



ACCOUNT NUMBER (FOR CREDIT UNION USE ONLY)

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Alaska USA Visa Platinum Credit Card Application

This request is for: New Visa Platinum account Secured Visa Credit limit increase (Visa account number):

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	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III	
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		
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		
Social Security Number		Date of birth	No. of dependents	
E-mail address		Cell phone		
Government issued ID (driver's license, military ID, state ID)				
Type:	Number:	State/country:	Exp. date:	
Current employer		Work telephone	How long?	
Position/grade		Gross monthly salary	ETS	PCS
Former employer and position (if current employer less than 2 years)		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	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III	
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		
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		Work telephone	How long?	
Position/grade		Gross monthly salary	ETS	PCS
Former employer and position (if current employer less than 2 years)		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
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Co-applicant

Type of other income	Monthly
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Liabilities Applicant & co-applicant

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

Alimony/child support	Monthly amount
Child care	Monthly amount

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's signature	Date
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Optional Payment Protection

Your purchase of protection under the Alaska USA Payment Protection Plan (hereinafter referred to as the "Program") is voluntary and will not be considered in whether to grant credit.

We will give you additional information upon receipt of your enrollment form. This information will include a copy of the Alaska USA Payment Protection Plan Contract (the "Contract"), which contains the terms and conditions of your protection under the Program. There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under the Program. You should carefully read the Contract for a full explanation of the terms and conditions of your protection under the Program.

Within 30 days of receiving the Contract, you may cancel the protection and any fee paid by you will be returned. After the initial 30 days, you may cancel your protection at any time.

PROGRAM FEE: The cost per \$1,000 of the monthly outstanding loan balance is \$2.55. If the outstanding loan balance is greater than \$100,000, the rate will not be applied to the amount that exceeds \$100,000.

ELIGIBILITY: You are eligible for the Program if you are a borrower on the loan. A co-signer or guarantor is not eligible for protection. The Program protects the first two borrowers listed on the lending agreement. The protected borrower(s) may not qualify for all benefits.

EFFECTIVE DATE OF PROTECTION: The effective date of protection means the later of the date you enrolled in the Program option, the date your protection under the Program is reinstated, or the date of the advance. (**Advance** means each extension of credit we provide to you under a loan.)

PROTECTED EVENTS:

Loss of Life – If you die before your 70th birthday, we will cancel 100% of the loss of life amount. For each protected borrower, the loss of life amount is the lesser of the protected balance or \$100,000. If you die on or after your 70th birthday, the plan will cancel 25% of your loan balance up to a maximum of \$25,000.

Your signature means that: Your election will remain in effect, according to the terms of the Contract, unless subsequently modified. You authorize the Program fee to be added to your outstanding balance each month. You understand that your protection under the Program is subject to the terms and conditions of the Contract.

Applicant's signature	Date	Co-applicant's signature	Date
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Disability – If you are employed full-time and become disabled, we will cancel the daily payment for each day that you are disabled beginning with the 31st day of disability for the next 24 months or until the entire protected balance is cancelled, but not more than \$24,000 per period of disability.

NON-PROTECTED EVENTS:

An advance is not protected by the Program if the event:

- is due to the commission of a felony or caused by or results from an atomic explosion or any other release of nuclear energy (except when used solely for medical treatment);
- occurs within the 6 months immediately following the effective date of protection for the advance and is related to a pre-existing condition for which you received advice, diagnosis, or treatment (including medication) within the 6 months immediately preceding the effective date of protection for the advance.

Additionally:

- An advance is not protected by **Loss of Life** protection if the event is the result of a suicide or an intentionally self-inflicted injury that occurs within the 12 months immediately following the effective date of protection for the advance;
- An advance is not protected by **Disability** protection if the event is related to normal pregnancy or due to an intentionally self-inflicted injury.

You elect: (check only one box) Loss of Life & Disability Protection No protection