

**NORTHEASTERN OPERATING ENGINEERS  
FEDERAL CREDIT UNION**

16-16 Whitestone Expressway  
Whitestone, NY 11357  
(718) 847-0202 • Fax (718) 847-2525  
www.noefcuny.org

**APPLICATION AND  
SOLICITATION  
DISCLOSURE**



**VISA GOLD**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>3.99%</b>
<b>APR for Balance Transfers</b>	<b>3.99%</b>
<b>APR for Cash Advances</b>	<b>3.99%</b>
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
<b>Minimum Interest Charge</b>	If you are charged interest, the charge will be no less than <b>\$0.50</b> .
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<b>To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>.</b>
<b>Fees</b>	
<b>Transaction Fees</b> - Foreign Transaction Fee	<b>1.00%</b> of each transaction in U.S. dollars
<b>Penalty Fees</b> - Late Payment Fee - Returned Payment Fee	Up to <b>\$25.00</b> Up to <b>\$25.00</b>

**How We Will Calculate Your Balance:**

We use a method called "average daily balance (including new purchases)."

**Minimum Interest Charge:**

The minimum interest charge will be charged on any dollar amount.

**Effective Date:**

The information about the costs of the card described in this application is accurate as of: January 29, 2019  
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**For California Borrowers, the Visa Gold is a secured credit card. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares, (c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings. Notwithstanding the foregoing, you acknowledge and agree that during any periods when you are a covered borrower under the Military Lending Act your credit card will be secured by any specific Pledge of Shares you grant us but will not be secured by all shares you have in any individual or joint account with the Credit Union. For clarity, you will not be deemed a covered borrower if: (i) you establish your credit card account when you are not a covered borrower; or (ii) you cease to be a covered borrower.**

**Other Fees & Disclosures:**

Late Payment Fee:

\$25.00 or the amount of the required minimum payment, whichever is less, if you are 15 or more days late in making a payment.

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**CREDIT CARD  
APPLICATION**



There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at (718) 847-0202 or writing to us at the address stated on this 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 appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

**Credit Card Account:**  Individual  Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant <span style="float:right">Date</span> <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"> <span style="position: absolute; left: 5px; top: 5px; font-size: 2em;">X</span> <span style="position: absolute; right: 5px; bottom: 5px; font-size: 0.8em;">(Seal)</span> </div>	Co-Applicant <span style="float:right">Date</span> <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"> <span style="position: absolute; left: 5px; top: 5px; font-size: 2em;">X</span> <span style="position: absolute; right: 5px; bottom: 5px; font-size: 0.8em;">(Seal)</span> </div>
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Credit Limit Requested \$ \_\_\_\_\_ If Authorized User, Name: \_\_\_\_\_

**Guarantors Complete OTHER section below.**

<b>APPLICANT</b>	<b>OTHER</b> <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER
NAME (Last - First - Initial)	NAME (Last - First - Initial)
ACCOUNT NUMBER SOCIAL SECURITY NUMBER	ACCOUNT NUMBER SOCIAL SECURITY NUMBER
BIRTH DATE EMAIL ADDRESS	BIRTH DATE EMAIL ADDRESS
HOME PHONE CELL PHONE BUSINESS PHONE/EXT.	HOME PHONE CELL PHONE BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE AGES OF DEPENDENTS	DRIVER'S LICENSE NUMBER/STATE AGES OF DEPENDENTS
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO	MORTGAGE/RENT OWED TO
MORTGAGE BALANCE MONTHLY PAYMENT INTEREST RATE \$ \$ %	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)	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)
<b>EMPLOYMENT/INCOME</b> START DATE	<b>EMPLOYMENT/INCOME</b> START DATE
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER

**NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.**

EMPLOYMENT INCOME PER \$ OTHER INCOME PER \$	EMPLOYMENT INCOME PER \$ OTHER INCOME PER \$
TITLE/GRADE SOURCE	TITLE/GRADE SOURCE

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS

STARTING DATE ENDING DATE	STARTING DATE ENDING DATE
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MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO  
 WHERE \_\_\_\_\_ ENDING/SEPARATION DATE \_\_\_\_\_

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO  
 WHERE \_\_\_\_\_ ENDING/SEPARATION DATE \_\_\_\_\_

**STATE LAW NOTICE(S)**

**Notice to Nebraska Residents:** A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

**Notice to Ohio Residents:** 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.

**Notice to Wisconsin Residents:** (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.

Signature for Wisconsin Residents Only \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ (Seal)

**CONSENSUAL SECURITY INTEREST**

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 IRA or 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. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ (Seal)

Security Interest Acknowledgement and Agreement \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ (Seal)

**SIGNATURES**

By signing or otherwise authenticating below:

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 crime to willfully and deliberately provide incomplete or incorrect information in this application.
2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ (Seal)

Other Signature \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ (Seal)

**CREDIT UNION USE ONLY**

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
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Signatures

\_\_\_\_\_  
 Date \_\_\_\_\_  
 X \_\_\_\_\_ (Seal)

\_\_\_\_\_  
 Date \_\_\_\_\_  
 X \_\_\_\_\_ (Seal)

**Returned Payment Fee:**

\$25.00 or the amount of the required minimum payment, whichever is less.

**Card Replacement Fee:**

\$25.00.

**Document Copy Fee:**

\$10.00.

**Emergency Card Replacement Fee:**

\$25.00.

**Rush Fee:**

\$25.00.



CMFG Life Insurance Company

Home Office:
2000 Heritage Way
Waverly, IA 50677
Administrative Office:
5910 Mineral Point Road
Madison, WI 53705
Phone: 800.356.2644

MONTHLY PREMIUM
LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)

Credit Card

SCHEDULE OF CREDIT INSURANCE
Credit Union/Primary Beneficiary: Northeastern Operating Engineers Federal Credit Union
Group Policy Contract No.: 031-1987-5
Borrower 1 Name and Address, Email Address, Birth Date
Borrower 2 Name and Address, Email Address, Birth Date
Account No., Secondary Beneficiary
Rate(s) per \$1000 of Your monthly Loan balance: Single Life \$0.54, Joint Life \$0.87, Single Disability \$2.24, Joint Disability \$ N/A
Insurance Applied For: Life Insurance, Disability Insurance
Applicable Maximums: Life, Disability
Maximum Monthly Disability Benefit: N/A, \$600.00
Total Benefit Maximum: \$30,000.00, \$30,000.00
Maximum Issue Age: 70, 66
TERMINATION AGE: 70, 66
Waiting Period: 14 days, Benefits Begin: Retroactive

CI-MP-SCH-OECE NY

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

**EVIDENCE OF INSURABILITY QUESTIONS:**

**INSTRUCTIONS:**

Applicants for disability insurance: You must answer the Actively at Work Question.

**Actively at Work Question**

**Mark as appropriate**

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.

Borrower 1  Yes  No      Borrower 2  Yes  No

**If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.**

**NOTICES TO BORROWER:**

- Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are summarized in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

**FRAUD WARNING-DISABILITY COVERAGE ONLY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Your signature below means:** that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

**Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.**

Borrower 1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Borrower 2 Signature \_\_\_\_\_ Date \_\_\_\_\_  
**X**