



Members Preferred Credit Union

1515 Hoopes Ave.
P.O. Box 2200
Idaho Falls, Idaho 83403-2200
(208) 523-0090

**MEMBERSHIP, ACCOUNT AND
LOAN APPLICATION AND ACCOUNT CARD**

Check One: New Application Change in Account

PLEASE TELL US ABOUT YOURSELF

I WOULD LIKE TO OPEN THE FOLLOWING TYPE OF ACCOUNT:

- Regular Share Savings Checking/Share Draft Money Market Draft IRA Savings
- Other _____

Eligibility of Membership _____

CREDIT UNION USE ONLY

Account No. _____ DAK Code _____ Additional paperwork received: _____

CIP: Verification Completed by: _____

(Optional) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):

POD BENEFICIARY NAME	SOCIAL SECURITY NO.
ADDRESS	PHONE NUMBER

ACCOUNT DESIGNATIONS (CHECK AS APPLICABLE)

- Personal Account**
- UTMA/UGMA:** The above account will be an UTMA/UGMA Account for a minor. I will be the custodian for _____
(minor). Minor's SSN/TIN: _____
Please provide your custodian information below.
- Trust:** The above account is being opened on behalf of a trust. Type of Trust: _____
Legal Name of Trust: _____ Trust TIN: _____
Name of Trustee: _____
Name of Grantor (if different than Trustee): _____
Please provide your Trustee information below.

By signing this Application, Trustee certifies that he/she is the duly authorized Trustee for the Trust named herein, and is duly authorized to open accounts, transact business, and execute agreements with the credit union. Trustee agrees to present appropriate authorizing documentation as requested by credit union from time to time. Trustee understands and agrees that the accounts listed above are owned by the Trust.

PRIMARY ACCOUNT OWNER

NAME		SOCIAL SECURITY #	DATE OF BIRTH
MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)			
PHYSICAL ADDRESS (INCLUDE CITY, STATE & ZIP)			
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER _____		MONTHLY PAYMENT \$
In order for you to verify my identity, I am providing one of the following: Driver's License Number: _____ State Issued: _____ Government ID Number: _____ Country Issued: _____			
EMPLOYER'S NAME AND ADDRESS		POSITION/TITLE	GROSS MONTHLY SALARY
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS
NAME OF REFERENCE	CITY	STATE	PHONE NUMBER

JOINT OWNER			
NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)			
PHYSICAL ADDRESS (INCLUDE CITY, STATE & ZIP)			
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER _____		MONTHLY PAYMENT \$
EMPLOYER'S NAME AND ADDRESS		POSITION/TITLE	GROSS MONTHLY SALARY
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS
In order for you to verify my identity, I am providing one of the following: Driver's License Number: _____ State Issued: _____ Government ID Number: _____ Country Issued: _____			
NAME OF REFERENCE		CITY	STATE PHONE NUMBER

<input type="checkbox"/> JOINT OWNER <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> TRUSTEE			
NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)			
PHYSICAL ADDRESS (INCLUDE CITY, STATE & ZIP)			
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER _____		MONTHLY PAYMENT \$
EMPLOYER'S NAME AND ADDRESS		POSITION/TITLE	GROSS MONTHLY SALARY
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS
In order for you to verify my identity, I am providing one of the following: Driver's License Number: _____ State Issued: _____ Government ID Number: _____ Country Issued: _____			
NAME OF REFERENCE		CITY	STATE PHONE NUMBER

I WOULD LIKE THE FOLLOWING AGENT ON MY ACCOUNT			
AGENT'S NAME			SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY STATE ZIP	DRIVER'S LICENSE NUMBER

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:
<input type="checkbox"/> Debit/Check Card attached to my Checking Account (use at ATMs and for purchases at places that accept the Card) <input type="checkbox"/> Additional Card for Joint Owner.
<input type="checkbox"/> Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account as follows: <input type="checkbox"/> Overdraft Protection (LOC) <input type="checkbox"/> Courtesy Pay (if qualifications are met) <input type="checkbox"/> Regular Share Savings Account
<input type="checkbox"/> E-Statements: Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address: _____
<input type="checkbox"/> E-Notices: Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the e-mail address listed on my application.
<input type="checkbox"/> Audio Response is available to all members by phoning (208) 523-0136.
<input type="checkbox"/> Home Banking and Bill Pay are available by logging on to our website and following the instructions.

LOAN SERVICES

STATE 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: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is _____ Spouse's SSN: _____
 Spouse's Address (if different) _____

Notice: 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.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).
X _____

Please check the box(es) and sign below if you would like to apply for the following loan services. Additional disclosures and important information regarding these loan services are provided with this Application.

- Yes, I'd like to apply for the Open-end Credit Plan.** I would like (*check 1 box*):
- An Individual Plan for the Primary Account Owner listed on page 1. - **OR** -
 - A Joint Plan for the Primary Account Owner and the following Joint Owner: (name): _____
 We intend to apply for joint credit. _____ (Borrower's initials) _____ (Co-Borrower's initials)
- Yes, I'd like to apply for a Visa Credit Card.** I would like (*check 1 box*):
- An Individual Card for the Primary Account Owner listed on page 1. - **OR** -
 - A Joint Card for the Primary Account Owner and the following Joint Owner: (name): _____
 (*Both cardholders will be equally liable for repayment*)
 We intend to apply for joint credit. _____ (Borrower's initials) _____ (Co-Borrower's initials)

I/We would also like an Authorized User on my/our card. (*An Authorized User is not liable for repayment*)

Print Name: _____ **X** _____
 Date Signature Date

PLEASE SEE IMPORTANT CREDIT CARD DISCLOSURES ON PAGE 4.

**CREDIT INSURANCE IS VOLUNTARY AND IS NOT REQUIRED TO OBTAIN YOUR LOAN
 YOUR COVERAGE TERMINATES WHEN YOU REACH AGE 70 FOR CREDIT LIFE INSURANCE
 AND AGE 66 FOR CREDIT DISABILITY INSURANCE.**

APPLICATION FOR GROUP CREDIT INSURANCE

Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098

I would like to apply for the following optional credit insurance on my Open-end Plan:

CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER 32104-G-500	INSURANCE MAXIMUM \$30,000	GROUP POLICY NUMBER 32105-G-500	MAXIMUM MONTHLY DISABILITY BENEFIT \$700	MAXIMUM LOAN REPAYMENT PERIOD 120 Months
MAXIMUM LOAN REPAYMENT PERIOD 180 Months		MAX. AGGREGATE DISABILITY BENEFIT \$30,000	WAITING PERIOD 14 Days	RETROACTIVE BENEFIT Yes

I (we) are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. 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.
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.
3. I am eligible for disability insurance if I am presently under age 66 and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for 30 hours or more per week on this date.
4. A person signing this application as co-applicant is not eligible for disability insurance.

The following question must be answered to determine my (our) eligibility for insurance:

APPLICANT YES NO CO-APPLICANT YES NO During the last two years, have you been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.

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.

COVERAGE REQUESTED (*MONTHLY PREMIUM PER \$100.00 OF OUTSTANDING LOAN BALANCE.)

Yes No Single Life 5.0¢* Yes No Joint Life 8.0¢* Yes No Credit Disability 27.3¢*

APPLICANT'S SIGNATURE **X** DATE

CO-APPLICANT'S SIGNATURE (Joint Life Only) **X** DATE

BORROWER'S ACKNOWLEDGEMENT

If this loan application is approved, by signing below, I (we) understand and agree as follows:

I acknowledge that I have read, understand and accept the terms and conditions of the Open-end Credit Plan, Disclosures, Credit Agreement, and Security Agreement ("Plan"). I acknowledge that I have received copies of these documents. I also agree to be bound by any and all Advance Receipts and understand that by endorsing any advance proceeds check, or by otherwise accepting, using or accessing my advance proceeds, I am bound to the aforementioned documents. If I have applied for a credit card, I acknowledge that I have read the accompanying Credit Card Disclosures, and I agree that by signing below and using the Card, I am agreeing to the terms and conditions of the credit card agreement and disclosures.

Security Interest and Pledge of Shares: By accepting, using or accessing any advance proceeds under the Plan, I grant the Credit Union a security interest in all goods, property, or other items purchased under the Plan or with my credit card either now or in the future, or in any other collateral given now or at the time of any future advance, or given at any other time in connection with the Plan or card. I also pledge all of my shares and deposits in the Credit Union as security for advances under the Plan. IF I HAVE APPLIED FOR A CREDIT CARD, THE PLEDGE OF SHARES AND SECURITY INTEREST ALSO APPLY TO THE CREDIT CARD ACCOUNT.

Cross-collateralization: I acknowledge that any collateral given in connection with any advance under the Plan shall secure all other advances under the Plan, whether taken now or in the future. All property given as security for another loan held by the Credit Union will also secure amounts I owe under the Plan with the exception of my primary residence and non-purchase household goods.

BORROWER'S SIGNATURE X	DATE
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CO-BORROWER'S SIGNATURE X	DATE
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TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

- I am not subject to backup withholding I am subject to backup withholding
 I am a U.S. Citizen I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, Open-end Credit Plan, and Visa Disclosures and to any amendments made thereto. I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

IMPORTANT NOTICE 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. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print) X	DATE
SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) X	DATE

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) X	DATE
SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) X	DATE

IMPORTANT CREDIT CARD DISCLOSURE

The following disclosure represents important details concerning your Credit Card. The information about costs of the card are accurate as of . You can write us at Members Preferred Credit Union, 1515 Hoopes Ave., P.O. Box 2200, Idaho Falls, Idaho 83403-2200 or call us at (208) 523-0090 to inquire if any changes occurred since the effective date.

	Visa Classic	Preferred Visa Fixed	Prestige Visa	Paramount Visa	Premier Visa	Prime Visa
Annual Percentage Rate (APR) for Purchases, Cash Advances, and Balance Transfers	10.90%*	8.88%	10.88%*	11.88%*	12.88%*	Tier 1 13.88%*
						Tier 2 15.88%*
Other APR's	Penalty APR: None	**Penalty APR: 12.8%	Penalty APR: None	Penalty APR: None	Penalty APR: None	Penalty APR: None
Variable Rate Information*	Your APR may vary. Rates will be determined based on market conditions and is determined by the credit union's board of directors, which can increase or decrease substantially from time to time. In no event will the ANNUAL PERCENTAGE RATE be less than 8.88% or more than the maximum rate allowed by applicable state law. Any increase in the rate will result in higher payments.					
Grace Period for Repayment of Balances for Purchases	25 days from statement of closing date for repayment of purchases to avoid finance charges.			None		
Method of Computing the Balance for Purchases	Average Daily Balance (including new purchases).					
Annual Fee	None			\$12.00	\$16.00	\$19.00
Minimum Finance Charge	None					
Transaction Fee for Purchases	None					
Foreign Currency Conversion Fee: 1% of the transaction amount. Balance transfer fee: None Late Payment fee: You will be charged 5% of the payment or \$15.00, whichever is greater after 15 days.				Transaction fee for cash advances: None Over-the-credit Limit fee: \$10.00		

**Penalty APR: If payment is over 15 days late the (APR) will change to 12.8% and become a variable rate loan. If the penalty rate was applied to you, you are not eligible to reapply for a fixed rate visa for six months from the date of (APR) change.