

**LANDMARK CREDIT UNION**  
 506 W Fairchild Street • Danville, IL 61832  
 (217) 442-9005 • (800) 533-5615  
 Fax: (217) 442-9365  
 www.landmarkcreditunion.com

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 (800) 533-5615 or writing to us at the address stated on this application.



**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 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	Date
<b>X</b>	(Seal)

Co-Applicant	Date
<b>X</b>	(Seal)

Credit Limit Requested \$

If Authorized User, Name:

**Guarantors** Complete **OTHER** section below.

APPLICANT			OTHER <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)		

EMPLOYMENT/INCOME		START DATE
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
NAME AND ADDRESS OF EMPLOYER		
<b>NOTICE:</b> 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 \$	
TITLE/GRADE	SOURCE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		
STARTING DATE	ENDING DATE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE	ENDING/SEPARATION DATE	

EMPLOYMENT/INCOME		START DATE
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
NAME AND ADDRESS OF EMPLOYER		
<b>NOTICE:</b> 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 \$	
TITLE/GRADE	SOURCE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		
STARTING DATE	ENDING DATE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE	ENDING/SEPARATION DATE	

**CREDIT CARD APPLICATION (continued)****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:

- 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.
- 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)

**LANDMARK CREDIT UNION**

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**APPLICATION AND  
SOLICITATION  
DISCLOSURE****VISA PLATINUM**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>14.50%</b>
<b>APR for Balance Transfers</b>	<b>14.50%</b>
<b>APR for Cash Advances</b>	<b>14.50%</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>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>Set-up and Maintenance Fees</b> - Annual Fee - Additional Card Fee	<b>None</b> <b>\$10.00</b>
<b>Transaction Fees</b> - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee - Transaction Fee for Purchases	<b>None</b> <b>None</b> <b>None</b> <b>None</b>
<b>Penalty Fees</b> - Late Payment Fee - Returned Payment Fee	<b>Up to \$25.00</b> <b>Up to \$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 07, 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 Platinum 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 one or more days late in making a payment.

Additional Card Fee:

\$10.00.

Returned Payment Fee:

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

Document Copy Fee:

\$15.00.

Emergency Card Replacement Fee:

\$150.00.

Rush Fee:

\$15.00.

Statement Copy Fee:

\$5.00.

Detailed and Detailed Disclosures for 1001 Newbury

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.

**MONTHLY PREMIUM CREDIT INSURANCE APPLICATION AND CERTIFICATE (PART A)**  
**Credit Card**

SECTION A			SCHEDULE OF CREDIT INSURANCE		
Credit Union / Primary Beneficiary Landmark Credit Union		Group Policy Contract No. 012-0187-9			
Borrower 1 Name and Address		Email Address		Birth Date	
Borrower 2 Name and Address		Email Address		Birth Date	
Account No. Pending Credit Card Approval			Secondary Beneficiary		

SECTION B																	
Rate(s) per \$1000 of Your monthly Loan balance																	
Single Life \$0.74	Joint Life \$1.21	Single Disability \$2.40															
		Joint Disability \$ N/A															
<b>Insurance Applied For</b>		<b>Applicable Maximums</b>															
<b>Life Insurance</b> Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> N/A Only borrower 2 (single) <input type="checkbox"/> Neither borrower		<table border="1"> <thead> <tr> <th></th> <th>Life</th> <th>Disability</th> </tr> </thead> <tbody> <tr> <td>Maximum Monthly Disability Benefit</td> <td>N/A</td> <td>\$ 850</td> </tr> <tr> <td>Total Benefit Maximum</td> <td>\$50,000</td> <td>\$50,000</td> </tr> <tr> <td>Maximum Issue Age</td> <td>70</td> <td>66</td> </tr> <tr> <td>Termination Age</td> <td>70</td> <td>66</td> </tr> </tbody> </table>		Life	Disability	Maximum Monthly Disability Benefit	N/A	\$ 850	Total Benefit Maximum	\$50,000	\$50,000	Maximum Issue Age	70	66	Termination Age	70	66
	Life	Disability															
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Termination Age	70	66															
<b>Disability Insurance</b> Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input checked="" type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> N/A Only borrower 2 (single) <input type="checkbox"/> Neither borrower																	
Waiting Period 14 days	Benefits Begin 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.
- 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 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 may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

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 to the best of Your knowledge and belief; 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 <b>X</b>	Date	Borrower 2 Signature <b>X</b>	Date
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