IBM Southeast Employees' Federal Credit Union
P.O. Box 5090
Boca Raton, FL 33431-0890
561.982.4700 • 800.873.5100
www.ibmsecu.org

MEMBERSHIP ACCOUNT LOAN APPLICATION AND ACCOUNT CARD

Check One: ☐ New Application ☐ Change in Account

PLEASE TELL US ABOUT YOURSELF

I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:
☐ Savings ☐ Checking ☐ Vehicle Loan ☐ VISA ☐ Term Loan

Loan Amount _____
Member No. _____

I AM THE PRIMARY MEMBER ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS:

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	SECURITY PASSWORD

HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)	APT/UNIT #	CITY	STATE	ZIP

MAILING ADDRESS	APT/UNIT #	CITY	STATE	ZIP

YRS AT RESIDENCE	☐ RENT ☐ OWN	MONTHLY PAYMENT $	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH

HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS

NEAREST RELATIVE NOT LIVING WITH YOU (NAME, STREET ADDRESS, PHONE NUMBER)

Form of Government Issued ID: _____

NAME OF QUALIFYING EMPLOYER, ORGANIZATION OR FAMILY MEMBER	HOW DID YOU HEAR ABOUT THE CREDIT UNION?

EMPLOYER'S NAME AND ADDRESS	DATE OF HIRE	GROSS MONTHLY SALARY

OTHER INCOME AND/OR ASSETS	OCCUPATION	POSITION/TITLE

☐ ADD THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account): JOINT OWNER ACCOUNT #

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	SECURITY PASSWORD

HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)	APT/UNIT #	CITY	STATE	ZIP

MAILING ADDRESS	APT/UNIT #	CITY	STATE	ZIP

YRS AT RESIDENCE	☐ RENT ☐ OWN	MONTHLY PAYMENT $	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH

RELATIONSHIP TO PRIMARY	HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS

NEAREST RELATIVE NOT LIVING WITH YOU (NAME, STREET ADDRESS, PHONE NUMBER)

Form of Government Issued ID: _____

EMPLOYER'S NAME AND ADDRESS	DATE OF HIRE	GROSS MONTHLY SALARY

OTHER INCOME AND/OR ASSETS	OCCUPATION	POSITION/TITLE

IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION. ALL JOINT OWNERS MUST SIGN THIS APPLICATION.

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

☐ Debit/Check Card attached to my Checking Account (use at ATMs and for purchases at places that accept the Card) ☐ Additional Card for Joint Owner.

☐ eStatements/eMessenger: Yes, send me my notices such as change-in-terms and statements in electronic format to my email address listed above.
I understand that I will not receive paper notices and statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my eMessenger and eStatement service at any time. I understand that I must keep my email address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices and statements in PDF format.

☐ Online Banking/Mobile Banking/Telephone Banking: Issuance of a confidential Personal Identification Number (PIN) or Password for use with the Credit Union's online and telephone banking system ☐ Additional PIN/Password for Joint Owner

☐ Standard Overdraft: A standard overdraft service attached to my Checking Account that will automatically transfer funds from my Savings Account to my Checking Account, in case of insufficient funds in my Checking Account to pay ACH, checks or other items. An Overdraft Transfer Fee may apply. Please refer to a Fee Schedule for details.

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Member Number_____ Member Name_____

CHOOSE THE PIN NUMBER FOR YOUR CARD

1. Call TELEPIN at 800.224.7670, and enter 50041. (the "client code" for IBM Southeast EFCU)
2. Follow the automated instructions to choose your PIN.
3. Fill in your order# here ☐☐☐☐☐☐ (this is not your PIN).
4. Continue to follow automated instructions to choose your PIN.

☐ For an additional card and PIN for your Joint signer, please have him/her follow the TELEPIN instructions above, and enter the order number here ☐☐☐☐☐☐ (this is not your PIN).

To use TELEPIN you must be at least 18 years old. Please return within 10 days for processing and qualification. If you need assistance, please call 800.873.5100 ext 4791. We will process your request as soon as we receive your application with your unique six-digit "transaction order number" on it. Otherwise, a card cannot be issued.

☐ **(Optional)** **I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):**

POD BENEFICIARY NAME	ADDRESS	CITY	ZIP

DATE OF BIRTH	SOCIAL SECURITY NO.	PHONE NUMBER	RELATIONSHIP TO PRIMARY

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

☐ Member ☐ Joint Member ☐ I am not subject to backup withholding ☐ Member ☐ Joint Member ☐ I am subject to backup withholding

☐ Member ☐ Joint Member ☐ I am a U.S. Citizen ☐ Member ☐ Joint Member ☐ I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certification required to avoid backup withholding. Tax Identification Numbers (TINs) are required. If you do not have a TIN, or do not live or work in the U.S., you are not eligible for Membership.

AUTHORIZED SIGNATURES

By signing below, I am applying for Membership in the Credit Union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the Credit Union and agree not to cause any loss to the Credit Union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and Visa Disclosures and to any amendments made thereto. This agreement, and all subsequent amendments and addendums, will be governed by applicable Federal law and the laws of the State of Florida.

Bylaw Requirements: I must complete payment of the following as a condition of admission to Membership: One (1) $5.00 share in my Membership account. If the balance in the account falls below what is required for Membership, I may be terminated from Membership immediately, and forfeit any and all Membership rights and privileges.

Credit Report Authorization. By signing this Application, I authorize you to obtain my 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 my accounts or taking collection action on the account.

Vermont Residents: Applicant provided consent via phone _____ (Credit Union Initials)

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including all fees, charges and reasonable attorney fees, as well as loans and credit cards that I have with you. Monies owed prior to death will continue to encumber my shares, deposits and collateral, in case of default after death. We may report information about your account to credit bureaus and financial record reporting agencies, regarding negative balances, insufficient transactions, or other defaults and activities on your account that may be reflected in your credit report and financial records.

The signature allows the Credit Union to use a facsimile signature on this and future applications. This signature also authorize the issuance of the Personal Identification Numbers used to access the Telephone and Online Banking Systems if you have requested such service(s). Using my Membership Number and Personal Identification Number to access Telephone Banking and/or Online Banking will also be considered my authorized signature, to process certain transactions and account maintenance, including additional account openings.

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

A LEGIBLE COPY OF ONE FORM OF UNEXPIRED GOVERNMENT ISSUED PHOTO ID IS REQUIRED FOR EACH PRIMARY MEMBER AND JOINT ACCOUNT OWNER.

SIGNATURE OF PRIMARY MEMBER ACCOUNT OWNER (Do Not Print) DATE	SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X	X
SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE	SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X	X

FOR CREDIT UNION USE ONLY

STAFF OP #	VERIFIER OP #	MICR #	MEMBER #	ACCT. TYPE:

CHEXSYSTEMS SS # ISSUE DATE: MEMBER:	JOINT OWNER	CHEXSYSTEMS RECORD:
FORM OF IDENTIFICATION VIEWED FOR: MEMBER:	JOINT OWNER	CHEXSYSTEMS RECORD:

Checks Offered: ☐ Yes ☐ No ☐ N/A **Visa Check Card:** ☐ Yes ☐ No ☐ N/A

VR: ☐ Yes ☐ No ☐ N/A **HB:** ☐ Yes ☐ No ☐ N/A **eStatements:** ☐ Yes ☐ No ☐ N/A

_____/_____/_____ **Date Opened [ ] In Person [ ] By Mail [ ] Fax [ ] SEG**

[ ] Online Banking [ ] Referring Member Name

Member Number_____ Member Name_____

LOAN SERVICES

STATE 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: Marital Status: ☐ Married ☐ Unmarried ☐ Legally Separated If married: the name of my spouse is _____

Spouse's SSN: _____ ☐ Spouse's Address (if different) _____

Notice: 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.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X _____

Please check the box(es) and sign below if you would like to apply for the following loan services. Additional disclosures and important information regarding these loan services are provided with this Application.

☐ Yes, I'd like to apply for the Consumer Lending Plan. I would like (check 1 box): Loan Amount $ _____ Loan Type _____

☐ An Individual Plan for the Primary Member Account Owner listed on page 1. - OR -

☐ A Joint Plan for the Primary Member Account Owner and the following Joint Account Owner: (name): _____

We intend to apply for joint credit. _____ (Member Borrower's initials) _____ (Joint Co-Borrower's initials)

☐ Yes, I'd like to apply for the following Credit Card. I would like (check 1 box):

☐ An Individual Card for the Primary Member Account Owner listed on page 1. - OR -

☐ A Joint Card for the Primary Member Account Owner and the following Joint Account Owner: (name): _____

We intend to apply for joint credit. _____ (Member Borrower's initials) _____ (Joint Co-Borrower's initials)

Check 1 Box: ☐ VISA Classic ☐ VISA Platinum

SEE IMPORTANT INFORMATION ABOUT CREDIT CARDS

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	INSURANCE MAXIMUM	GROUP POLICY NUMBER	MAXIMUM MONTHLY DISABILITY BENEFIT	MAXIMUM LOAN REPAYMENT PERIOD*
29524-G-500	**$50,000**	**29525-G-500**	**$750**	**120 Months**
MAXIMUM LOAN REPAYMENT PERIOD*		MAX. AGGREGATE DISABILITY BENEFIT	WAITING PERIOD	RETROACTIVE BENEFIT
120 Months		**$50,000**	**30 Days**	**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		
☐ YES	☐ NO	☐ YES	☐ NO	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)?

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	DATE	CO-APPLICANT'S SIGNATURE (Joint Life Only)	DATE
X		X	

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Member Number_____ Member Name_____

AGREEMENT TO TERMS - CONSUMER LENDING PLAN

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

"You", "Your" and "Borrower", means any person who executes the Plan by signing the Agreement to Terms, or any person who endorses a proceeds check or otherwise accepts, accesses, or uses Plan funds. "We", "us", "our" or "Credit Union" means IBM Southeast Employees' Federal Credit Union.

How the Plan Works. This Consumer Lending Plan has a variety of subaccounts under which you may take various types of loans (called "advances"). The subaccounts are single-advance subaccounts such as New Auto. These subaccounts will not replenish and will have a set repayment schedule.

Binding Contract. This Consumer Lending Plan, which includes the Credit Agreement, Security Agreement, Truth-in-Lending Statement, and all Advance Receipts ("Plan"), is a binding legal contract that will govern the terms of all loans that you obtain under the Plan. You only sign once to open the Plan; thereafter, you may request additional advances without signing any paperwork unless requested by us.

By signing below, you are:

1. **Agreeing to repay all loans you take.** All loans you take under the Plan must be paid back, even if you don't sign any paperwork at the time of the loan. You promise to pay all future and present fees, charges, costs and expenses incurred in collecting a debt from you, including reasonable attorney fees.
2. **Pledging your shares and deposits in the Credit Union.** If you default, we may apply the shares and deposits in your accounts to the amount you owe us. We may also prevent you from withdrawing shares or deposits if you are in default, or, in the case of a share-secured or deposit-secured loan, if such withdrawal would cause your balance to fall below what you owe. Lien rights obtained prior to death on loans and credit cards will continue to encumber your shares and deposits in case of default after death. Your pledge and our lien rights do not include any IRA, Keogh or other account which would lose special tax treatment if pledged. Please see the Security Agreement for complete details.
3. **Granting a security interest in all property you purchase or otherwise pledge.** If you default on any subaccount under the Plan, we may seize and sell any property you have purchased or pledged under that subaccount or any other subaccount.
4. **Cross-Collateralization:** All other collateral you have pledged for any other loan with us (except your home and household goods) will also secure this Plan.
5. **Release of Lien:** We will not release a lien on any of the collateral you have pledged if you are delinquent or in default on any of your subaccounts. For example: if you are in default of your signature loan subaccount, we will not release our lien on your vehicle loan, even if the vehicle loan is paid in full. Please see the Security Agreement for complete details.

Interest Rates and Fees. The rates and fees that apply to your subaccounts are disclosed on the separate Truth-in-Lending Statement and/or Advance Receipt.

Purchase of Optional Products: If offered, you may apply for optional loan protection products such as credit insurance, debt protection, or Guaranteed Asset Protection (GAP). These products are voluntary and are not required to obtain a loan from us. The premium or fee for the product(s) will be added to the outstanding balance and becomes part of your minimum monthly loan payment. We will retain a portion of this fee as compensation for providing this service. Purchase of optional products may extend the time it takes to pay off your outstanding balance(s). Once you purchase credit insurance or debt protection, all subaccounts under the Plan will be covered, unless you tell us otherwise.

Notice to Applicants residing in Community Property States: 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 application signed by both parties, 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 application. A current credit report and verification of income is required.

Acknowledgement: You acknowledge that you have read, understand and accept the terms and conditions of the Consumer Lending Plan, Credit Agreement, Security Agreement, and the Truth- in-Lending Statement, and have received copies of these documents. You also agree to be bound by all Advance Receipts or similar documents 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.

Negative Information Notice: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Governing Law: You understand and agree that this agreement, and all subsequent amendments and addendums, will be governed by applicable Federal law and the laws of the State of Florida.

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.

SIGNATURE OF MEMBER APPLICANT	DATE	SIGNATURE OF JOINT CO-APPLICANT	DATE
X		X	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.