

Credit Card Application and Agreement

VISA CLASSIC

LOWER COLUMBIA LONGSHOREMEN'S
FEDERAL CREDIT UNION
629 14th Ave
Longview, WA 98632-1603



LONGVIEW WA 98632-9902
629 14TH AVE
FEDERAL CREDIT UNION
LOWER COLUMBIA LONGSHOREMEN'S

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 7
MADISON, WI

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



TABULAR DISCLOSURE

Annual Percentage Rate (APR) for Purchases	Visa Classic 9.9% %
Other APRs	Cash Advance 9.9% Balance Transfer 9.9%
Grace Period for Purchases	25 Days
Method of Computing the Balance for Purchases	Average Daily Balance (Including New Purchases)
Annual Fee	None
Minimum Finance Charge	None
Transaction Fee for Purchases	None
Foreign Transaction Fee	1% ♦
Balance Transfer Fee	2% ♦
Cash Advance Fee	2% *
Late Payment Fee	\$15.00
Over-the-Credit-Limit Fee	\$15.00

- ♦ of transaction amount
- of balance, minimum of \$2.00
- * minimum of \$2.00

The information about the costs of the card described in this application is accurate as of 11/2007. This information may have changed after that date. To find out what may have changed, contact the credit union.



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A table that includes the APRs and other required cost disclosures for credit card applications is on the reverse side of this application.

VISA
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 the appropriate section below. If Co-Borrower is spouse of the applicant, mark the Co-Applicant box.
- Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

Applicant		
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE		
BIRTH DATE	HOME PHONE	WORK PHONE / EXT.
E-MAIL ADDRESS		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
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: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
Employment/Income		
NAME AND ADDRESS OF EMPLOYER		
START DATE	POSITION	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____	\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE		
BIRTH DATE	HOME PHONE	WORK PHONE / EXT.
E-MAIL ADDRESS		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
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: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
Employment/Income		
NAME AND ADDRESS OF EMPLOYER		
START DATE	POSITION	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____	\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	

State Law Notices
OHIO RESIDENTS ONLY: 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.

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.

WISCONSIN RESIDENTS ONLY: (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

X _____
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

Signatures

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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions

insured by NCUA. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement. **A condition of your account is your granting us a security interest in your share accounts. By signing below 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 Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security are not subject to this security interest. When you are in default we may apply the balance in these accounts to any amounts due under the credit card agreement.**

X _____ (SEAL)
APPLICANT'S SIGNATURE DATE

X _____ (SEAL)
OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY APPROVED DECLINED NO. OF CARDS _____ CREDIT LIMIT \$ _____ CREDIT CARD NUMBER _____
CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____

**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 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) Lower Columbia Longshoremen Federal Credit Union				LOAN OFFICER		TYPE OF COVERAGE <input type="checkbox"/> OPEN-END <input type="checkbox"/> CLOSED-END
CREDIT LIFE INSURANCE			CREDIT DISABILITY INSURANCE			
GROUP POLICY NUMBER 26647-G, 002		INSURANCE MAXIMUM \$40,000		GROUP POLICY NUMBER 26648-G, 002		MAXIMUM MONTHLY DISABILITY BENEFIT \$600.00
MAXIMUM LOAN REPAYMENT PERIOD 180 Months			MAXIMUM LOAN REPAYMENT PERIOD 120 Months		MAXIMUM AGGREGATE DISABILITY BENEFIT \$40,000	
MAXIMUM TERM OF INSURANCE 180 Months			WAITING PERIOD 30 Days	MAX. TERM OF INSURANCE 120 Months		RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Single Life	Monthly Rate Per \$100*	\$.070
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Joint Life	Monthly Rate Per \$100*	\$.112
Closed-end: Estimated Total Life Premium _____				

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Single Disability (Primary Applicant Only)	Monthly Rate Per \$100*	\$.089
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	
X				X			

EdF41014 Rev 10-2008

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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FEDERAL CREDIT UNION
629 14th Ave
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VISA CLASSIC

VISA CREDIT CARD AGREEMENT

In this agreement the words "you" and "your" mean each and all of those who agree to be bound by this agreement; "card" means the Visa credit card and any duplicates, renewals, or substitutions the credit union issues to you; "account" means your Visa credit card line of credit account with the credit union, and "credit union" means the credit union whose name appears on this agreement or anyone to whom the credit union transfers this agreement.

1. USING YOUR ACCOUNT — If you are approved for an account, the credit union will establish a line of credit for you and notify you of your credit limit. You agree that your credit limit is the maximum amount (purchases, cash advances, finance charges, plus "other charges") which you will have outstanding on your account at any time. If you are over your credit limit, you must pay the amount you are over before payments will begin to restore your credit limit. You may request an increase in your credit limit only by a method acceptable to the credit union. The credit union has the right to reduce your credit limit, refuse to make an advance and/or terminate your account at any time for any reason not prohibited by law.

2. USING YOUR CARD — You understand that the use of your credit card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement. You may use your card to make purchases from merchants and others who accept Visa cards. However, you may not use your card to initiate any type of gambling transaction. If you wish to pay for goods or services over the Internet, you may be required to provide card number security information before you will be permitted to complete the transaction. In addition, you may obtain cash advances from the credit union and from other financial institutions that accept Visa cards, and from some automated teller machines (ATMs). (Not all ATMs accept Visa cards.) To obtain cash advances from an ATM, you must use the personal identification number (PIN) issued to you for use with your card. You agree that you will not use your card for any transaction that is illegal under applicable federal, state or local law.

3. RESPONSIBILITY — You agree to pay all charges (purchases and cash advances) made to your account by you or anyone you authorize to use your account. You also agree to pay all finance charges and other charges added to your account under the terms of this agreement or another agreement you made with the credit union. If this is a joint account, Section 17 also applies to your account.

4. FINANCE CHARGES — New purchases posted to your account during a billing cycle will not incur a finance charge for that billing cycle if you 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; otherwise a finance charge will accrue from the date a purchase is posted to your account. 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. A finance charge begins to accrue on cash advances from the date you get the cash advance or from the first day of the billing cycle in which the cash advance is posted to your account, whichever is later.

The finance charge is calculated separately for purchases and cash advances. For purchases, the finance charge is computed by applying the monthly periodic rate to the average daily balance of purchases. To get the average daily balance of purchases, we take the beginning outstanding balance of purchases each day, add any new purchases, and subtract any payments and/or credits. This gives us the daily balance of purchases. Then, we add all the daily balances of purchases for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of purchases.

For cash advances, the finance charge is computed by applying the monthly periodic rate to the average daily balance of cash advances. To get the average daily balance of cash advances, we take the beginning outstanding balance of cash advances each day, add in any new cash advances, and subtract any payments and/or credits that we apply to the cash advance balance. This gives us the daily balance of cash advances. Then, we add all the daily balances of cash advances for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of cash advances. Balance transfers are calculated in the same manner as cash advances.

The monthly periodic rate for purchases, cash advances and balance transfers is 0.8250% which is an ANNUAL PERCENTAGE RATE of 9.9%.

Balance transfer ANNUAL PERCENTAGE RATE will continue until the balance is paid off.

In addition to the finance charges calculated above, a FINANCE CHARGE of 2%, minimum of \$2.00, will be charged for each cash advance.

5. OTHER CHARGES — The following other charges (fees) will be added to your account, as applicable:

a. Over-the-Credit-Limit Fee. You may be charged a fee of \$15.00 on a statement date if your new balance on that date, less any fees imposed during the cycle, is over your credit limit. You will be charged the fee each subsequent month until your new balance on the statement date, less any fees imposed during the cycle, is BELOW your credit limit.

b. Late Payment Fee. A late charge of \$15.00 will be added to your account if you are late in making a payment.

c. Return Check Fee. If a check or share draft used to make a payment on your account is returned unpaid, you will be charged a fee of \$5.00 for each item returned.

d. Card Replacement Fee. You will be charged \$5.00 for each replacement card that is issued to you for any reason.

e. Document Copy Fee. You will be charged \$5.00 for each copy of a sales draft or statement that you request (except when the request is made in connection with a billing error made by the credit union).

f. Balance Transfer Fee. You will be charged a fee of 2%, minimum of \$2.00, of the balance amount transferred from other credit card(s).

g. Collection Costs. You agree to pay all costs of collecting the amount you owe under this agreement, including court costs and reasonable attorney's fees.

6. PAYMENTS — Each month you must pay at least the minimum payment shown on your statement by the date specified on the statement or no later than twenty-five (25) days from the statement closing date whichever is later. If your statement says the payment is "Now Due," your payment is due no later than twenty-five (25) days from the statement closing date. You may pay more frequently, pay more than the minimum payment 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 each month your account has a balance (other than a credit balance). The minimum payment is 3.0% of your total new balance, or \$25.00, whichever is greater, plus the amount of any prior minimum payments that you have not made, and any amount you are over your credit limit. The credit union also has the right to demand immediate payment of any amount by which you are over your credit limit.

7. PAYMENT ALLOCATION — Subject to applicable law, your payments may be applied to what you owe the credit union in any manner the credit union chooses.

8. SECURITY INTEREST — 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. In addition, your account is secured by all other shares you have in any individual or joint account with the credit union, except for shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law if given as security. You authorize the credit union to apply the balance in your individual or joint share accounts to pay any amounts due on your account if you should default. 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.

9. DEFAULT — You will be in default if you fail to make any minimum payment or other required payment by the date that it is due. You will be in default if you break any promise you make under this agreement. You will be in default if you die, file for bankruptcy or become insolvent, that is, unable to pay your obligations when they become due. You will be in default if you make any false or misleading statements in any credit application or credit update. You will also be in default if something happens that the credit union believes may substantially reduce your ability to repay what you owe.

When you are in default, the credit union has the right to demand immediate payment of your full account balance without giving you notice. If immediate payment is demanded, you agree to continue paying finance charges at the periodic rate charged before default, until what you owe has been paid, and any shares that were given as security for your account may be applied towards what you owe.

10. LIABILITY FOR UNAUTHORIZED USE-LOST/STOLEN CARD NOTIFICATION — You agree to notify us immediately, orally or in writing at PO Box 31281, Tampa, FL 33631-3281 or telephone (800) 449-7728 twenty-four (24) hours a day, seven (7) days a week, of the loss, theft, or unauthorized use of your credit card. You may be liable for the unauthorized use of your credit card. You will not be liable for unauthorized use that occurs after you notify us of the loss, theft, or possible unauthorized use. You will have no liability for unauthorized purchases made with your credit card, unless you are grossly negligent in the handling of your card. In any case, your liability will not exceed \$50.

11. CHANGING OR TERMINATING YOUR ACCOUNT — The credit union may change the terms of this agreement from time to time. Notice of any change will be given in accordance with applicable law. If permitted by law and specified in the notice to you, the change will apply to your existing account balance as well as to future transactions.

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. You are also responsible for all transactions made to your account after termination, unless the transactions were unauthorized.

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. The credit union has the right to require you to pay your full account balance at any time after your account is terminated, whether it is terminated by you or the credit union. If this is a joint account, Section 17 of this agreement also applies to termination of the account.

12. CREDIT REVIEW AND RELEASE OF INFORMATION — You authorize the credit union to investigate your credit standing when opening or reviewing your account. You authorize the credit union to disclose information regarding your account to credit bureaus and creditors who inquire about your credit standing. If your account is eligible for emergency cash and/or emergency card replacement services, and you request such services, you agree that we may provide personal information about you and your account that is necessary to provide you with the requested service(s).

13. RETURNS AND ADJUSTMENTS — Merchants and others who honor your card may give credit for returns or adjustments, and they will do so by sending the credit union a credit slip which will be posted to your account. If your credits and payments exceed what you owe the credit union, the amount will be applied against future purchases and cash advances. If the credit balance amount is \$1 or more, it will be refunded upon your written request or automatically after six (6) months.

14. ADDITIONAL BENEFITS/CARD ENHANCEMENTS — The credit union may from time to time offer additional services to your account, such as travel accident insurance, at no additional cost to you. You understand that the credit union is not obligated to offer such services and may withdraw or change them at any time.

15. FOREIGN TRANSACTIONS —

Visa. 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, in each instance plus an additional 1%. 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.

16. MERCHANT DISPUTES — The credit union is not responsible for the refusal of any merchant or financial institution to honor your card. The credit union is subject to claims and defenses (other than tort claims) arising out of goods or services you purchase with the card if you have made a good faith attempt but have been unable to obtain satisfaction from the merchant or service provider, and (a) your purchase was made in response to an advertisement the credit union sent or participated in sending to you; or (b) your purchase cost more than \$50 and was made in your state or within one hundred (100) miles of your home.

17. JOINT ACCOUNTS — If this is a joint account, each person on the account must sign the agreement (by signing on the application). 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 purchases or cash advances individually. Any one of you may terminate the account and the termination will be effective as to all of you.

18. 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.

19. NO WAIVER — The credit union can delay enforcing any of its rights any number of times without losing them.

20. STATEMENTS AND NOTICES — Statements and notices will be mailed to you at the most recent address you have given the credit union. Notice sent to any one of you will be considered notice to all.

21. FINAL EXPRESSION — This agreement is the final expression of the terms and conditions of this Visa line of credit between you and the credit union. This written agreement may not be contradicted by evidence of any alleged oral agreement.

22. COPY RECEIVED — You acknowledge that you have received a copy of this agreement.

23. SIGNATURES — By signing in the Signature area of the application form that was attached to this agreement when you received it, you agree to the terms of this agreement. You should detach this agreement from the application and retain it for your records.

**YOUR BILLING RIGHTS
KEEP THIS NOTICE FOR FUTURE USE**

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL —

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than sixty (60) days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your credit card bill automatically from your savings or share draft account, you can stop the payment on any amount you think is wrong. To stop the payment, your letter must reach us three (3) business days before the automatic payment is scheduled to occur.

YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE —

We must acknowledge your letter within thirty (30) days, unless we have corrected the error by then. Within ninety (90) days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten (10) days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

SPECIAL RULE FOR CREDIT CARD PURCHASES —

If you have a problem with the quality of property or services that you purchased with a 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 property or services. There are two (2) limitations on this right:

- You must have made the purchase in your home state or, if not within your home state, within one hundred (100) miles of your current mailing address; and
- The purchase price must have been more than \$50.

These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.