



Lower Columbia Longshoremen's  
Federal Credit Union  
629 14<sup>th</sup> Avenue  
Longview, WA 98632

"Creating Financial Solutions for You and Your Family"

[www.lclfcu.org](http://www.lclfcu.org)

Phone: 360.423.2770

Toll Free: 1.800.337.4404

Fax: 360.577.8120

## Visa Request Packet

Dear Member,

In this Visa request packet, there are **2 forms** that will **need to be completed, signed, and returned** to process your request.

1. **Visa Application**- must be signed by all borrowers that will be on Visa
  - a. Tear bottom disclosure portion off to keep for your records
2. **Minnesota Life**- This is for option Life and Disability Insurance- must be signed and returned even if you do not want this coverage. Coverage is optional not required.
  - a. **Please only mark boxes and sign on this form**- we will complete the rest based on approval for your request and of your limit assigned.

With these forms we will also **need Current Year to Date Paystubs for all borrowers**, and if self employed we need a copy of the last 2 years of taxes with W-2 income. If you are in a trade with seasonal slow time, please include the **prior year W-2**.

Any questions, please contact the Loan Department at the number above.

Thank you!

Loan Department ~  
Lisa, Anna, Mary & Cara



**LOWER COLUMBIA LONGSHOREMEN'S  
FEDERAL CREDIT UNION**  
629 14th Avenue • Longview, WA 98632  
360-423-2770 • 888-337-4404  
Fax: 360-577-8120 • www.lclfcu.org

**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 888-337-4404.**

I am applying for:  
 Visa Classic  
 Visa Signature



**Credit Card 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 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.  **Credit Limit Requested: \$** \_\_\_\_\_

Applicant				Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
NAME (Last - First - Initial)		ACCOUNT NUMBER		NAME (Last - First - Initial)		ACCOUNT NUMBER	
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS				E-MAIL ADDRESS			
BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE/ EXT.	BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE/ EXT.
PRESENT ADDRESS (Street - City - State - Zip)			OWN <input type="checkbox"/> RENT <input type="checkbox"/>	PRESENT ADDRESS (Street - City - State - Zip)			OWN <input type="checkbox"/> RENT <input type="checkbox"/>
			YEARS AT THIS ADDRESS				YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:				MORTGAGE/RENT OWED TO:			
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE		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)				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>			START DATE	<b>Employment/Income</b>			START DATE
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				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		EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ PER _____		\$ _____ PER _____		\$ _____ PER _____		\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE		<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 crime to willfully and deliberately provide incomplete or incorrect information in this application.

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

FOR CREDIT UNION USE ONLY  APPROVED NO. OF CARDS \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_  
 DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE \_\_\_\_\_



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**VISA CLASSIC/VISA SIGNATURE  
Application and Solicitation Disclosure**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>Visa Classic</b> <b>9.90%</b>  <b>Visa Signature</b> <b>11.24%</b> This APR will vary with the market based on the Prime Rate.
<b>APR for Balance Transfers</b>	<b>Visa Classic</b> <b>9.90%</b>  <b>Visa Signature</b> <b>11.24%</b> This APR will vary with the market based on the Prime Rate.
<b>APR for Cash Advances</b>	<b>Visa Classic</b> <b>9.90%</b>  <b>Visa Signature</b> <b>11.24%</b> This APR will vary with the market based on the Prime Rate.
<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 will not charge you any interest on purchases if you pay your entire balance by the due date each month.
<b>Minimum Interest Charge</b>	None
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<b>To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>.</b>
<b>Fees</b>	
<b>Annual Fee</b> - Annual Fee - Visa Signature	<b>\$75.00</b> , waived the first year
<b>Transaction Fees</b> - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee	<b>\$2.00</b> or <b>2.00%</b> of the amount of each balance transfer, whichever is greater <b>\$2.00</b> or <b>2.00%</b> of the amount of each cash advance, whichever is greater <b>1.00%</b> of each transaction in U.S. dollars
<b>Penalty Fees</b> - Late Payment Fee - Returned Payment Fee	Up to <b>\$25.00</b> Up to <b>\$25.00</b>

**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 February 1, 2017. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**OTHER DISCLOSURES**

Late Payment Fee	\$25.00 or the amount of the required minimum payment, whichever is less, if you are one or more days late in making a payment.
Returned Payment Fee	\$25.00 or the amount of the required minimum payment, whichever is less.
Statement Copy Fee	\$5.00
Document Copy Fee	\$5.00
Rush Fee	\$25.00
Emergency Card Replacement Fee	\$50.00

# APPLICATION GROUP CREDIT INSURANCE OUTSTANDING BALANCE

**MINNESOTA LIFE**

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

PRIMARY APPLICANT (First, Middle, Last)			SOCIAL SECURITY NO.		DATE OF BIRTH
CO-APPLICANT (JOINT LIFE ONLY) (First, Middle, Last)			DATE OF BIRTH	LOAN NUMBER	LOAN EFFECTIVE DATE
LOAN MATURITY DATE	ANNUAL PERCENTAGE RATE	AMOUNT FINANCED	PAYMENT AMOUNT	NO. OF PAYMENTS	PAYMENT FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER _____
CREDITOR BENEFICIARY (POLICYHOLDER) <b>Lower Columbia Longshorem Federal Credit Union</b>				LOAN OFFICER	TYPE OF COVERAGE <input type="checkbox"/> OPEN-END <input type="checkbox"/> CLOSED-END
<b>CREDIT LIFE INSURANCE</b>			<b>CREDIT DISABILITY INSURANCE</b>		
GROUP POLICY NUMBER <b>26647-G, 002</b>	INSURANCE MAXIMUM <b>\$40,000</b>		GROUP POLICY NUMBER <b>26648-G, 002</b>	MAXIMUM MONTHLY DISABILITY BENEFIT <b>\$600.00</b>	
MAXIMUM LOAN REPAYMENT PERIOD <b>180 Months</b>			MAXIMUM LOAN REPAYMENT PERIOD <b>120 Months</b>		MAXIMUM AGGREGATE DISABILITY BENEFIT <b>\$40,000</b>
MAXIMUM TERM OF INSURANCE <b>180 Months</b>			WAITING PERIOD <b>30 Days</b>	MAX. TERM OF INSURANCE <b>120 Months</b>	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**CREDIT INSURANCE APPLIED FOR**

YES  NO **Single Life** Monthly Rate Per \$100\* **\$ .064**

YES  NO **Joint Life** Monthly Rate Per \$100\* **\$ .102**

Closed-end: Estimated Total Life Premium \_\_\_\_\_

YES  NO **Single Disability (Primary Applicant Only)** Monthly Rate Per \$100\* **\$ .192**

Closed-end: Estimated Total Disability Premium \_\_\_\_\_

**\*For Open-End Coverage – Per \$100 of the Monthly Outstanding Balance.**

**NOTICE TO APPLICANT(S)**

I (we) are applying for the credit insurance coverage(s) selected above 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.**

PRIMARY APPLICANT'S SIGNATURE <b>X</b>	DATE	CO-APPLICANT'S SIGNATURE <b>X</b>	DATE
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EdF-4-1014 Rev 8-2011

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

### **CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE**

This certificate is issued in consideration of your application and the payment of the required premium and contains the exceptions, limitations, and restrictions pertaining to this certificate. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours. This certificate, your attached application, the group policy(ies) and the group policyholder's application are the complete contract of insurance. The **INSURANCE EFFECTIVE DATE** is the date of your application, the date your eligible loan was disbursed, or the date the note evidencing your eligible loan was signed, whichever date is later; or if evidence of insurability was required and not furnished within 30 days after you became eligible, the date your evidence of insurability application was approved by us. The effective date of an increase in insurance in connection with an eligible advance shall be the date the advance is disbursed. **YOU ARE COVERED ONLY FOR THE TYPE(S) OF COVERAGE SELECTED AND FOR WHICH A CHARGE IS INDICATED ON YOUR APPLICATION.**

#### **Notice of your right to examine this certificate for 30 days.**

It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us or to your insurance representative within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation.

#### **To whom will benefits be payable?**

Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be paid by separate check to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

#### **What is the amount of the death benefit?**

The death benefit will be the lesser of:

- (1) the unpaid balance of your loan on the date of your death; or
- (2) the maximum amount of insurance specified on your application.

If you are jointly insured and your co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

#### **What is the amount of your monthly disability benefit?**

Your monthly disability benefit will be an amount equal to the lesser of:

- (1) for coverage on a closed-end loan your minimum monthly payment as specified in your loan agreement and stated in your application for group credit insurance, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or
- (2) for coverage on an open-end loan, 2.1% of your principal outstanding loan balance as of the date total disability commences plus accruing interest; or
- (3) the maximum monthly disability benefit specified in your application.

If your minimum monthly payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided:

- (1) the date of minimum monthly payment increase is after total disability commences; and
- (2) the monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

In no event will any other increase (or decrease) in your minimum monthly payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

If you become disabled and disability benefits are payable under this certificate, disability insurance premiums will not be charged while you are disabled and receiving disability benefits.

#### **Will the monthly disability benefit be prorated?**

Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

#### **What is the definition of total disability?**

During the first 24 months of disability, your complete and continuous inability, due to either sickness or injury, to perform the essential functions of your own occupation. Thereafter, your complete and continuous inability, due to either sickness or injury, to perform the essential functions of any occupation for which you are reasonably suited by education, training or experience.

#### **What is the definition of injury?**

An accidental bodily injury.

#### **What is the definition of sickness?**

A disease or illness of the insured debtor.

#### **What is the definition of physician?**

A licensed physician, other than the insured debtor.

#### **For how long will monthly disability benefits be paid?**

We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met:

- (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, plus accruing interest, under the terms of the loan note or agreement; or
- (2) the maximum aggregate disability benefit specified in your application has been paid under this certificate; or
- (3) your loan reaches its initial scheduled maturity date or; if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or
- (4) your loan is charged off or is discharged through payment or prepayment by a lump sum payment of a disability claim or by the proceeds of a credit life insurance policy.

**What if you suffer recurrent periods of total disability?**

If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of three months or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability. However, if the period during which you engage in any occupation is less than three months, any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

**What disabilities are not covered?**

We will not insure any loss resulting directly or indirectly from any total disability caused by:

- (1) intentionally self-inflicted injuries; or
- (2) war or any act of war, whether such war is declared or undeclared; or
- (3) a condition for which you received medical advice, consultation or treatment within the six month period immediately prior to the effective date of your insurance and which results in total disability commencing within six months after the effective date of your insurance. Total disability commencing more than six months after the effective date is not excluded.

**When will benefits be payable?**

The death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder.

Disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your 66th birthday. We will pay the monthly disability benefit at the end of each month of continuous total disability following the expiration of the waiting period. If the retroactive benefit is effective, we will pay the monthly disability benefit at the end of each month of continuous total disability from the date total disability commences but benefits will not begin until the waiting period expires.

**When must notice of a disability claim be given?**

You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

**How are premiums calculated?**

Premiums for your insurance are calculated each month on the remaining insured outstanding balance of your loan using the premium rate in effect under the group policy. The premium rate is subject to change not more than once each year upon 30 days prior written notice to you.

**How are refunds calculated?**

If your insurance terminates before the scheduled maturity date of your loan or the premium you were charged is greater than the premium required for your age and amount of insurance, the unearned premium will be refunded to you. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$5.00 will not be made. If 16 days or more of a loan month have been earned, the refund will be computed from the end of the loan month; if 15 days or less of a loan month have been earned, the refund will be computed from the beginning of the loan month.

**When does your insurance terminate?**

Your insurance will terminate on the date any of the following events occurs:

- (1) your loan is charged off or discharged through payment, prepayment, renewal or refinancing; or
- (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date; or
- (3) the policyholder transfers the loan without recourse and no longer services the loan (written notice provided to you); or
- (4) any required loan repayment which includes your insurance premium is more than 90 days overdue (written notice provided to you); or
- (5) you request in writing that your insurance be terminated; or
- (6) the group policy terminates provided you receive 45 days written notice; or
- (7) you die. If joint life insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor dies; or
- (8) the end of the premium billing period during which you reach age 66 and have disability insurance; or
- (9) the end of the premium billing period during which you reach age 70 and have life insurance. If joint life insurance is in force, your insurance terminates on both you and your co-debtor on the date of the end of the premium billing period during which either you or your co-debtor reaches age 70.

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

**What if your age is misstated?**

If you stated you were under age 66 and you applied for disability coverage or you stated you were under age 70 and you applied for life coverage but you were not, we will refund your premium when we discover this and no benefits will be paid. If you applied for joint life, this also applies to your co-debtor.

**Is there a suicide exclusion?**

We will not pay any life insurance claim if you, whether sane or insane, die by suicide within one year from the effective date of your insurance, but we will refund your premium. If joint life insurance is in force, coverage will continue on the surviving joint insured and a refund will be made equal to the difference between the premium actually charged for the joint life coverage and the premium that would have been charged if only single coverage had been issued.

**Can we contest your insurance?**

After your insurance has been in force during your lifetime for two years from the date your insurance coverage was first issued (excluding, with respect to disability insurance, any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the date coverage was first issued, except for the nonpayment of premium.

If the indebtedness insured by this certificate is the refinancing of a previously insured indebtedness of yours, the effective date of insurance with respect to the provisions of this certificate, to the extent of the amount of the indebtedness outstanding at the time of refinancing, will be deemed to be the date on which you previously became insured by us.