



P.O. Box 5090, Boca Raton, FL 33431-0890

IBM Southeast Employees' Credit Union 800.873.5100 • www.ibmsecu.org • serviceplus@ibmsecu.org

MEMBERSHIP APPLICATION

Savings/Membership Account (Required)
Checking Account*:
*Comes with Visa debit card

Other:
eStatements I want paper statements
IBMSECU Online Account Access

Member #:

B. Primary account owner information

Form for primary account owner information including Name (First, Middle, Last), Date of Birth, Social Security # / Tax ID #, Occupation, Eligibility, Home Address, Mailing Address, Driver License #, Home Phone, Work Phone, Cell Phone, Will this be your primary bank account, and Email.

Form for secondary account owner information including Name (First, Middle, Last), Date of Birth, Social Security # / Tax ID #, Occupation, Employer, Home Address, Mailing Address, Driver License #, Home Phone, Work Phone, Cell Phone, Relationship to Primary, and Email.

D. Beneficiary information (optional)

Payable on Death (POD) / Trust Account: In the event of my death, I designate the following beneficiary to receive all sums in this account...

Form for beneficiary information including Beneficiary Name, Relationship to Primary, Social Security # / Tax ID #, Date of Birth, Address, and Phone #.

E. Important information about your account

By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Membership Account Agreement booklet and all other disclosed terms and conditions of all accounts and services that I/we may receive at IBMSECU.

Overdraft Protection: Your Membership also includes standard Overdraft Protection that automatically transfers funds from your Membership Savings to your Checking, in case there are insufficient funds to pay ACH, checks or other items.

Check here to also authorize the Credit Union to pay overdrafts for your Debit Card transactions and other items through the ODP program.

Under the USA Patriot Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account.

Under penalties of perjury, I certify that, unless otherwise specified below: (1) the social security number or taxpayer identification number provided on this Application is correct, (2) I am not subject to backup withholding due to failure to report interest and dividend income, and (3) I am a U.S. citizen.

Primary Owner: I am not a U.S. Citizen I am subject to backup withholding Joint Owner: I am not a U.S. Citizen I am subject to backup withholding

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

MEMBER SIGNATURE DATE X

JOINT SIGNATURE DATE X

Federally Insured by NCUA



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.

Joint Credit: Complete Applicant and Co-Applicant sections if your co-applicant will be contractually liable for repayment of the loan. By signing this application, you state that you intend to apply for joint credit.

Member #:

A. Please check below to indicate the type of account(s) and type of credit for which you are applying

Vehicle Loan Credit Card Term Loan Recreational Vehicle Other

Amount Requested \$ _____

Purpose:

SEE IMPORTANT INFORMATION ABOUT CREDIT CARDS

B. Applicant			Co-applicant		
Name (First-Initial-Last)			Name (First-Initial-Last)		Social Security #
Present Address (Street - City - State - Zip)			Present Address (Street - City - State - Zip)		Date of Birth
	Years/Months at this address	Own Rent		Years/Months at this address	Own Rent
	Monthly Payment (Mortgage/Rent) \$			Monthly Payment (Mortgage/Rent) \$	

C. Employment income

Name and address of employer	Hire Date	Name and address of employer	Hire Date
Gross Income \$ (Per month)		Gross Income \$ (Per month)	
OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	

D. Security interest. By signing this application, you agree to the following:

THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION.

IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

If you are applying for a Consumer Lending Plan, you also agree to the following: You grant a security interest in any and all property that you purchase or otherwise pledge for those loans. This means we will have a lien on that property and may seize and sell the property if you are in default on any loan under this Plan. You understand and agree that the property will be described on the Advance Receipt that you receive at the time of the advance, and that this collateral description is incorporated as a valid part of granting this security interest. You understand and agree to the security interest even though the property will be described at a later date and even though you do not sign the Advance Receipt.

E. Loan Application and Consumer Lending Plan Signatures and Agreement to Terms

All the information in this application is true. You understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. We have your permission to check it. We may retain this application even if not approved. You understand that we may receive information from others about your credit and we may answer questions and requests from others seeking credit or experience information about you or your accounts with us. If this application is approved, you agree to honor the provisions of the credit card agreement covering your account or loan. (If this application is for two of you, this statement applies to both of you.)

Consumer and Credit Report Authorization. By signing this Application, You authorize us to obtain your consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing your accounts or taking collection action or for additional loan requests on the account. You authorize us to receive and review other information about you, such as your employment and income information, from third-parties or consumer reporting agencies.

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 you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying information.

If your Consumer Lending Plan loan application is approved, by signing below, you agree to the following terms:

Acknowledgement: You acknowledge that you have read, understand and accept the terms and conditions of the Consumer Lending Plan, Credit Agreement and Security Agreement, and have received copies of these documents. You also understand that you will receive a Truth-in-Lending Statement at the time of a single-disbursement advance, and at the time that you open a revolving subaccount. You agree to be bound by all Advance Receipts or similar documents and the Truth-in-Lending Statements, and understand that by endorsing any advance proceeds check, or by otherwise accepting, using or accessing your advance proceeds, you are bound to the aforementioned documents.

NOTICE TO CONSUMER: THIS IS A CONSUMER CREDIT TRANSACTION. (A) DO NOT SIGN ANYTHING BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF ANY AGREEMENT YOU SIGN. (C) YOU HAVE THE RIGHT AT ANY TIME TO PAY IN ADVANCE THE UNPAID BALANCE DUE UNDER THIS AGREEMENT.

CAUTION- IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.

BORROWER'S SIGNATURE	DATE
X	

CO-BORROWER'S SIGNATURE	DATE
X	

GROUP CREDIT INSURANCE

Florida Credit Insurance Acknowledgement Form - Pursuant to Florida Statutes 627.679(1)(c)

By initialing below, (1) I acknowledge that I have the option of assigning any other policy or policies I own or may procure for the purpose of covering this loan and that credit insurance coverage need not be purchased from the Credit Union or anyone else in order to obtain the loan. (2) I understand that I must be under a certain age to be eligible for credit insurance and that coverage will stop when I reach a certain age, as disclosed in the Application for Group Credit Insurance contained below. (3) I understand that I have 30 days from the date coverage takes effect to rescind coverage with a full refund of any premiums that I have paid.

_____ **Applicant Initials** _____ **Co-applicant Initials**

I would like to apply for the following optional credit insurance on my: **Consumer Lending Plan** **Credit Card Account**
 (Check one or both boxes)

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 29524-G-500	INSURANCE MAXIMUM \$50,000	GROUP POLICY NUMBER 29525-G-500	MAXIMUM MONTHLY DISABILITY BENEFIT \$750	MAXIMUM LOAN REPAYMENT PERIOD* 120 Months
MAXIMUM LOAN REPAYMENT PERIOD* 120 Months		MAX. AGGREGATE DISABILITY BENEFIT \$50,000	WAITING PERIOD 30 Days	RETROACTIVE BENEFIT Yes

*NOTE: If the maximum loan repayment period is greater than 120 months, loans with repayment periods in excess of 120 months will be insured for full life coverage but only during the first 120 months. Disability coverage will remain in effect for the entire repayment period of up to 120 months but a maximum of only 60 monthly benefits are payable.

I (we) are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand this insurance is voluntary 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 71. **In no event is life insurance coverage to remain in force beyond the date you reach age 71. 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 71. 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 71. If insurance terminates on the older of the two of you due to attainment of age 71, insurance will continue on the other debtor under single life insurance coverage. Please read the "When does your insurance terminate?" provision.**
3. I am eligible for disability insurance if I am presently under age 71. I also must be presently employed outside the home for wages or profit for 30 hours or more per week and have been so employed for 30 days or more before this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age 71. Please read the "When does your insurance terminate?" provision.**
4. A person signing this application as co-applicant is not eligible for disability insurance.

The following question must be answered to determine my (our) eligibility for insurance:

APPLICANT	CO-APPLICANT	During the last two years, have you or your co-applicant been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, or cirrhosis; or have you or your co-applicant been diagnosed for Acquired Immune Deficiency Syndrome (AIDS)?
YES NO	YES NO	

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If either my co-applicant or I answer "Yes" to this question, we understand that we are not eligible for insurance and will not be insured.

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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

COVERAGE REQUESTED (*MONTHLY PREMIUM PER \$1,000.00 OF OUTSTANDING LOAN BALANCE.)

Yes	No	Single Life	\$0.62*	Yes	No	Joint Life	\$1.05*	Yes	No	Credit Disability	\$1.82*				
APPLICANT'S SIGNATURE X				DATE				CO-APPLICANT'S SIGNATURE (Joint Life Only) X				DATE			