

3590 Main Street Bridgeport, CT 06606 Office (203) 374-6500 Fax (203) 374-8222

APPLICATION

There are costs associated with the use of a credit card. Information about costs, rates, and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at or writing 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.						ccount.		
 Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if 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) your spouse will use the account, or you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separa 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-Applicant is spouse of the Applicant, mark the person of the Applicant is spouse of the Applicant. 						IV, TX, WA, WI) hild support, or separate ng.		
Co-Applicant box.	ily complete appropriate	Credit Card Account: [_	·	пе аррисапт, тагк тпе			
If this is an application for	or joint credit	, Applicant a	nd Co-Applicant each agr	ree and acknowledge the intent to apply for joint credit (sign below):				
Applicant Signature (Sign if	applying FOR .	IOINT CREDIT	ONLY) Date	Co-Applicant Signature (Sign if applying FOR JOINT CREDIT ONLY) Date				
X			(Seal)	X			(Seal)	
Amount Requested \$				Credit Limit Requested	d \$			
Purpose/Collateral:								
Term:								
PAYMENT PROTE	CTION	Are you in	terested in having your lo	an protected?	NO			
If you answer "yes", the	credit union			oan. The protection is vol on that explains the terms			ct your loan approval. In	
APPLICANT						OUSE 🗌 GU	IARANTOR OTHER	
NAME (Last - First - Initial)				NAME (Last - First - Initial)				
ACCOUNT NUMBER	SOCIAL SECU	RITY NUMBER/	INDIVIDUAL TAX ID NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER			
BIRTH DATE	EMAIL ADDRE	SS		BIRTH DATE	EMAIL ADDRESS			
HOME PHONE	CELL PHONE		BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	E BUSINESS PHONE/EX		
DRIVER'S LICENSE NUMBER/	STATE	AGES OF DEF	PENDENTS	DRIVER'S LICENSE NUMBER/STATE AGES OF DEF		PENDENTS		
PRESENT ADDRESS (Street –	ENT ADDRESS (Street – City – State – Zip)			PRESENT ADDRESS (Street – City – State – Zip)				
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:					
EMPLOYMENT/IN		•	EMPLOYMENT/INCOME					
	RS PER WEEK	EMPLOYMENT STATUS FULL TIME PART TIME HOURS PER WEEK						
START DATE: NAME AND ADDRESS OF EMPLOYER			START DATE: 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 PEI	،	OTHER INCO	ME PER			OTHER INCC	OME PER	
TITLE/GRADE		SOURCE		TITLE/GRADE		SOURCE		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE				
REFERENCE				REFERENCE				
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			NAME AND ADDRESS OF NE	AREST RELATIV	E NOT LIVING \	WITH YOU		
RELATIONSHIP		HOME PHONE	E	RELATIONSHIP HOME PHONE		IE		

WHAT YOU OWE									
DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST R	ATE	PRESENT BALANCE MONT		MONTHLY PAYM	IENT OWED BY APPLICANT OTH		
RENT FIRST MORTGAGE (Incl. Tax & Ins.)			%	\$		\$			
			%	\$		\$			
			%	\$		\$			
			%	\$		\$			
	ICH YOUR CREDIT REFERENCES		%	\$		\$			
AND CREDIT HISTORY CAN B		ΤΟΤΑ	LS	\$		\$			
WHAT YOU OWN	1						1		
ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITU	UTION	MARK	ET VALUE		O AS COLLATERAL	APPL	OWNED	OTHER
			\$		YE	S NO			
			\$ YES NO						
	\$ YES NO TION ADOLIT YOU IF YOU ANSWER "YES" (BY CHECKING THE BOX) TO ANY QUESTION OTHER THAN #1,								
				E BOX) TO ANT	QUESTION	UTHER THAN #1,	APPLI	ICANT	OTHER
2. DO YOU CURRENTLY HA	OR PERMANENT RESIDENT ALIEN? AVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU E APTER 13, HAD PROPERTY FORECLOSED UPON OR RE								
	TO DECLINE IN THE NEXT TWO YEARS?								
	ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan):								
TO WHOM (Name of Credi	tor):								
STATE LAW NOTI	CE(S) esidents: New York residents may contact th								
listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov. Notice to Ohio Residents: 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. CREDIT CARD CONSENSUAL SECURITY INTEREST 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. Shares and deposits in an IRA or 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. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.									
By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest.									
Consensual Security Interest Acknowledgement and Agreement Date (MUST SIGN IF APPLYING FOR A CREDIT CARD) Date							е		
X	(Seal) X (Seal)						(Seal)		
SIGNATURES									
 By signing or otherwise authenticating below: You promise that everything you have stated in this application is correct to the best of your knowledge, and that the above information is a complete listing of what you owe. 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 and for other accounts, products, or services we may offer you or for which you may qualify. 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. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure. 									
X	(Sea) X							(Seal)



CMFG Life Insurance Company

Home Office: 2000 Heritage Way Waverly, IA 50677 Administrative Office: 5910 Mineral Point Road Madison, WI 53705 Phone: 800.356.2644

MONTHLY PREMIUM CREDIT INSURANCE APPLICATION AND CERTIFICATE (PART A)

Credit Card

	SCHE	DULE OI	F CREDIT INSURAI	NCE				
Credit Union/Primary Beneficiar	-			Group Policy Contract No.				
Bridgeport Police Federal Credit Union				006-0351-7				
Borrower 1 Name and Address			Email Address	Email Address				
				Birth Date				
Borrower 2 Name and Address				Email Address	Email Address			
				Birth Date				
Account No.		Second	dary Beneficiary					
Rate(s) per \$1000 of Your mont	hly Loan balance							
Single Life \$0.69	Joint Life \$1.04	Single Disa	ability \$1.60	Joint Disability \$2.8	37			
Insurar	nce Applied For			Applicable Max	kimums			
Life Insurance					Life	Disability		
Who do You want covered by life insurance?				Disselation Development	N1/A	¢050.00		
Check only one:			Maximum Monthly	Disability Benefit	N/A	\$850.00		
Only borrower 1 (single) Both borrowers (joint)			Total Benefit Maxi	\$50,000.00	\$50,000.00			
N/A Only borrower 2 (single) Neither borrower			Maximum Issue A	ge	70	70		
Disability Insurance Who do You want covered by disability insurance? Check only one:			Termination Age		70	70		
Only borrower 1 (s	ingle) Both borrowe	rs (joint)						
N/A Only borrower 2 (single) Neither borrower								
Waiting Period Benefits Begin								
14 days Non-Retroactive								

CI-MP-SCH-OECE-S2

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - Only answer this Question if:

• You are applying for disability insurance.

Are You actively at work, for wages or profit, for 25 hours or more per week o	on the Borrower 1	Borrower 2
date You sign this application?	Yes No	Yes No
You will be considered to have met this requirement if You are absent from	work	
due to temporary layoff, strike or vacation but will soon return to work.		

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.
- There is a charge for this insurance. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct to the best of Your knowledge and belief; You meet the eligibility requirements shown above; and You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.

Х

Borrower 1 Signature

Х

Date

Borrower 2 Signature

Date



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APPLICATION AND SOLICITATION DISCLOSURE



Interest Rates and Interest Charges					
Annual Percentage Rate (APR) for Purchases	Introductory APR for a period of six billing cycles.				
	After that, your APR will be .				
APR for Balance Transfers	Introductory APR for a period of six billing cycles.				
	After that, your APR will be .				
APR for Cash Advances	Introductory APR for a period of six billing cycles.				
	After that, your APR will be				
How to Avoid Paying Interest on Purchases	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.				
For Credit Card Tips from the Consumer Financial Protection Bureau	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 http://www.consumerfinance.gov/learnmore.				
Fees					
Annual Fee					
- Annual Fee	None				
Transaction Fees - Balance Transfer Fee	\$10.00 or 3.00% of the amount of each balance transfer, whichever is greater				
- Cash Advance Fee - Foreign Transaction Fee	 \$10.00 or 3.00% of the amount of each cash advance, whichever is greater 1.00% of each multiple currency transaction in U.S. dollars 0.80% of each single currency transaction in U.S. dollars 				
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$20.00 Up to \$25.00				

How We Will Calculate Your Balance:

We use a method called "average daily balance (including new purchases)."

Promotional Period for Introductory APR:

The Introductory APR for purchases, balance transfers and cash advances will apply for a period of six (6) billing cycles from the day of your first transaction provided the first transaction posts to your account within six (6) months following the opening of your account. When the Introductory period ends, the APR on existing balances will increase to the non-introductory APR. Only members who have not been a primary Visa credit card holder with us in the last 24 months are eligible for the Introductory APR. Existing loan and credit card balances with Bridgeport Police Federal Credit Union are not eligible for the introductory APR.

Effective Date:

The information about the costs of the card described in this application is accurate as of: This information may have changed after that date. To find out what may have changed, contact the Credit Union. For California Borrowers, the Visa Classic is a secured credit card. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares, (c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings.

Notice to New York Residents:

New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. The New York State Department of Financial Services may be contacted at 1-800-342-3736 or www.dfs.ny.gov.

Other Fees & Disclosures:

Late Payment Fee:

\$20.00 or the amount of the required minimum payment, whichever is less, if you are five or more days late in making a payment.

Balance Transfer Fee (Finance Charge): \$10.00 or 3.00% of the amount of each balance transfer, whichever is greater.

Cash Advance Fee (Finance Charge): \$10.00 or 3.00% of the amount of each cash advance, whichever is greater.

Returned Payment Fee:

\$25.00 or the amount of the required minimum payment, whichever is less.

Returned Convenience Check Fee:

\$25.00 or the amount of the returned convenience check, whichever is less.

Card Replacement Fee: \$5.00.

Document Copy Fee: \$20.00.

PIN Replacement Fee: \$5.00.

Rush Fee: \$25.00.

Statement Copy Fee: \$8.00.