

# The Credit Union *Difference*

Please return completed  
Application to the address  
below in a stamped envelope.

Cut off the Application and  
Solicitation Disclosure  
and retain for your records.

MIAMI FEDERAL CREDIT UNION  
51 SW 1ST AVENUE  
SUITE 604  
MIAMI FL 33130

**DO NOT MAIL  
THIS FORM  
WITHOUT AN  
ENVELOPE**

people helping people



## **Credit Card Application**

**Visa**



**MIAMI FEDERAL  
CREDIT UNION**

51 SW 1st Avenue • Suite 604  
Miami, Florida 33130

Phone (305) 377-1017

Fax (305) 577-4423

24/7 Audio Response System 1-800-778-1626  
[www.miamifcu.org](http://www.miamifcu.org)

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A table that includes required credit card disclosures is provided with this Application. To obtain any change in the required information since it was printed, write to us at the address stated on this Application.

**LOANLINER.**

**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.  **Credit Limit Requested: \$** \_\_\_\_\_

Applicant		
NAME (Last - First - Initial)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
( )	( )	( )
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)		
<b>Employment/Income</b>		START DATE
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	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)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
( )	( )	( )
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)		
<b>Employment/Income</b>		START DATE
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	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.

**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 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. 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)

**X** (SEAL)

APPLICANT'S SIGNATURE DATE

OTHER SIGNATURE DATE

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

**LOOK INSIDE FOR IMPORTANT INFORMATION**



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CREDIT UNION

**VISA**  
**Application and Solicitation Disclosure**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>7.99% to 15.00%</b> when you open your account, based on your creditworthiness.
<b>APR for Balance Transfers</b>	<b>7.99% to 15.00%</b> when you open your account, based on your creditworthiness.
<b>APR for Cash Advances</b>	<b>7.99% to 15.00%</b> when you open your account, based on your creditworthiness.
<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>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 multiple currency transaction in U.S. dollars <b>0.80%</b> of each single currency transaction in U.S. dollars
<b>Penalty Fees</b> - Late Payment Fee - Over-the-Credit Limit Fee - Returned Payment Fee	Up to <b>\$25.00</b> 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)."

**Effective Date.**

The information about the costs of the card described in this application is accurate as of February 1, 2013. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**OTHER DISCLOSURES**

Late Payment Fee	\$25.00 or the amount of the required minimum payment, whichever is less, if you are ten (10) or more days late in making a payment.
Over-the-Credit Limit Fee	\$25.00 or the amount of the transaction exceeding your credit limit, whichever is less.
Returned Payment Fee	\$25.00 or the amount of the required minimum payment, whichever is less.
Card Replacement Fee	\$10.00 per card

# The Credit Union *Difference*



people helping people

## CUNA MUTUAL GROUP

*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

## **MEMBER'S CHOICE<sup>®</sup> Credit Disability and Credit Life Insurance Payment Protection for Credit Cards**



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# GREATER SECURITY FOR YOUR FUTURE

## WHAT IS MEMBER'S CHOICE® CREDIT DISABILITY AND CREDIT LIFE INSURANCE FOR YOUR CREDIT CARD?

There's no way anyone can completely prepare for total disability or death, but you can take steps along the way to make sure your family is provided for. MEMBER'S CHOICE Credit Disability and Credit Life Insurance helps make your credit card payments so you or your loved ones have help during a difficult time.

If you're totally disabled due to an injury or illness, Credit Disability insurance will help make your minimum credit card payments until you're fully recovered.\* In the event of an unexpected death, Credit Life insurance will pay off your credit card balance.\*

## HOW DOES IT WORK?

The monthly premium is calculated on your outstanding credit card balance and is included in your monthly credit card payment. You won't receive extra bills or statements; everything is included in your monthly payment.

If you have a balance on your credit card, MEMBER'S CHOICE Credit Disability and Credit Life Insurance can help if you are

totally disabled due to injury or illness, or in the event of an unexpected death. By completing the attached enrollment form today, you're helping take responsibility for your family's financial future. Coverage begins as soon as your credit union receives your completed enrollment form.

For more information on specific coverage(s), please review the attached enrollment form. Joint coverage may be available to insure a joint cardholder. You may cancel within the first 30 days for a full refund, or at any time after. For questions or to file a claim, simply contact your credit union.

## WHY IS IT VALUABLE?

Savings, salary, or payoffs from other life insurance may be protected, giving your family financial freedom when times are hard.

\*Subject to the terms of your contract agreement; up to the policy maximum.

## ENROLL TODAY

Be sure to read the Credit Insurance Application and Certificate of Insurance which will explain the exact terms, conditions, and exclusions of the policy. Only a licensed insurance agent may provide consultation on your insurance needs. This is a voluntary insurance product. Your financing outcome is not based on your selection of this product.

MEMBER'S CHOICE Credit Disability and Credit Life Insurance are underwritten by CMFG Life Insurance Company.

**You now have  
the opportunity  
to apply for  
Credit Insurance  
on your credit card.**

**For coverage in the event of death or disability, complete the Application and  
Schedule of Credit Insurance.**

**To apply for Credit Insurance:**

- 1. Complete Section A**
- 2. Read over Section B and Indicate which borrower(s) you would like protected**
- 3. Read over Section C and sign**



*CMFG Life Insurance Company*

Home Office:  
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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					
<b>SECTION A</b>	Credit Union/Primary Beneficiary <b>Miami Federal Credit Union</b>		Group Policy Contract No. <b>009-0362-8</b>		
	Borrower 1 Name and Address				
	Email Address		Birth Date		
	Borrower 2 Name and Address				
Email Address		Birth Date			
Account No. <b>Pending Credit Card Approval</b>		Secondary Beneficiary			
Rate(s) per \$1000 of Your monthly Loan balance		Single Life	\$0.79	Single Disability	\$1.47
		Joint Life	\$1.38	Joint Disability	\$ N/A
<b>SECTION B</b>	<b>Insurance Applied For</b>		<b>Applicable Maximums</b>		
	<b>Life Insurance</b>		Life    Disability		
	Who do You want covered by life insurance? Check only one:		Maximum Monthly		
	<input type="checkbox"/> Only borrower 1 (single)	<input type="checkbox"/> Both borrowers (joint)*	Disability Benefit	N/A	\$ 600
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower	Total Benefit Maximum	\$30,000	\$30,000	
*Available for spouses and business partners only		Maximum Issue Age	72	67	
<b>Disability Insurance</b>		Termination Age	Unlimited	Unlimited	
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)*				
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower				
Waiting Period	Benefits Begin				
30 days	Non-Retroactive				
*Available for spouses and business partners only					

CI-MP-SCH-OECE FL

**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		Borrower 2	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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, 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.
- Receipt of a terminal illness or accidental dismemberment benefit may be taxable. Assistance should be sought from a personal tax advisor.
- 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.

SECTION C

**FRAUD WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**REPLACEMENT OF COVERAGE:** Will this insurance replace or change any existing life insurance contracts?

Borrower:  Yes  No Agent:  Yes  No

If "Yes", please provide name of Company: \_\_\_\_\_

Upon acceptance of this insurance by Us, and not later than 60 days after the date upon which the indebtedness is incurred, We will deliver both Part A and Part B of the certificate to You.

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	

Loan Officer Signature	Loan Officer's Name (printed, typed or stamped)	Florida Insurance License Number
X		

CI-MP-BAPP-OECE-S1 FL

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