PFCU
PHILADELPHIA FEDERAL CREDIT UNION
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12800 Townsend Road
Philadelphia, PA 19154-1003
(215) 934-3500 in Philadelphia
(800) 832-PFCU in other areas
(215) 934-4000 TDD

MASTER APPLICATION - MUST BE COMPLETED IN INK

NOTICE TO MARRIED APPLICANTS: YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.

To Expedite your loan, please call 1-800-832-PFCU or visit our website at www.PFCU.com.

CHECK TYPE OF CREDIT REQUESTED

☐ **Individual Credit:** Complete sections **A, B, D, E and F** if only the applicant's income is considered for loan approval.
Complete sections **A, B, C, D, E and F** (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

☐ **Joint Credit:** Complete sections **A, B, C, D, E and F** if your co-applicant will be contractually liable for repayment of the loan and initial below:
We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

Account (Including ATM/Debit Card access to the account if available)

☐ Individual Credit ☐ Joint Credit

	INITIAL ADVANCE AMOUNT REQUESTED	LIMIT REQUESTED
☐ Secured Advance	_____	
☐ Signature Advance	_____	
☐ PFCU Line of Credit	_____	_____

I/WE WOULD LIKE A LOAN OF	FOR THE FOLLOWING PURPOSE	SECURITY OFFERED	ACCOUNT NUMBER

A. APPLICANT'S PERSONAL INFORMATION

CHECK ONE IF YOU RESIDE IN OR RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUAL UNSECURED CREDIT.	NAME (First, Middle Initial, Last)	DATE OF BIRTH	SOCIAL SECURITY NO.

PRESENT ADDRESS (Street, City, State, Zip)	HOW LONG?	HOME PHONE NUMBER

PREVIOUS ADDRESS (If present address less than two years) (Street, City, State, Zip)	DRIVER'S LICENSE NO. AND STATE

B. INFORMATION REGARDING APPLICANT

PRESENT EMPLOYER	EMPLOYER'S ADDRESS (City, State, Zip)	EMPLOYMENT LENGTH

OCCUPATION	WORK PHONE AND EXT.	GROSS MONTHLY INCOME

PREVIOUS EMPLOYER (If less than 2 years)	ADDRESS (Street, City, State, Zip)	HOW LONG?	OCCUPATION

REAL ESTATE OWNED AND ADDRESS (include home)	APPROXIMATE VALUE	DATE PURCHASED	PURCHASE PRICE

OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.	SOURCE OF OTHER INCOME	AMOUNT	TOTAL MONTHLY INCOME

C. INFORMATION REGARDING ☐ CO-APPLICANT ☐ CO-SIGNER

NAME (First, Middle Initial, Last)	DATE OF BIRTH	DRIVER'S LICENSE NO. AND STATE	SOCIAL SECURITY NO.

STREET ADDRESS (Street, City, State, Zip)	HOME PHONE NUMBER	OCCUPATION	MONTHLY GROSS PAY

PRESENT EMPLOYER'S NAME AND ADDRESS (City, State, Zip)	EMPLOYMENT LENGTH	WORK PHONE AND EXT.

OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.	SOURCE OF OTHER INCOME	AMOUNT	TOTAL MONTHLY INCOME

D. LIST ALL EXISTING DEBTS OF APPLICANT (AND CO-APPLICANT OR NON-APPLICANT SPOUSE IF ANY PART OF SECTION C IS APPLICABLE)

NAME AND ADDRESS OF CREDITOR	PURPOSE OR ACCT. #	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT

DO NOT OMIT ANY DEBTS! IF MORE SPACE IS NEEDED, USE SEPARATE SHEET.
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

If you answer "yes" to any of these questions, provide details on page 2.	ARE ANY OF YOUR DEBTS PAST DUE? ☐ YES ☐ NO	HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED? ☐ YES ☐ NO	HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY? ☐ YES ☐ NO	ARE YOU CURRENTLY A CO-MAKER ON A LOAN? ☐ YES ☐ NO

CONTINUE APPLICATION ON REVERSE SIDE - SIGN THE REVERSE SIDE OF THE APPLICATION BEFORE SUBMITTING

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E. FINANCIAL INFORMATION AND REFERENCES

BANK NAME	TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS ☐ CD'S	BANK NAME	TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS ☐ CD'S

	NAME (Last, First, Initial)	PHONE NUMBER	RELATIONSHIP
NAME OF RELATIVE NOT LIVING WITH YOU			
PERSONAL REFERENCE NOT RELATED TO APPLICANT			

F. INSURANCE APPLICATION

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 this coverage to the Creditor. 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) understand that if joint life insurance is selected, we must be jointly and individually liable under the loan, and that co-signers and guarantors are not eligible for insurance.

The following questions, 1 and 2, must be answered to determine my (our) eligibility for insurance:

APPLICANT	CO-APPLICANT	
☐ YES ☐ NO	☐ YES ☐ NO	1. (Applicable to life insurance coverage only) Are you under age 66 on this date?
☐ YES ☐ NO	☐ YES ☐ NO	2. (Applicable to disability coverage only) Are you under age 66 on this date AND are you presently working outside your home for wages or profit for 30 hours or more per week and have been so working for 30 days or more before this date?

In addition, if your loan exceeds $1.00 the following question must also be answered in order to determine eligibility.

☐ YES ☐ NO ☐ YES ☐ NO 3. During the last two years, have you been medically advised of or treated for: cancer, heart attack or coronary artery disease, stroke, tuberculosis or Acquired Immune Deficiency Syndrome (AIDS)?

THIS HEALTH QUESTION IS WAIVED

My (our) answers to the above questions are true to the best of my (our) knowledge and belief. If my co-applicant or I answer "No" to questions 1 or 2, we understand that that person is not eligible for insurance and will not be insured. If my co-applicant or I answer "Yes" to question 3, we understand that we are eligible for insurance up to an amount not exceeding $1.00.

The effective date of my (our) insurance will be the date of this application.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Do not sign this application if any applicable spaces are blank. This application will not be used in a contest if all applicable blank spaces have not been completed, the debtor has not signed and dated the application and if the application has not been witnessed.

COVERAGE REQUESTED (*MONTHLY PREMIUM PER $100.00 OF OUTSTANDING LOAN BALANCE.)

☐ Yes ☐ No Single Life $.070*	☐ Yes ☐ No Joint Life $.123*	☐ Yes ☐ No Credit Disability SEE BELOW

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

No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*
4	$.324	24	$.231	44	$.162	64	$.131	88	$.113
8	$.335	28	$.211	48	$.154	68	$.128	96	$.108
12	$.322	32	$.196	52	$.148	72	$.124	104	$.103
16	$.284	36	$.182	56	$.143	76	$.120	112	$.099
20	$.255	40	$.171	60	$.136	80	$.118	120	$.097

MHC-98-4567.37

LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

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

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

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE
X		X	

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

ADDITIONAL COMMENTS

FOR CREDIT UNION USE ONLY

LOAN OFFICER: ☐ APPROVED ☐ REJECTED ☐ REFERRED TO CREDIT COMMITTEE

ECOA NOTICE SENT OR DELIVERED ON	BY