



UNFCU[®]

United Nations
Federal Credit Union
24-01 44th Road • 5th Floor
Long Island City, NY 11101-4605
Tel: 347-686-6000 • Fax: 347-686-6400
email@unfcu.com • www.unfcu.org

LOANLINER[®]

**Open-End Application
and Plan Signatures PLUS**

- HOW TO APPLY:**
- Complete all sections
 - Sign on signature line
 - Return completed form to credit union
 - An incomplete or unsigned form may delay processing

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: If you are applying with another person, complete the **Applicant** and **Other** sections.

LOANLINER Account/Loan: Individual

(Including ATM/Debit Card Access to the Account if Available)

Amount Requested \$

Purpose/Collateral:

Repayment:

Credit Card Account: Individual

(See Disclosure Table or Agreement for Terms)

Credit Limit Requested \$

If Authorized User, Name:

APPLICANT		
NAME PAPA KYSSA SYLLA		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER 1408910	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
BIRTH DATE 11/25/1964	HOME PHONE 2564142323	BUSINESS PHONE/EXT.
EMAIL ADDRESS		
PRESENT ADDRESS PLOT 30B IMPALA AVENUE PO BOX 12637 Uganda, UG 0		Own/Buying LENGTH AT RESIDENCE 0
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: MARITAL STATUS: <u>Unknown</u>		
EMPLOYMENT/INCOME	\$15067.58	PER Month
NAME AND ADDRESS OF EMPLOYER UNHCR		
START DATE		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME \$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
REFERENCE	RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
HOME PHONE		

OTHER		
NAME		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER 1408910	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
EMAIL ADDRESS		
PRESENT ADDRESS		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: MARITAL STATUS:		
EMPLOYMENT/INCOME	\$	PER Month
NAME AND ADDRESS OF EMPLOYER		
START DATE		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME \$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
REFERENCE	RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
HOME PHONE		

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.

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

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.

X
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

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 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.

2. You have received and read the LOANLINER Credit and Security Agreement, including the Addendum ("Agreement") and Borrower Copy of the LOANLINER Credit/Security Agreement PLUS and Voluntary Payment Protection. By signing below you agree to be bound by the terms of the Agreement.

3. If you are applying for a credit card, you understand that use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

4. 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 what you owe under the Agreement and if you have applied for a credit card, under the credit card agreement. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. 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 the security interest you have given in your shares and deposits.

X (SEAL)
APPLICANT'S SIGNATURE DATE

X (SEAL)
OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY

DATE	<input checked="" type="checkbox"/>	APPROVED	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE	AFTER
06/07/2010		DENIED (Adverse Action Notice Sent)		\$	\$	\$	\$		

LOAN OFFICER COMMENTS:

SIGNATURES:
X DATE **X** DATE

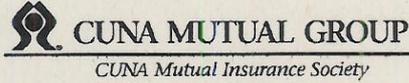


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CREDIT INSURANCE

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road
Madison, WI 53701-0391
Phone: 800/937-2644

CREDIT INSURANCE APPLICATION & SCHEDULE

"You" or "Your" means the member and the joint insured (if applicable).

effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.092	PAPA KYSMA SYLLA
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
PAPA KYSMA SYLLA		MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$ NONE	N/A
ACCOUNT NUMBER	GROUP POLICY NUMBER	MAX. INSURABLE BALANCE		\$ 30,000.00	N/A
1408910	031-0467-8	SECONDARY BENEFICIARY (if you desire to name one)			
DATE OF ISSUE OF THIS CERTIFICATE		DATE		JOINT INSURED'S DATE OF BIRTH	
	MEMBER'S DATE OF BIRTH 11/25/1964	SIGNATURE OF MEMBER (Be sure to check one of the boxes above)		SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)	
		X		X	
PAPA KYSMA SYLLA					
APP.821-0191NY					



United Nations Federal Credit Union
 Court Square Place
 24-01 44th Road
 Long Island City, New York, NY 11101-4605
 Telephone: (347) 686-6000 FAX: (347) 686-6400
 email@unfcu.com
 www.unfcu.org

Member Name: PAPA KYSMA SYLLA
 Account #: 1408910

Application #: 79006

Please Read All Sections Carefully

Section A

Listed below are your payment options for your UNFCU loan. Please select the option that best suits your needs. Please sign, indicate the date and return this form to UNFCU at the return address below. Failure to make a selection will result in payments being deducted from your UNFCU Savings Account when due.

Signature Loan, Auto Loan, and other consumer loans (Choose One)

Pay via transfer from my account (13-digit number) _____ when due.

I promise to pay via cash or check each due date. It is my responsibility to remit each payment by the due date each month.

Checking Line-of-Credit (Choose One)

Pay via transfer from my account (13-digit number) _____ when due.

Mortgage Loans (Choose One)

Pay via transfer from my account (13-digit number) _____ when due.

I promise to pay via cash or check each due date. It is my responsibility to remit each payment by the due date each month.

Section B

Deduction from final entitlements

In accordance with applicable staff rules, I hereby authorize my employer to deduct from all or part of my final entitlements any funds that may be necessary to satisfy any loan and interest due to UNFCU in the event that I cease to be employed before such loan is paid in full. Should the final entitlements be insufficient to repay all funds to UNFCU, I understand that I am responsible for the remaining funds due and promise to repay these monies as scheduled by UNFCU.

X _____ / /
 Member Signature Date Signed (MM/DD/YY)

Please return this form to:
 United Nations Federal Credit Union
 Attn: Loan Servicing
 Court Square Place
 24-01 44th Road
 Long Island City, NY 11101-4605 USA