APPLICATION FOR AVADIAN VISA CREDIT CARD

Credit limit is determined by credit qualifications and, if applying for an Avadian Secured Credit Card, the amount deposited in your designated Share Account at the time this application is processed.

PLEASE PRINT CLEARLY.

❑ If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections 1 and 3.

❑ If you are applying for a joint account or an account that you and another person will use, complete Sections 1, 2 and 3, providing information in Section 2 about the joint applicant or user.
We intend to apply for joint credit: Applicant's Initials_____
Co-Applicant's Initials_____

❑ If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person (including property located in a community property state) as the basis for repayment of the credit requested, complete Sections 1, 2 and 3, providing information in Section 2 about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

Please Complete the Following:

Do you have an Avadian Visa card you want closed? ❑ Yes ❑ No

# of cards requested: _____

❑ Requesting new account ❑ Requesting limit increase on existing account

Member account number: _____

Applicant — Section 1

Last Name, First Name, Middle Initial

(_____)
Home Telephone Date of Birth

Street Address (Do not use P.O. Box) City, State, Zip

Mailing Address City, State, Zip

Mother's Maiden Name # of Dependents/Ages

Social Security # Driver's License #/State

(_____)
Name of Employer Business Telephone

Gross Monthly Salary Position Years of Service

Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income (Document source and amount separately.)

Joint Applicant, User, or Other Party — Section 2

Last Name, First Name, Middle Initial

(_____)
Home Telephone Date of Birth

Street Address (Do not use P.O. Box) City, State, Zip

Mailing Address City, State, Zip

Mother's Maiden Name # of Dependents/Ages

Social Security # Driver's License #/State

Rev 04/15

(_____)
Name of Employer Business Telephone

Gross Monthly Salary Position Years of Service

Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income (Document source and amount separately.)

Section 3

Length of time at Current Address: Years _____ Months _____

❑ Own ❑ Rent ❑ Other

Monthly Housing Payment $ _____

Total Assets $ _____ (Home, Auto, Retirement, Savings, etc.)

Please Choose from the Following:

Please choose:
❑ Rewards Credit Card
❑ Secured Credit Card

If you are applying for an Avadian Secured Credit Card, please complete the following information:

Designated Share Account to be Pledged as Collateral: _____

Amount deposited in Share Account $_____

Requested Credit Limit $_____ (cannot exceed the amount deposited in the Share Account disclosed above)

Signatures

By signing and submitting this application you: (1) understand that you are applying for a Visa Credit card to be issued by Avadian Credit Union; (2) understand that, in reviewing this application, we will rely on all of the information you provided to us, and you certify that all of this information is complete and true; (3) acknowledge that you have reviewed and understand all terms and conditions relating to this application for credit, including the interest and fee schedules and the applicable Visa Credit Card Agreement; (4) authorize us to obtain consumer credit reports to review your credit and employment histories and any other information in order to approve or decline this application, service your account, and manage our relationship with you; (5) authorize us to verify all information provided on or in connection with this application with credit reporting agencies, employers, or other third parties, and through records maintained by federal and state agencies (including the Internal Revenue Service and any state motor vehicle department) or any other sources we choose, and you waive any rights of confidentiality you may have in that information; (6) understand that the Annual Percentage Rate you receive will be determined based on your creditworthiness; (7) understand that we will retain this application whether or not it is approved, and you authorize us to share with others, to the extent permitted by law, such information and our credit experience with you; (8) agree that we may contact you using (a) any information or phone numbers (including cell phone numbers) you provide to us on this application or otherwise, and (b) an automated telephone dialing system and/or artificial or prerecorded voice message, even if you are charged for the call under your phone plan; and (9) agree that your signature on this application or your use (or the use by those authorized by you) of the card will bind you to all terms and conditions contained in this application, the interest and fee schedules, and the applicable Visa Credit Card Agreement.

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

Signature of Applicant Date

Signature of Joint Applicant Date

PLEDGE OF SHARES
By signing below you hereby agree to pledge all deposit accounts (including payments and earnings thereon) which you now or hereafter may have with us whether held jointly, individually, or in trust as security for any and all monies advanced or purchases made by use of the card and any interest accrued thereon. Upon default we may take any monies on deposit with us (except Individual Retirement Accounts) in which you have an interest to recover all or part of your delinquent debt without advance notice to you and without waiving other rights we have to collect what you owe. You further understand that such a security interest is a condition of the credit union granting you this loan.

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

Signature of Applicant Date

Signature of Joint Applicant Date

PLEDGE OF SHARE ACCOUNT FOR AVADIAN SECURED CREDIT CARD
To secure your obligations on any Avadian Secured Credit Card account that we may issue to you, you give a security interest to Avadian Credit Union in the Share Account identified above in this application and in all additions and the proceeds to such Share Account. This means that, if your application for an Avadian Secured Credit Card account is approved, you may not withdraw funds from the Share Account until Avadian Credit Union agrees to release all or part of the pledged amount.

CAUTION – IT IS IMPORTANT THAT YOU THOROUGHLY READ THE VISA CREDIT CARD AGREEMENT BEFORE YOU SIGN

Signature of Applicant Date

Signature of Joint Applicant Date

You authorize the following person to use the Card: You and authorized user shall be subject to the terms of the VISA® Credit Card Agreement.

NAME_____

SOCIAL SECURITY NO._____ DATE OF BIRTH_____

Authorized User's Signature

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

Balance Transfer Authorization

If approved for a VISA account with the Credit Union, I hereby authorize the Credit Union to make an advance on my VISA account and pay the balance(s) of the account(s) listed below. Such advance will be treated as a purchase under the terms of my VISA agreement.

Creditor/Address

Account Name/Number Balance/Date Due

Creditor/Address

Account Name/Number Balance/Date Due

I understand that Avadian Credit Union reserves the right to decline all or any part of any payment request above. I understand that it may take up to four weeks before payment is credited to my account with any other creditor and that I should continue to make all required payments to each of my other creditors until I confirm that each payment request has posted to my other accounts. I understand that it is my responsibility, if I desire, to close any of those accounts.

I agree the Credit Union shall not be liable whatsoever if payment is not made correctly or timely. I agree to indemnify and hold harmless the Credit Union for any damages or other cost it may incur as a result of payment of the account(s). The Credit Union can, at its option, choose to not pay the account(s) if such payment would exceed my VISA credit limit.

I agree that payment of the account(s) balance(s) will be made once and I am responsible for any remaining or future account balance(s), including finance charges or other charges. I agree the payment amount made by the Credit Union will be those amounts that I have listed. I will attach my last statement for the account(s). I understand a FINANCE CHARGE will be incurred on the unpaid VISA balance and that I will be responsible for payment of these charges according to the terms of my VISA agreement. The new principal balance and FINANCE CHARGES will be reflected on future monthly statements.

Signature of Applicant Date

Signature of Joint Applicant Date

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.

Coverage underwritten by CUNA Mutual Group, CMFG Life Insurance Company, P.O. Box 391, 5910 Mineral Point Road, Madison, WI 53701-0391, Phone: 800.356.2644. "You" or "your" means a person who is borrowing from the credit union. A co-signer is not eligible for coverage.

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 are eligible for the coverage and check "yes" below to select coverage and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

• If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
• You are eligible for disability insurance only if you are working for wages or profit 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work only because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
• You are eligible for insurance if you are not older than the maximum age for insurance.
• You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you.

NOTE: THE INSURANCE CONTAINS CERTAIN BENEFIT MAXIMUMS, INCLUDING AN AGE MAXIMUM. THE INSURANCE ALSO CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION.

YOU ELECT THE FOLLOWING INSURANCE			COST PER $100 OF YOUR MONTHLY LOAN BALANCE
Credit Disability			
For Borrower #1	❑ YES	❑ NO or ***But Not Both***	Single Credit Disability $.207
Borrower #2	❑ YES	❑ NO	
Credit Life			
For Borrower #1	❑ YES	❑ NO	Single Credit Life $.075
Borrower #2	❑ YES	❑ NO	Joint Credit Life $.131

WAITING PERIOD: If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.

Borrower #1 Name	Borrower #2 Name
Borrower #1 Date of Birth	Borrower #2 Date of Birth
Group Policy Number 001-0010-4	Account Number
Date of Issue of Certificate	Secondary Beneficiary (If you desire to name one)

INSURANCE MAXIMUMS	DISABILITY	LIFE
Maximum Monthly Total Disability Benefit	$750.00	N/A
Maximum Insurable Balance per Loan Account	$50,000.00	$50,000.00
Maximum Age for Insurance	65	69
Maximum Number of Monthly Disability Payments	120	N/A
Age for Insurance Termination	66	70

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU WANT THE COVERAGE SELECTED AND HAVE RECEIVED THE CERTIFICATE OF INSURANCE FOR THE COVERAGE(S) SELECTED. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS OF YOUR COVERAGE.

X X
SIGNATURE OF BORROWER #1 DATE SIGNATURE OF BORROWER #2 DATE
CI-MP-EF-1199

For Credit Union Use Only

❑ **Disclosures given to member** Date:_____

Credit Limit: $_____ Score: _____ Rate: _____

Approved by:_____

Disapproved by:_____ IAL702-e

âvadian CREDIT UNION
P.O. Box 360287
Birmingham, AL 35236-0287
205.985.2828 • 1.888.282.3426

LOANLINER VISA

VISA PLATINUM
APPLICATION AND SOLICITATION DISCLOSURE

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**4.99%** Introductory APR for a period of six (6) billing cycles. After that your APR will be **9.90% to 16.90%.**
APR for Balance Transfers	**4.99%** Introductory APR for a period of six (6) billing cycles. After that your APR will be **8.90% to 17.90%.**
APR for Cash Advances	**4.99%** Introductory APR for a period of six (6) billing cycles. After that your APR will be **11.90% to 18.90%.**
Penalty APR and When it Applies	**22.00%** This APR may be applied to your account if you: - Make a late payment **How Long Will the Penalty APR Apply?** If your APRs are increased for this reason, the Penalty APR will apply until you make six (6) consecutive minimum payments when due.
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	
Set-up and Maintenance Fees - Additional Card Fee	**$3.00** annually
Transaction Fees - Cash Advance Fee - Foreign Transaction Fee	**$5.00** or **3.00%** of the amount of each cash advance, whichever is greater **1.00%** of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to **$35.00** Up to **$29.00**

How We Will Calculate Your Balance. We use a method called "average daily balance (including new purchases)."

Loss of Introductory APR. We may end your Introductory APR for purchases, balance transfers, and cash advances and apply the prevailing non-introductory APR if you are 60 days late in making a payment.

Application of Penalty APR. Your APR may be increased to the disclosed Penalty APR if you are 60 days late in making a payment.

Effective Date.
The information about the costs of the card described in this application is accurate as of April 2, 2015.
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 (1) or more days late in making a payment. In the event you fail to make a payment on time in any of the six (6) billing cycles following the initial violation, you will be charged $35.00 or the amount of the required minimum payment, whichever is less.
Returned Payment Fee	$29.00 or the amount of the required minimum payment, whichever is less.
Card Replacement Fee	$5.00

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VISA® PLATINUM
SECURED CREDIT CARD APPLICATION AND SOLICITATION DISCLOSURE

This Addendum is incorporated into and becomes part of your Consumer Credit Card Agreement. Please keep this attached to your Consumer Credit Card Agreement.

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	Your APR will be **14.90%.**
APR for Balance Transfers	Your APR will be **14.90%**.
APR for Cash Advances	Your APR will be **14.90%**.
Penalty APR and When it Applies	**22.00%** This APR may be applied to your account if you: - Make a late payment **How Long Will the Penalty APR Apply?** If your APRs are increased for this reason, the Penalty APR will apply until you make six (6) consecutive minimum payments when due.
Paying Interest	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. We will begin charging interest on cash advances and balance transfers on the transaction date.
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	
Transaction Fees	
• Cash Advance Fee	**$5.00** or **3.00%** of the amount of each cash advance, whichever is greater
• Foreign Transaction Fee	**1.00%** of each transaction in U.S. dollars.
Penalty Fees	
• Late Payment Fee	Up to **$35.00**
• Returned Payment Fee	Up to **$29.00**

How We Will Calculate Your Balance: We use a method called “average daily balance (including new purchases).” See your account agreement for more details.

Application of Penalty APR. Your APR may be increased to the disclosed Penalty APR if you are 60 days late in making a payment.

Billing Rights. Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

OTHER DISCLOSURES

Late Payment Fee	$25.00 or the amount of the required minimum payment, whichever is less, if you are one (1) or more days late in making a payment. In the event that you fail to make a payment on time in any of the six (6) billing cycles following the initial violation, you will be charged $35.00 or the amount of the required minimum payment, whichever is less.
Returned Payment Fee	$29.00 or the amount of the required minimum payment, whichever is less.
Card Replacement Fee	$5.00
Additional Card Fee	$3.00 per card

Periodic Rates

The Purchase APR is 14.90% which is a daily periodic rate of 0.0408%
The Balance Transfer APR is 14.90% which is a daily periodic rate of 0.0408%
The Cash Advance APR is 14.90% which is a daily periodic rate of 0.0408%
The Penalty Rate APR is 22.00% which is a daily periodic rate of 0.0603%