

# Alaska USA Federal Credit Union 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
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	
Email address	Cell phone	
Government issued ID ( <i>driver's license, military ID, state ID</i> )		
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
Mailing address		
City	State	ZIP code
Physical address (if different than mailing address)	Home telephone	
Social Security Number	Date of birth	
Email address	Cell phone	
Government issued ID ( <i>driver's license, military ID, state ID</i> )		
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 to be considered in evaluating your application.

#### Applicant

Type of income	Monthly amount \$
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#### Co-applicant

Type of income	Monthly amount \$
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### 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 \$

### Liabilities

#### Applicant & co-applicant

Alimony/child support	Monthly payment \$
Child care	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
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Co-applicant's signature	Due
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### 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 \$0.65 per thousand dollars of monthly outstanding loan balance.  
 Single Disability at \$1.53 per thousand dollars of monthly outstanding loan balance.  
 Single Loss of Life and Disability at \$2.18 per thousand dollars of monthly outstanding loan balance.

- Joint Loss of Life at \$1.04 per thousand dollars of monthly outstanding loan balance.  
 Joint Disability at \$2.64 per thousand dollars of monthly outstanding loan balance.  
 Joint Loss of Life and Disability at \$3.68 per thousand dollars of monthly outstanding loan balance.  
 I/We do not wish to purchase protection for my/our loan.

Applicant's signature	Date
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Co-applicant's signature	Due
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