



ARKANSAS BEST FEDERAL CREDIT UNION

P.O. Box 17020 Ft. Smith, AR 72917-7020



Credit Card Application

There are costs associated with the use of a credit card. To obtain information about these costs, call us at _____ or write 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.

Guarantor: Complete the Other section if you are a guarantor on an account/loan. Credit Limit Requested \$ _____

APPLICANT section: NAME, ACCOUNT NUMBER, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER/STATE, EMAIL ADDRESS, BIRTH DATE, HOME PHONE, BUSINESS PHONE/EXT., PRESENT ADDRESS, OWN/RENT, LENGTH AT RESIDENCE, MORTGAGE/RENT OWED TO.

OTHER section: CO-APPLICANT, SPOUSE, GUARANTOR, NAME, ACCOUNT NUMBER, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER/STATE, EMAIL ADDRESS, BIRTH DATE, HOME PHONE, BUSINESS PHONE/EXT., PRESENT ADDRESS, OWN/RENT, 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.

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EMPLOYMENT/INCOME section: START DATE, NAME AND ADDRESS OF EMPLOYER.

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

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EMPLOYMENT INCOME section: \$ Per, NET/GROSS, SOURCE.

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STATE LAW NOTICES: OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers...

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.

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

SIGNATURE FOR WISCONSIN RESIDENTS ONLY section with X and 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.

2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. 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.

APPLICANT'S SIGNATURE section with X and (SEAL).

OTHER SIGNATURE section with X and (SEAL).

CREDIT UNION USE ONLY

APPROVED, NO. OF CARDS, CREDIT LIMIT \$, CREDIT CARD NUMBER, DECLINED, CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE.



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
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

Credit Card

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary Arkansas Best Federal Credit Union		Group Policy Contract No. 003-0249-4	
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 \$ 0.80	Joint Life \$ 1.40	Single Disability \$ 3.52	Joint Disability \$ N/A
Insurance Applied For		Applicable Maximums	
Life Insurance			
Who do You want covered by life insurance?			
Check only one:			
<input type="checkbox"/> Only borrower 1 (single)	<input type="checkbox"/> Both borrowers (joint)	Maximum Monthly Disability Benefit N/A \$600.00	
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower	Total Benefit Maximum \$30,000.00 \$30,000.00	
Disability Insurance			
Who do You want covered by disability insurance?			
Check only one:			
<input type="checkbox"/> Only borrower 1 (single)	<input checked="" type="checkbox"/> N/A Both borrowers (joint)	Maximum Issue Age 70 66	
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower	Termination Age 70 66	
Waiting Period		Benefits Begin	
30 days		Retroactive	

CI-MP-SCH-OECE-S2

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). 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.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - Only answer this Question if:

- You are applying for disability insurance.

Are You actively at work, for wages or profit, 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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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, including a Pre-Existing Condition exclusion, 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 explained in both Part A and Part B of the certificate.
- There is a charge for this insurance. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct; You meet the eligibility requirements shown above; and 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 applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.

Borrower 1 Signature _____ Date _____ X

Borrower 2 Signature _____ Date _____ X



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**VISA CLASSIC
APPLICATION AND SOLICITATION DISCLOSURE**

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	8.25% to 18.00% when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	8.25% to 18.00% when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	8.25% to 18.00% when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Purchases	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.
For Credit Card Tips from the Consumer Financial Protection Bureau	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 http://www.consumerfinance.gov/learnmore.
Fees	
Transaction Fees - Foreign Transaction Fee	1.00% of each multiple currency transaction in U.S. dollars 0.80% of each single currency transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$20.00 Up to \$15.00

How We Will Calculate Your Balance. We use a method called “average daily balance (excluding new purchases).”

Effective Date.

The information about the costs of the card described in this application is accurate as of November 15, 2018. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

Late Payment Fee	\$20.00	or the amount of the required minimum payment, whichever is less, if you are ten (10) or more days late in making a payment.
Returned Payment Fee	\$15.00	or the amount of the required minimum payment, whichever is less.
Statement Copy Fee	\$2.00	
Rush Fee	\$15.00	
Card Replacement Fee	\$5.00	

Each Credit Card account is reviewed semi-annually and rate adjusted according to credit risk score.