will consider it a new period of Total Disability.

**EXCLUSIONS AND RESTRICTIONS**

**Misstated Age.** If you stated you are under the Maximum Age for Insurance stated in the Schedule, but you are not, we will return your premium when we discover this and will not pay any benefits. This applies to disability coverage as well as life coverage on you and your joint insured.

The following Exclusion for life insurance applies also to your joint insured.

1. **Suicide.** We won't pay a claim for an advance on a loan if you commit suicide within 12 months after the effective date of insurance on the advance. We will, however, refund the premium on the advance.

The following Exclusions apply to disability insurance.

**Total Disabilities Not Covered.** We won't pay a claim for any advance on a loan or return your disability insurance premium if your Total Disability:

1. commences or recommences within six (6) months after the Effective Date of insurance on the advance and results from any disease or bodily injury for which you received medical diagnosis or treatment at any time within the six (6) month period immediately preceding the Effective Date of insurance on the advance (however, after such six (6) month period, a valid claim will not be excluded); or
2. is a result of normal pregnancy.

## **WHEN INSURANCE STOPS**

This insurance automatically stops:

1. on the last day of the month in which we receive your written request to stop the insurance; or if earlier,
2. on the last day of the month in which you withdraw your authorization for the addition of charges for the insurance to your loan; or
3. on the last day of the month during which you reach the Maximum Age for Insurance; or
4. on the date your loan stops; or
5. on the last day of the month in which you are three (3) months delinquent in any payment on your loan; or
6. on the date the Group Policy stops; or
7. when the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
8. on the date of your death; or
9. on the date your loan is transferred to a creditor other than the credit union.

Termination of insurance will be without prejudice to any valid claim arising prior to termination. The Group Policy may be terminated by us or by the credit union without prejudice to any existing claims.

## **INSURANCE CHARGES**

The rate of charge for your insurance is shown in the credit insurance schedule. The credit union will furnish to you no less often than quarterly, a statement of (a) the amount of your insurance charge, (b) the amount of your loan balance to which the rate was applied, (c) the date the rate was applied and (d) the period covered by the insurance charge. You will also be notified of any pre-established termination date.

The rate you are charged for the insurance is subject to change. You will be given 30 days advance written notice before any rate increase goes into effect. You should attach any notice of rate change to this certificate. You may stop the insurance on any date by giving advance written notice to the credit union.

## **THE GROUP POLICY CAN BE STOPPED**

If this happens and your insurance under the group policy is not replaced by similar insurance under a new group policy, you will be given written notice that your insurance will stop 30 days after the date the notice is given to you.

## **WHAT THE CONTRACT IS AND HOW YOUR STATEMENTS AFFECT IT**

The Group Policy, the Application for the Group Policy, any attached Rider or Endorsement, and the attached Member's Application are the complete contract of insurance. All statements made by you are considered to have been made to the best of your knowledge and belief. No statement can be used to void this insurance or deny a claim unless that statement is signed by you. After two (2) years from the date of insurance, no statement made by you can be used to void this insurance or deny a claim. However, any fraudulent misstatements regarding credit disability which you have made, may be contested without regard to the two (2) year time limitation.

If you stated that you are older than the Maximum Age for Insurance, or if insurance is issued over the Maximum Amount, and we do not return your premium within 90 days after we receive it, you are insured for the period the premium would purchase regardless of your actual age. We will accept a valid claim if it is incurred within this 90 day period and before the premium is returned.

## **HOW TO FILE A LIFE CLAIM**

We must be given a claim report, a copy of the member's loan records, insurance application/certificate and a certified copy of the death certificate (or other lawful evidence) as proof of a life insurance claim. You are responsible only for the certified copy of the death certificate. Your credit union will supply the remainder of the information.

## **HOW TO FILE A TOTAL DISABILITY CLAIM**

You must contact us or your credit union about your Total Disability claim within twenty (20) days of when you are eligible for benefits or as soon as reasonably possible. Your credit union will provide you with claim forms within 15 days or you can simply send us written proof of your disability. That proof must show the date and the cause of the Total Disability and how serious it is, and it must be signed by a physician or a chiropractor. The initial proof should be for the initial period of Total Disability, after you have completed the Waiting Period or Elimination Period. After that, we will require proof of your continued disability, from time to time.

You must send proof to us within 90 days after your Total Disability stops. If you cannot send proof to us within 90 days, you must do so as soon as you can. Unless you have been legally incapable of filing proof of Total Disability, we won't accept it if it is filed after one (1) year from the time it should have been filed. You can't start any legal action until 60 days after you send us proof of your Total Disability and you can't start any legal action more than three (3) years after you send the proof.

## **CONFORMITY WITH STATE STATUTES**

Any part of the Group Policy which, on the Effective Date of the Group Policy, conflicts with the statutes of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes.

## **PHYSICAL EXAMINATION AND AUTOPSY**

We, at our own expense, have the right, and you must allow us the opportunity, to examine your person as often as is reasonably required while a claim is pending or make an autopsy in case of death where it is not forbidden by law.



*CUNA Mutual Insurance Society*

Home Office:  
2000 Heritage Way  
Waverly, IA 50677

Administrative Office:  
5910 Mineral Point Road  
Madison, WI 53705

## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call CUNA Mutual's toll-free telephone number for information or to make a complaint at:

**1-800-356-2644**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### **ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de CUNA Mutual's para informacion o para someter una queja al:

**1-800-356-2644**

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **DISPUTAS SOBRE PRIMAS O RECLAIMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

### **UNA ESTA AVISO A SU POLIZA:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.