

- Complete and sign the application below. Include verification of income for Borrower and Co-Borrower (pay stub, etc.). A photocopy is acceptable.
- Mail: IBM Southeast EFCU, P.O. Box 5090, Boca Raton, FL 33431-0890 or drop it off at any branch.
- Call: (800) 873-5100, ext. 8707 or (561) 982-4700, ext. 8707 during regular business hours or LoanLine 24 at (877) 354-LOAN (5626) after hours or on weekends for assistance.
- Fax: (561) 982-4798
- For current [loan rates](#) and [loan disclosure and terms](#) Apply Online. e-mail loans@ibmsecu.org or call SunDial Telephone Banking 24 hours a day/7 days a week at (800) 888-3900, (561) 997-0779 or (404) 504-0520.

Check Type Of Loan Requested

- Overdraft protection
 Bill consolidation
 Car loan
 Visa Classic
 Visa Gold
 Visa Platinum
 Other

Amount/limit

Term



**IBM Southeast Employees'
Federal Credit Union**
Your time. Your money. Your future.®

Verification of income must be included to process this application for Borrowers and Co-Borrowers (current pay stub, etc.). A photocopy is acceptable.

| | | | | | | | | |
|---|------------------------|--|---|--|--------------------|------------|--|--|
| MEMBER NO. | | | | MEMBER NO. <small>(If Applicable)</small> | | | | |
| B O R R O W E R | LAST | | FIRST | | MI | | | |
| | SOCIAL SECURITY NUMBER | | | | | | | |
| | BIRTH DATE | | | PASSWORD (FOR SECURITY PURPOSES) | | | | |
| | STREET | | | | | | | |
| | CITY | | STATE | ZIP | YEARS LIVING THERE | | | |
| | HOME PHONE | | | WORK PHONE | | EXT. | | |
| | CELLULAR PHONE | | | FAX | | | | |
| | HOUSING COST \$/MO. | | <input type="radio"/> RENT <input type="radio"/> MORTGAGE | | E-MAIL | | | |
| | EMPLOYER | | | POSITION | | DATE HIRED | | |
| | GROSS MO. INCOME \$ | | OTHER INCOME \$ | | ASSETS (LIST) | | | |
| NEAREST RELATIVE'S NAME | | | HOME PHONE | | | | | |
| C O - B O R R O W E R | LAST | | FIRST | | MI | | | |
| | SOCIAL SECURITY NUMBER | | | | | | | |
| | BIRTH DATE | | | PASSWORD (FOR SECURITY PURPOSES) | | | | |
| | STREET | | | | | | | |
| | CITY | | STATE | ZIP | YEARS LIVING THERE | | | |
| | HOME PHONE | | | WORK PHONE | | EXT. | | |
| | CELLULAR PHONE | | | FAX | | | | |
| | HOUSING COST \$/MO. | | <input type="radio"/> RENT <input type="radio"/> MORTGAGE | | E-MAIL | | | |
| | EMPLOYER | | | POSITION | | DATE HIRED | | |
| | GROSS MO. INCOME \$ | | OTHER INCOME \$ | | ASSETS (LIST) | | | |
| NEAREST RELATIVE'S NAME | | | HOME PHONE | | | | | |

The above information is given for the purpose of obtaining credit. By signing below, I/we state under penalties of perjury that the information provided herein is complete and accurate. I/We authorize the Credit Union to obtain information from any source concerning statements made herein. If this application is accepted, I/we promise to pay all charges incurred and agree to be bound by the terms and conditions of "Your Loan Disclosures", the applicable loan and/or credit card agreement, which I/we have received and retained, which includes the right of offset allowing the Credit Union to transfer funds from my/our deposit account(s) for repayment of any past due loan(s) without further notice to me/us. I/We understand and acknowledge that the collateral also secures any other obligations that I/we may now or in the future have with IBM Southeast EFCU and fees and costs charged against our account(s). Credit is subject to approval. This signature allows the Credit Union to use a facsimile signature on this and future loan applications. This Loan Application is only intended for Borrowers with an established Membership account. If you are not already a Member, please join us by contacting a Member Service Representative or by visiting our Web site at www.ibmsecu.org for a Membership Application. Notice to Members residing in Community Property States Arizona (AZ), California (CA), Idaho (ID), Louisiana (LA), New Mexico (NM), Nevada (NV), Puerto Rico (PR), Texas, (TX), Wisconsin (WI), Washington, (WA): When applying for secured or unsecured credit where both parties' incomes are being considered as a basis for repayment for loan approval, the Credit Union requires a Joint Loan Application signed by both parties as Member/Borrower and Joint Signer/Co-Borrower, with the debt of both parties disclosed. A current credit report will be obtained on both parties to verify debt, and verification of income is required. Information about the party making payments is also required if you are relying on Alimony and/or Child Support as a basis for repayment on an Individual Loan Application.

- I'm interested in receiving eStatements (electronic statements), instead of paper statements. I'll sign up for eMessenger at www.ibmsecu.org.
- I'm interested in receiving information on Credit Union products, services and special offers at the e-mail address I've listed above. I understand that my e-mail address will not be shared with outside sources, and I may cancel this service at any time.

Preferred payment method:

- DIRECT DEPOSIT
 AUTOMATIC TRANSFER FROM MY CHECKING
 AUTOMATIC TRANSFER FROM MY SAVINGS
 COUPON BOOK
 ONLINE BANKING
 Frequency MONTHLY
 SEMI-MONTHLY
 WEEKLY
 Overdraft protection sequence preference (please number)
 ___ Visa credit card
 ___ HELOC
 ___ Savings
 ___ Line of Credit

- I'm interested in optional GAP Total Loss Protection for my vehicle loan.
- I'm interested in optional Extended Warranty coverage for my vehicle.

Your Savings Federally Insured to \$100,000



X _____
Signature of borrower Date

X _____
Signature of co-borrower Date

CREDIT INSURANCE DISCLOSURE: I understand that CREDIT INSURANCE IS NOT REQUIRED AS A CONDITION FOR CREDIT. I have the option of assigning any policy(s) I own or procure to cover such credit. I may purchase the policy from the agent of my choice. I must be under age 71 for Credit Life and under age 70 and working 30 hours per week for Credit Disability on the date of my Advance to be eligible for insurance and it will terminate when I reach 71. I may rescind this request, in writing, at any time prior to the date of any Advance. I hereby authorize the Credit Union to pay said premiums to the insurer.

UNIT COST RATE DISCLOSURE PER \$1,000 OF MONTH-END BALANCE — CREDIT LIFE: • SINGLE LIFE = \$.62 • JOINT LIFE = \$1.09 • CREDIT DISABILITY = \$1.82. I MUST BE TOTALLY DISABLED FOR MORE THAN 30 DAYS; BENEFITS START ON THE 1ST DAY OF DISABILITY.

- I request Single Credit Life Insurance
 I request Credit Disability Insurance
 I request Joint Credit Life Insurance
- I do not request Credit Insurance

X _____
Signature of borrower Date Age

X _____
Signature of borrower Date Age

