



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, Bri, Anna & 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

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 (888) 337-4404 or writing to us at the address stated on this application.



## 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 appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

**Credit Card Account:**  Individual  Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant	Date
<b>X</b>	(Seal)

Co-Applicant	Date
<b>X</b>	(Seal)

Credit Limit Requested \$

If Authorized User, Name:

**Guarantors Complete OTHER section below.**

**APPLICANT**  **OTHER**  CO-APPLICANT  SPOUSE  GUARANTOR  OTHER

NAME (Last - First - Initial)

ACCOUNT NUMBER SOCIAL SECURITY NUMBER

BIRTH DATE EMAIL ADDRESS

HOME PHONE CELL PHONE BUSINESS PHONE/EXT.

DRIVER'S LICENSE NUMBER/STATE AGES OF DEPENDENTS

PRESENT ADDRESS (Street - City - State - Zip)  OWN  RENT LENGTH AT RESIDENCE

PREVIOUS ADDRESS (Street - City - State - Zip)  OWN  RENT LENGTH AT RESIDENCE

MORTGAGE/RENT OWED TO

MORTGAGE BALANCE MONTHLY PAYMENT INTEREST RATE \$ %

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**EMPLOYMENT/INCOME** START DATE

EMPLOYMENT STATUS  FULL TIME  PART TIME

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.**

EMPLOYMENT INCOME PER OTHER INCOME PER \$ \$

TITLE/GRADE SOURCE

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS

STARTING DATE ENDING DATE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO WHERE ENDING/SEPARATION DATE

**CREDIT CARD APPLICATION (continued)**

**STATE LAW NOTICE(S)**

**Notice to Nebraska Residents:** A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

**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. 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.

**Notice to Wisconsin Residents:** (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.

Signature for Wisconsin Residents Only	Date
X	(Seal)

**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. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

**SIGNATURES**

By signing or otherwise authenticating below:

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 Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

**CREDIT UNION USE ONLY**

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
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Signatures

	Date		Date
X	(Seal)	X	(Seal)

Please mark which card type you are applying for.

- Classic Visa
- Signature Visa



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**APPLICATION AND  
SOLICITATION  
DISCLOSURE**



**VISA CLASSIC / VISA SIGNATURE REWARDS**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<p><b>Visa Classic</b> <b>9.90%</b></p> <p><b>Visa Signature Rewards</b> <b>11.24%</b></p> <p>This APR will vary with the market based on the Prime Rate.</p>
<b>APR for Balance Transfers</b>	<p><b>Visa Classic</b> <b>9.90%</b></p> <p><b>Visa Signature Rewards</b> <b>11.24%</b></p> <p>This APR will vary with the market based on the Prime Rate.</p>
<b>APR for Cash Advances</b>	<p><b>Visa Classic</b> <b>9.90%</b></p> <p><b>Visa Signature Rewards</b> <b>11.24%</b></p> <p>This APR will vary with the market based on the Prime Rate.</p>
<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>	<b>None</b>
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</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>Fees</b>	
<b>Annual Fee</b> - Annual Fee - Visa Classic - Annual Fee - Visa Signature Rewards	<p><b>None</b></p> <p><b>\$75.00</b>, waived for the first year</p>
<b>Transaction Fees</b> - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee	<p><b>\$2.00</b> or <b>2.00%</b> of the amount of each balance transfer, whichever is greater</p> <p><b>\$2.00</b> or <b>2.00%</b> of the amount of each cash advance, whichever is greater</p> <p><b>1.00%</b> of each transaction in U.S. dollars</p>
<b>Penalty Fees</b> - Late Payment Fee - Returned Payment Fee	<p>Up to <b>\$25.00</b></p> <p>Up to <b>\$25.00</b></p>

**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: June 19, 2017  
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 and Visa Signature Rewards are secured credit cards. 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. Notwithstanding the foregoing, you acknowledge and agree that during any periods when you are a covered borrower under the Military Lending Act your credit card will be secured by any specific Pledge of Shares you grant us but will not be secured by all shares you have in any individual or joint account with the Credit Union. For clarity, you will not be deemed a covered borrower if: (i) you establish your credit card account when you are not a covered borrower; or (ii) you cease to be a covered borrower.**

**Other Fees & 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.

SEE NEXT PAGE for more important information about your account.

**APPLICATION AND SOLICITATION DISCLOSURE (continued)**

Annual Fee - Visa Signature Rewards:

\$75.00.

Balance Transfer Fee (Finance Charge):

\$2.00 or 2.00% of the amount of each balance transfer, whichever is greater.

Cash Advance Fee (Finance Charge):

\$2.00 or 2.00% 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.

Document Copy Fee:

\$5.00.

Emergency Card Replacement Fee:

\$50.00.

Rush Fee:

\$25.00.

Statement Copy Fee:

\$5.00.

Please return completed Application to the address below in a stamped envelope. Cut off the Application and Solicitation Disclosure and retain for your records.

LOWER COLUMBIA  
LONGSHOREMEN'S  
FEDERAL CREDIT UNION  
629 14TH AVENUE  
LONGVIEW WA 98632

DO NOT MAIL  
THIS FORM  
WITHOUT AN  
ENVELOPE

**ICANLINER**  
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061917

people helping people

The Credit Union  
*Difference*



**Credit Card  
Application**

**Visa**



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# 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 Longshoremen 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**

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Single Life</b>	Monthly Rate Per \$100*	<u><b>\$ .064</b></u>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Joint Life</b>	Monthly Rate Per \$100*	<u><b>\$ .102</b></u>
Closed-end: Estimated Total Life Premium _____			

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Single Disability (Primary Applicant Only)</b>	Monthly Rate Per \$100*	<u><b>\$ .192</b></u>
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		DATE	CO-APPLICANT'S SIGNATURE		DATE
<b>X</b>			<b>X</b>		

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.





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## CONSUMER CREDIT CARD AGREEMENT AND DISCLOSURE

VISA CLASSIC/VISA SIGNATURE REWARDS

This Consumer Credit Card Agreement and Disclosure together with the Account Opening Disclosure and any other Account opening documents or any subsequent documents provided to You related to this Account (hereinafter collectively referred to as "Agreement") govern the terms and conditions of this Account. "We," "Us," "Our" and "Ours" and "Credit Union" refers to Lower Columbia Longshoremen's Federal Credit Union with which this Agreement is made. "You," "Your," and "Yours" refers to each applicant and co-applicant for the Account; any person responsible for paying the Account; and anyone You authorize to use, access or service the Account. "Card" means the Visa® credit card and any other access devices, duplicates, renewals, or substitutions, the Credit Union issues to You. "Account" means the line of credit established by this Agreement and includes Your Card.

### SECURITY INTEREST

You grant the Credit Union a security interest under the Uniform Commercial Code and under any common law rights the Credit Union may have in any goods You purchase.

If You give the Credit Union a specific pledge of shares by signing a separate pledge of shares, Your pledged shares will secure Your Account. You may not withdraw amounts that have been specifically pledged to secure Your Account until the Credit Union agrees to release all or part of the pledged amount.

**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. You acknowledge and agree that Your pledge does not apply during any periods when You are a covered borrower under the Military Lending Act. For clarity, You will not be deemed a covered borrower, and Your pledge will apply, if: (i) You established Your credit card Account when You were not a covered borrower; or (ii) You cease to be a covered borrower.**

Unless otherwise prohibited by federal and/or state law, collateral securing other loans You have with the Credit Union may also secure this loan, except that a dwelling will never be considered as security for this Account, notwithstanding anything to the contrary in any other Agreement.

**1. USING YOUR ACCOUNT** — By using the Account or keeping the Card, You agree to the terms of this Agreement. You agree to use Your Account in accordance with this Agreement. Your Account must only be used for lawful transactions.

**2. CREDIT LIMIT** — We may establish a credit limit as part of this Agreement, which You promise not to exceed. If You exceed the credit limit, You promise to repay immediately the amount which exceeds the credit limit, including amounts due to finance charges, fees or other charges. You may request a credit limit increase on Your Account only by a method acceptable to the Credit Union. We may increase or decrease Your credit limit, refuse to make an advance and/or terminate Your Account at any time for any reason permitted by law.

**3. REPAYMENT** — You promise to repay all amounts You owe under this Agreement. Your promise to repay includes all transactions made to Your Account by You or anyone You authorize to use Your Account as well as all interest charges and fees.

For each billing period, You must pay at least the Minimum Payment Due by the Payment Due Date.

The Minimum Payment Due is 3.00% of Your total New Balance, or \$25.00, whichever is greater, plus any amount past due and any amount by which You have exceeded Your applicable credit limit. If Your total New Balance is less than \$25.00, then Your Minimum Payment Due is the amount of the total New Balance.

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You may pay more frequently, pay more than the Minimum Payment Due or pay the total New Balance in full.

If You make extra or larger payments, You are still required to make at least the Minimum Payment Due each month Your Account has a balance (other than a credit balance). The Credit Union may delay replenishing Your credit limit until the date the payment is posted or the Credit Union confirms the payment has cleared.

Your payment of the required Minimum Payment Due may be applied to what You owe the Credit Union in any manner the Credit Union chooses, as permitted by applicable law. If You make a payment in excess of the required Minimum Payment Due, the Credit Union will allocate the excess amount first to the balance with the highest annual percentage rate ("APR") and any remaining portion to the other balances in descending order based on applicable APR, unless otherwise prescribed by applicable law. We may accept checks marked "payment in full" or with words of similar effect without losing any of Our rights to collect the full balance of Your Account with Us.

**4. INTEREST AND FINANCE CHARGES** — We will begin charging You interest on purchases on the date the transaction is posted to Your Account. We will begin charging You interest on cash advances and balance transfers on the date of the transaction or the first day of the billing cycle in which the transaction is posted to Your Account, whichever is later (transaction date). However, We will not charge You any interest on new purchases if Your Account had a zero or credit balance at the beginning of that billing cycle, or You paid the entire new balance on the previous cycle's billing statement by the Payment Due Date of that statement. To avoid an additional finance charge on the balance of purchases, You must pay the entire new balance on the billing statement by the Payment Due Date of that statement.

**How We Calculate Your Balance:**

Interest charges on Your Account are calculated separately for purchases, balance transfers and cash advances ("Transaction Type"). We figure the interest charge for each Transaction Type by applying the periodic rate to each corresponding "average daily balance." To get the "average daily balance" for a Transaction Type We take the beginning balance for that Transaction Type each day, add any new transactions of that type, and subtract any unpaid interest or other finance charges and any applicable payments or credits. This gives Us the daily balance for each Transaction Type. Then, for each Transaction Type, We add up all the daily balances for the billing cycle and divide each total by the number of days in the billing cycle. This gives Us the "average daily balance" for each Transaction Type.

**5. FEES** — In addition to the periodic rate, additional fees may be imposed on Your Account. If applicable to Your Account, the fee amounts and explanations are disclosed on the Account Opening Disclosure accompanying this Agreement.

**6. FOREIGN TRANSACTIONS** — Purchases and cash advances made in foreign currencies will be debited from Your Account in U.S. dollars. The exchange rate between the transaction currency and the billing currency used for processing international transactions is a rate selected by Visa from a range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives or the government-mandated rate in effect for the applicable central processing date. The exchange rate used on the processing date may differ from the rate that would have been used on the purchase date or cardholder statement posting date.

A fee (finance charge) will be charged on all transactions completed in a foreign currency. All fees are calculated based on the transaction amount after it is converted to U.S. dollars. These fees are charged except where excluded. The Foreign Transaction Fee is set forth on the Disclosure accompanying this Agreement.

**7. AUTHORIZATIONS** — We do not guarantee authorization of a transaction, either by Us or by a third party, even if You have sufficient credit available. You agree that We will not be liable for failing to give an authorization. We also reserve the right to limit the number of transactions that may be approved in one day. We reserve the right to deny certain transactions for any reason and at Our sole discretion, including for default, suspected fraudulent or unlawful activity, internet gambling or any indication of increased risk related to the transaction or the Account. You agree that We have no requirement to notify You of the specific reason We denied a transaction. If We detect unusual or suspicious activity, We may suspend Your credit privileges until We can verify the activity, or We may close the Account.

**8. PREAUTHORIZED CHARGES** — If You default, if the Card is lost or stolen, or We change the Account for any reason, We may suspend automatic charges with third party vendors. If preauthorized charges are suspended, You are responsible for making direct payment for such charges until You contact the third party to reinstate the automatic charges.

**9. DEFAULT** — You will be in default under this Agreement if You fail to pay the Minimum Payment Due by its Payment Due Date; pay by a check or similar instrument that is not honored or that We must return because it cannot be processed; pay by automatic debit that is returned unpaid; make any false or misleading statements in any credit application or credit update; file for bankruptcy; or die. You will also be in default if You fail to comply with the terms of this Agreement or any other Agreement You have with Us.

If You default, We may close Your Account and require You to pay any unpaid balance immediately, subject to applicable law. In this Agreement and on Your Credit Card Application, You gave Us a security interest in all individual or joint share and/or deposit accounts with the Credit Union and authorized Us, if You defaulted, to apply the balance in these accounts to any amounts due. You agree We may rely on Your agreement and authorization to, upon Your default, apply any balance to any amounts due on Your Account.

## **10. LIABILITY FOR UNAUTHORIZED USE-LOST/STOLEN CARD NOTIFICATION —**

**Visa Classic** - If You notice the loss or theft of Your credit card or a possible unauthorized use of Your Card, You should write to Us immediately at PO Box 31281, Tampa, FL, 33631-3281 or call Us at (800) 449-7728, seven days a week 24 hours a day.

**Visa Signature Rewards** - If You notice the loss or theft of Your credit card or a possible unauthorized use of Your Card, You should write to Us immediately at PO Box 31281, Tampa, FL, 33631-3281 or call Us at (888) 449-7728, seven days a week 24 hours a day.

You will not be liable for any unauthorized use that occurs after You notify Us. You may, however, be liable for unauthorized use that occurs before Your notice to Us. You will have no liability for unauthorized use unless You are found to be fraudulent or negligent in the handling of Your Account or Card. In any case, Your liability for unauthorized transactions will not exceed \$50.

**11. CHANGING OR TERMINATING YOUR ACCOUNT —** As permitted by law, the Credit Union may change the terms of this Agreement and any attached Disclosure from time to time. Notice of any change will be given in accordance with applicable law. To the extent permitted by law, changes to the Agreement may apply to Your existing account balance as well as to future transactions.

**Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin Residents** - Either You, Your spouse or the Credit Union may terminate this Agreement at any time, but termination by You, Your spouse or the Credit Union will not affect Your obligation to pay the account balance plus any finance and other charges You or Your spouse owe under this Agreement. Your obligation to pay the account balance plus any finance and other charges You owe under this agreement are subject to all applicable laws and regulations regarding repayment requirements. The Card or Cards You receive remain the property of the Credit Union and You must recover and surrender to the Credit Union all Cards upon request or upon termination of this Agreement whether by You or the Credit Union.

**Residents of all other states** - Either You or the Credit Union may terminate this Agreement at any time, but termination by You or the Credit Union will not affect Your obligation to pay the account balance plus any finance and other charges You owe under this Agreement. Your obligation to pay the account balance plus any finance and other charges You owe under this agreement are subject to all applicable laws and regulations regarding repayment requirements. The Card or Cards You receive remain the property of the Credit Union and You must recover and surrender to the Credit Union all Cards upon request or upon termination of this Agreement whether by You or the Credit Union.

**12. AUTHORIZED USERS —** Upon Your request, We may issue additional Cards for authorized users that You designate. You must notify Us in writing of any termination of an authorized user's right to access Your Account. Your notice must include the name of the authorized user and Your Account number and/or any subaccount number issued to the authorized user along with the authorized user's Card and any convenience or other access checks issued to the authorized user. If You cannot return the authorized user's Card or access checks and if You request Your Account to be closed, We will close Your Account and You may apply for a new Account. Alternatively, We may, at Our sole discretion, issue You a new Account number and a new Card.

**13. CREDIT REPORTS AND NOTICE OF NEGATIVE INFORMATION —** You authorize the Credit Union to obtain credit reports and any other information We may need to verify Your identity and use of the Account when opening Your Account and for any update, increase, renewal, extension, collection or review of Your Account. You authorize the Credit Union to disclose information regarding Your Account to credit bureaus and creditors who inquire about Your credit standing. We may report information about Your Account to credit bureaus. Late payments, missed payments, or other defaults on Your Account may be reflected on Your credit report.

**14. JOINT ACCOUNTS —** If this is a joint Account, each of You will be individually and jointly responsible for paying all amounts owed under this Agreement. This means that the Credit Union can require any one of You individually to repay the entire amount owed under this Agreement. Each of You authorizes the other(s) to make transactions on the Account individually. Any one of You may terminate the Account and the termination will be effective as to all of You.

**15. EFFECT OF AGREEMENT —** This Agreement is the contract which applies to all transactions on Your Account even though the sales, cash advances, credit or other slips You sign or receive may contain different terms.

**16. SEVERABILITY AND FINAL EXPRESSION —** This Agreement is the final expression of the terms and conditions of Your Account. This written Agreement may not be contradicted by evidence of any alleged oral Agreement. Should any part of this Agreement be found to be invalid or unenforceable, all other parts of this Agreement shall remain in effect and fully enforceable to the fullest extent possible under this Agreement.

**17. ILLEGAL TRANSACTIONS PROHIBITED —** You agree that You will not use Your Card for any transaction, including any type of electronic gambling transaction through the Internet, that is illegal under applicable federal, state, or local law.

Even if You use Your Card for an illegal transaction, You will be responsible for all amounts and charges incurred in connection with the transaction. This paragraph shall not be interpreted as permitting or authorizing any transaction that is illegal.

**18. APPLICABLE LAW —** The terms and enforcement of this Agreement shall be governed by federal law and the law of Washington.

- 19. ENFORCING THIS AGREEMENT** — We can delay in enforcing or fail to enforce any of Our rights under this Agreement without losing them.
- 20. COLLECTION COSTS** — If We refer collection of Your Account to a lawyer who is not Our salaried employee, You are liable for any reasonable attorney's fees We incur, plus the costs and expenses of any legal action, as further disclosed on this Agreement, or to the extent allowed by law.
- 21. ASSIGNMENT** — We may assign any or all of Our rights and obligations under this Agreement to a third party.
- 22. OVERDRAFT PRIVILEGE** — You agree that if, pursuant to any overdraft privilege on a Credit Union Share Draft Account, there is an overdraft of Your Share Draft Account, the amount of overdraft will be added to the outstanding balance on Your Visa Credit Card Account, subject to the finance charge provisions set forth in "INTEREST AND FINANCE CHARGES" as described for cash advances, and will be subject to all terms and conditions of this Agreement. The Visa Credit Card Account must be current and not over the credit limit for funds to transfer to the Share Draft Account. Overdrafts are not allowed for the purpose of making loan payments, including Visa Credit Card payments, at the Credit Union, ATM or in-branch teller cash withdrawals. The Share Draft Account referred to herein is also subject to a separate agreement between You and the Credit Union. Where the terms of any other agreement between You and the Credit Union conflict with the terms of this Agreement, the terms of this Agreement will control.
- 23. CALIFORNIA RESIDENTS** — A married applicant may apply for a separate Account. Applicants: 1) may, after credit approval, use the credit card Account up to its credit limit; 2) may be liable for amounts extended under the plan to any joint applicant. As required by law, You are hereby notified that a negative credit report reflecting on Your credit record may be submitted to a credit reporting agency if You fail to fulfill the terms of Your credit obligations.
- 24. FLORIDA RESIDENTS** — You (borrower) agree that, should We obtain a judgment against You, a portion of Your disposable earnings may be attached or garnished (paid to Us by Your employer), as provided by Florida and Federal law.
- 25. MARYLAND RESIDENTS** — To the extent, if any, that Maryland law applies to Your Account, We elect to offer Your Card Account pursuant to Title 12, Subtitle 9 of the Maryland Commercial Law Article.
- 26. MISSOURI RESIDENTS** — Oral Agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable. To protect You (borrower(s)) and Us (creditor) from misunderstanding or disappointment, any Agreements We reach covering such matters are contained in this writing, which is the complete and exclusive statement of the Agreement between Us, except as We may later agree in writing to modify it.
- 27. NEW YORK RESIDENTS** — We may obtain a credit report in connection with this Account, including for any review, modification, renewal or collections associated with this Account. Upon Your request, You will be informed whether such report was requested and, if so, the name and address of the consumer reporting agency furnishing the report. New York residents may contact the New York State Banking Department at 800.342.3736 or [www.dfs.ny.gov](http://www.dfs.ny.gov) to obtain a comparative listing of credit card rates, fees and grace periods.
- 28. 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.
- 29. SOUTH DAKOTA RESIDENTS** — If You believe there have been any improprieties in making this loan or in the lender's loan practices, You may contact the South Dakota Division of Banking at 1601 N. Harrison Ave, Suite 1, Pierre, SD 57501, or by phone at 605.773.3421.
- 30. WISCONSIN RESIDENTS** — If You are married, please contact Us immediately upon receipt of this Agreement at the address or phone number listed on this Agreement and provide Us with the name and address of Your spouse. We are required to inform Your spouse that We have opened an Account for You.
- 31. NOTICE TO UTAH BORROWERS** — This written Agreement is a final expression of the Agreement between You and the Credit Union. This written Agreement may not be contradicted by evidence of any oral Agreement. As required by law, You are hereby notified that a negative credit report reflecting on Your credit record may be submitted to a credit reporting agency if You fail to fulfill the terms of Your credit obligations.
- 32. THE FOLLOWING IS REQUIRED BY VERMONT LAW — NOTICE TO CO-SIGNER — YOUR SIGNATURE ON THIS NOTE MEANS THAT YOU ARE EQUALLY LIABLE FOR REPAYMENT OF THIS LOAN. IF THE BORROWER DOES NOT PAY, THE LENDER HAS A LEGAL RIGHT TO COLLECT FROM YOU.**

## Your Billing Rights: Keep this Document for Future Use

This notice tells You about Your rights and Our responsibilities under the Fair Credit Billing Act.

### What To Do If You Find A Mistake On Your Statement

If You think there is an error on Your statement, write to Us at the address listed on Your statement.

In Your letter, give Us the following information:

- **Account information:** Your name and Account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If You think there is an error on Your bill, describe what You believe is wrong and why You believe it is a mistake.

You must contact Us:

- Within 60 days after the error appeared on Your statement.
- At least three business days before an automated payment is scheduled, if You want to stop payment on the amount You think is wrong.

You must notify Us of any potential errors **in writing** or electronically. You may call Us, but if You do We are not required to investigate any potential errors and You may have to pay the amount in question.

### What Will Happen After We Receive Your Letter

When We receive Your letter, We must do two things:

1. Within 30 days of receiving Your letter, We must tell You that We received Your letter. We will also tell You if We have already corrected the error.
2. Within 90 days of receiving Your letter, We must either correct the error or explain to You why We believe the bill is correct.

While We investigate whether or not there has been an error:

- We cannot try to collect the amount in question, or report You as delinquent on that amount.
- The charge in question may remain on Your statement, and We may continue to charge You interest on that amount.
- While You do not have to pay the amount in question, You are responsible for the remainder of Your balance.
- We can apply any unpaid amount against Your credit limit.

After We finish Our investigation, one of two things will happen:

- **If We made a mistake:** You will not have to pay the amount in question or any interest or other fees related to that amount.
- **If We do not believe there was a mistake:** You will have to pay the amount in question, along with applicable interest and fees. We will send You a statement of the amount You owe and the date payment is due. We may then report You as delinquent if You do not pay the amount We think You owe.

If You receive Our explanation but still believe Your bill is wrong, You must write to Us within **10 days** telling Us that You still refuse to pay. If You do so, We cannot report You as delinquent without also reporting that You are questioning Your bill. We must tell You the name of anyone to whom We reported You as delinquent, and We must let those organizations know when the matter has been settled between Us.

If We do not follow all of the rules above, You do not have to pay the first \$50 of the amount You question even if Your bill is correct.

### Your Rights if You Are Dissatisfied With Your Credit Card Purchases

If You are dissatisfied with the goods or services that You have purchased with Your credit card, and You have tried in good faith to correct the problem with the merchant, You may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in Your home state or within 100 miles of Your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if Your purchase was based on an advertisement We mailed to You, or if We own the company that sold You the goods or services.)
2. You must have used Your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses Your credit card Account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and You are still dissatisfied with the purchase, contact Us **in writing** or electronically at the address listed on Your statement.

While We investigate, the same rules apply to the disputed amount as discussed above. After We finish Our investigation, We will tell You Our decision. At that point, if We think You owe an amount and You do not pay, We may report You as delinquent.