

Alaska USA Consumer Loan Application

| | | |
|------------------------|-------------------------------|-----------------------------------|
| Account number | Amount requested \$ | Number of monthly payments |
| Purpose of loan | Collateral offered | |

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. To comply with this requirement, please complete the following information prior to opening your account.

Applicant (please print)

I intend to apply for joint credit

| | | |
|--|-----------------------------|-----------------------------|
| First name | Initial | Last name |
| Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | |
| Mailing address <input type="checkbox"/> Check here if your address has changed | Time at address Yrs. Mo. | |
| City | State | ZIP code |
| Physical address (if different than mailing address) | | Home telephone |
| Former address (if at current address less than 2 years) | | Time at address Yrs. Mo. |
| Social Security Number | | Date of birth |
| E-mail address | | Cell phone |
| Government issued ID (driver's license, military ID, state ID) | | |
| Type: | Number: | State/country: Exp. date: |

| | | |
|------------------------------|----------------------------|----------------|
| Current employer | How long? | Work telephone |
| Position/grade | Gross monthly salary \$ | ETS PCS |
| Former employer and position | | How long? |

Co-applicant (please print)

I intend to apply for joint credit

Do not complete this section if this application is for Individual Unsecured Credit

| | | |
|--|-----------------------------|---------------------------|
| First name | Initial | Last name |
| Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | |
| Mailing address <input type="checkbox"/> Check here if your address has changed | Time at address Yrs. Mo. | |
| City | State | ZIP code |
| Physical address (if different than mailing address) | | Home telephone |
| Social Security Number | | Date of birth |
| E-mail address | | Cell phone |
| Government issued ID (driver's license, military ID, state ID) | | |
| Type: | Number: | State/country: Exp. date: |

| | | |
|------------------------------|----------------------------|----------------|
| Current employer | How long? | Work telephone |
| Position/grade | Gross monthly salary \$ | ETS PCS |
| Former employer and position | | How long? |

Sources of additional income (rent, stock, retirement, etc.)

Income received from child support, alimony or maintenance is optional information furnished only if you desire this income to be considered in evaluating your application.

Applicant

| | |
|----------------------|----------------------|
| Type of other income | Monthly amount \$ |
|----------------------|----------------------|

Liabilities

Applicant & co-applicant

| | |
|---|-----------------------|
| Rent or mortgage payment (include association fees) | Monthly payment \$ |
| Vehicle insurance (circle one: 1 3 6 9 12 month) | Monthly payment \$ |

Signatures

I/We hereby authorize anyone to release credit information concerning myself/ourselves to Alaska USA Federal Credit Union. This authorization is given to enable Alaska USA to evaluate my/our request for credit. I/We certify that all statements are true and complete, and are submitted for the purpose of obtaining credit. Verification may be obtained from any source named in the application and from any credit reporting agency.

| | |
|-----------------------|------|
| Applicant's signature | Date |
|-----------------------|------|

Co-applicant

| | |
|----------------------|----------------------|
| Type of other income | Monthly amount \$ |
|----------------------|----------------------|

Liabilities

Applicant & co-applicant

| | |
|-----------------------|----------------------|
| Alimony/child support | Monthly amount \$ |
| Child care | Monthly amount \$ |

| | |
|--------------------------|------|
| Co-applicant's signature | Date |
|--------------------------|------|

Optional Payment Protection

I/We hereby understand that the Payment Protection listed below is optional and that my/our decision to purchase same will not be a consideration in the approval of this loan. I/We further understand that my/our failure to indicate a choice will be interpreted as a decision not to become protected. If I/we elect to purchase the protection provided, I/we understand that the Payment Protection is subject to the conditions of the contract. A separate election that discloses the terms and conditions must be signed for protection to become effective.

Please indicate the protection desired:

- Single Loss of Life at 5.6 cents per hundred dollars of monthly outstanding loan balance.
 Single Disability at 13.7 cents per hundred dollars of monthly outstanding loan balance.
 Single Loss of Life and Disability at 19.3 cents per hundred dollars of monthly outstanding loan balance.

- Joint Loss of Life at 8.7 cents per hundred dollars of monthly outstanding loan balance.
 Joint Disability at 23.8 cents per hundred dollars of monthly outstanding loan balance.
 Joint Loss of Life and Disability at 32.5 cents per hundred dollars of monthly outstanding loan balance.
 I/We do not wish to purchase protection for my/our loan.

| | |
|-----------------------|------|
| Applicant's signature | Date |
|-----------------------|------|

| | |
|--------------------------|------|
| Co-applicant's signature | Date |
|--------------------------|------|