

Auto Loan Request Checklist

Thank you for choosing Tulip Coop CU for your loan needs. Please provide the items below in order for us to consider your request:

- ✓ Fully completed and signed Member Loan Application (*be sure to read the credit life and disability insurance section, check Yes or No and sign each area.*)
- ✓ Completed Budget Worksheet
- ✓ Completed Reference Sheet
- ✓ Proof of income (i.e., Current pay stub, Social Security or other recurring payment benefits letter, Income Tax Returns, etc)
- ✓ \$20.00 Credit Report Fee per applicant
- ✓ How did you hear about Tulip? _____

If applying for a loan secured by an auto, please provide the following required information:

- ✓ Vehicle Identification
 - Year _____
 - Make _____
 - Model _____
 - VIN# _____
 - Mileage _____

AND

a copy of the current vehicle registration and current mileage

Proof of full coverage insurance with: *Tulip Coop CU PO Box 1243 Olympia, WA 98507*, listed as the “Loss Payee” will be required at loan **closing** for all loans secured by an automobile.

- Insurance Carrier _____
- Phone Number _____

**Note: If applying for a pre-approval to purchase an auto, the vehicle information will be provided at the time you locate the car you want to buy. At that point, the value of the automobile will be determined to ensure it is sufficient to secure the loan amount approved.*

*****An incomplete loan application could result in a delayed approval process.***



PO Box 1243 | Olympia, WA 98507
Branch: 360.570.2292 | Fax: 360.709.0086
www.tulipcu.coop | info@tulipcu.coop

Monthly Budget Worksheet

| Income | | Expenses | |
|--------------------|----------|------------------------------------|----------|
| Wages/Salary | \$ _____ | Fixed Expenses | |
| Public Assistance | \$ _____ | Rent/Mortgage | \$ _____ |
| Child Support | \$ _____ | Property Taxes/Insurance | \$ _____ |
| Interest/Dividends | \$ _____ | Day Care/Elder Care | \$ _____ |
| Social Security | \$ _____ | Car Payment | \$ _____ |
| Other | \$ _____ | Car Insurance | \$ _____ |
| | | Other loan payment | \$ _____ |
| | | Health Insurance | \$ _____ |
| | | Flexible Expenses (average) | |
| | | Savings | \$ _____ |
| | | 401(k)/IRA Contributions | \$ _____ |
| | | Garbage | \$ _____ |
| | | Electricity | \$ _____ |
| | | Natural Gas/Oil | \$ _____ |
| | | Water/Sewer | \$ _____ |
| | | Telephone | \$ _____ |
| | | Cell Phone | \$ _____ |
| | | Internet | \$ _____ |
| | | Cable/Satellite | \$ _____ |
| | | Transportation/Gas | \$ _____ |
| | | Car Maintenance | \$ _____ |
| | | Education | \$ _____ |
| | | Groceries | \$ _____ |
| | | Dining Out | \$ _____ |
| | | Medical/Prescriptions | \$ _____ |
| | | Entertainment | \$ _____ |
| | | Credit Card 1 | \$ _____ |
| | | Credit Card 2 | \$ _____ |
| | | Clothing | \$ _____ |
| | | Pet/Veterinary | \$ _____ |
| | | Other | \$ _____ |
| Total Income | \$ _____ | Total Expenses | \$ _____ |



References:

Please list two relatives not living with you and one personal reference
(i.e. friend, employer...)

1. Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

2. Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

3. Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Tulip Cooperative Credit Union

P.O. Box 1243
 Olympia, WA 98507
 (360) 570-2292

LOAN APPLICATION AND AGREEMENT TO TERMS

An Incomplete or Unsigned Form Will Delay Processing

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

Individual Credit: Complete **Applicant** sections if only the applicant's income is considered for loan approval.
 Complete **Applicant** and **Co-Applicant** sections: (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI.

Joint Credit: Complete **Applicant** and **Co-Applicant** sections if your co-applicant will be contractually liable for repayment of the loan and initial below:
 We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

PLEASE CHECK BELOW TO INDICATE THE TYPE OF ACCOUNT(S) AND TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.

Account/Loan: Individual Joint
 (Including ATM/Debit Card Access to the Account if Available) Amount Requested \$ _____

Purpose/Collateral: _____ Other Loan Request _____

Repayment: Payroll Deduction Billing Notice Automatic Payment Web Pay Other

| APPLICANT | | CO-APPLICANT | NON-APPLICANT SPOUSE/OTHER | GUARANTOR |
|--|------------|--|----------------------------|---------------------------------|
| NAME (Last - First - Initial) | | NAME (Last - First - Initial) | | ACCOUNT NUMBER |
| ACCOUNT NUMBER | | ACCOUNT NUMBER | | |
| SOCIAL SECURITY NUMBER | | SOCIAL SECURITY NUMBER | | MOTHER'S MAIDEN NAME |
| MOTHER'S MAIDEN NAME | | MOTHER'S MAIDEN NAME | | |
| E-MAIL ADDRESS | | E-MAIL ADDRESS | | FAX NUMBER |
| FAX NUMBER | | FAX NUMBER | | |
| BIRTH DATE | HOME PHONE | BIRTH DATE | HOME PHONE | BUSINESS PHONE/EXT. |
| BUSINESS PHONE/EXT. | | BUSINESS PHONE/EXT. | | |
| PRESENT ADDRESS (Street - City - State - Zip) | | PRESENT ADDRESS (Street - City - State - Zip) | | OWN RENT |
| OWN RENT | | OWN RENT | | YEARS/MONTHS AT THIS ADDRESS |
| YEARS/MONTHS AT THIS ADDRESS | | YEARS/MONTHS AT THIS ADDRESS | | |
| PREVIOUS ADDRESS (Street - City - State - Zip) | | PREVIOUS ADDRESS (Street - City - State - Zip) | | |
| PURCHASE PRICE OF HOME: | | PURCHASE PRICE OF HOME: | | PRESENT HOME VALUE: |
| \$ | | \$ | | \$ |
| PRESENT HOME VALUE: | | PRESENT HOME VALUE: | | |
| \$ | | \$ | | |
| MORTGAGE BALANCE | | MORTGAGE BALANCE | | MONTHLY PAYMENT (MORTGAGE/RENT) |
| \$ | | \$ | | \$ |
| MONTHLY PAYMENT (MORTGAGE/RENT) | | MONTHLY PAYMENT (MORTGAGE/RENT) | | |
| \$ | | \$ | | |
| PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE. | | PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE. | | |
| MARRIED | | MARRIED | | |
| SEPARATED UNMARRIED (Single - Divorced - Widowed) | | SEPARATED UNMARRIED (Single - Divorced - Widowed) | | |

EMPLOYMENT

| | | | |
|------------------------------|--|------------------------------|--|
| NAME AND ADDRESS OF EMPLOYER | | NAME AND ADDRESS OF EMPLOYER | |
| HIRE DATE | | HIRE DATE | |
| POSITION | | POSITION | |
| PRIOR EMPLOYER | | PRIOR EMPLOYER | |

INCOME

| | | | |
|---------------------------|----------------------|---------------------------|----------------------|
| EMPLOYMENT INCOME (GROSS) | OTHER INCOME (GROSS) | EMPLOYMENT INCOME (GROSS) | OTHER INCOME (GROSS) |
| \$ PER | \$ PER | \$ PER | \$ PER |
| | SOURCE | | SOURCE |

OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

REFERENCES

| | | | |
|--|--------------|--|--------------|
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | HOME NUMBER | NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | HOME NUMBER |
| | RELATIONSHIP | | RELATIONSHIP |

CONTINUE APPLICATION ON PAGES 2 and 3 - SIGN PAGE 2 OF THE APPLICATION BEFORE SUBMITTING

TO PROTECT YOUR LOAN THROUGH VOLUNTARY GROUP CREDIT INSURANCE, REVIEW AND COMPLETE THE APPLICATION ON PAGE 3.

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

BORROWER'S ACKNOWLEDGEMENT & SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. You understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. We have your permission to check it. We may retain this application even if not approved. You understand that we may receive information from others about your credit and we may answer questions and requests from others seeking credit or experience information about you or your accounts with us. (If this application is for two of us, this statement applies to both of us.)

Credit Report Authorization. By signing this Application, I authorize you to obtain my credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. Vermont Residents: Applicant provided consent via phone _____ (Credit Union Initials)

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

CONSUMER LENDING PLAN - AGREEMENT TO TERMS:

If your Consumer Lending Plan loan application is approved, by signing below, you agree to the following terms:

"You", "Your" and "Borrower", means any person who executes the Plan by signing the Loan Application and Agreement to Terms, or any person who endorses a proceeds check or otherwise accepts, accesses, or uses Plan funds. "We", "us", "our" or "Credit Union" means the Credit Union named above.

How the Plan Works. This Consumer Lending Plan has a variety of subaccounts under which you may take various types of loans (called "advances"). Some subaccounts may be revolving (e.g., Personal Line of Credit). The credit available under these subaccounts will replenish as you pay down the balances. Other subaccounts are single-advance subaccounts such as New Auto. These subaccounts will not replenish and will have a set repayment schedule.

Binding Contract. This Consumer Lending Plan, which includes the Credit Agreement, Security Agreement, Truth-in-Lending Statement, and all Advance Receipts ("Plan"), is a binding legal contract that will govern the terms of all loans that you obtain under the Plan. You only sign once to open the Plan; thereafter, you may request additional advances without signing any paperwork unless requested by us.

By signing below, you are:

1. Agreeing to repay all loans you take. All loans you take under the Plan must be paid back, even if you don't sign any paperwork at the time of the loan.
2. Pledging your shares and deposits in the Credit Union. If you default, we may apply the shares and deposits in your accounts to the amount you owe us. We may also prevent you from withdrawing shares or deposits if you are in default, or, in the case of a share-secured or deposit-secured loan, if such withdrawal would cause your balance to fall below what you owe. Your pledge and our lien rights do not include any IRA, Keogh or other account which would lose special tax treatment if pledged. Please see the Security Agreement for complete details.
3. Granting a security interest in all property you purchase or otherwise pledge. If you default on any subaccount under the Plan, we may seize and sell any property you have purchased or pledged under that subaccount or any other subaccount. Cross-Collateralization: All other collateral you have pledged for any other loan with us (except your home and household goods) will also secure this Plan. Release of Lien: We will not release a lien on any of the collateral you have pledged if you are delinquent or in default on any of your subaccounts. For example: if you are in default of your line of credit subaccount, we will not release our lien on your vehicle loan, even if the vehicle loan is paid in full. Please see the Security Agreement for complete details.

Interest Rates and Fees. The rates and fees that apply to your subaccounts are disclosed on the separate Truth-in-Lending Statement and/or Advance Receipt.

Purchase of Optional Products: If offered, you may apply for optional loan protection products such as credit insurance, debt protection, or Guaranteed Asset Protection (GAP). These products are voluntary and are not required to obtain a loan from us. The premium or fee for the product(s) will be added to the outstanding balance and becomes part of your minimum monthly loan payment. We will retain a portion of this fee as compensation for providing this service. Purchase of optional products may extend the time it takes to pay off your outstanding balance(s). Once you purchase credit insurance or debt protection, all subaccounts under the Plan will be covered, unless you tell us otherwise.

Acknowledgement: You acknowledge that you have read, understand and accept the terms and conditions of the Consumer Lending Plan, Credit and Security Agreement, and have received copies of these documents. You also understand that you will receive a Truth-in-Lending Statement at the time of a single-disbursement advance, and at the time you open a revolving subaccount. You agree to be bound by all Advance Receipts or similar documents and the Truth-in-Lending Statements, and understand that by endorsing any advance proceeds check, or by otherwise accepting, using or accessing your advance proceeds, you are bound to the aforementioned documents.

Negative Information Notice: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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. What this means for you: 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 may also ask to see your driver's license or other identifying information.

NOTICE TO CONSUMER: THIS IS A CONSUMER CREDIT TRANSACTION. (A) DO NOT SIGN ANYTHING BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF ANY AGREEMENT YOU SIGN. (C) YOU HAVE THE RIGHT AT ANY TIME TO PAY IN ADVANCE THE UNPAID BALANCE DUE UNDER THIS AGREEMENT.

THIS WRITTEN AGREEMENT REPRESENTS THE FINAL AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS, OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES. THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.

SIGNATURE OF APPLICANT _____ DATE _____
X

SIGNATURE OF CO-APPLICANT _____ DATE _____
X

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

TO PROTECT YOUR LOAN THROUGH VOLUNTARY GROUP CREDIT INSURANCE, REVIEW AND COMPLETE THE APPLICATION ON PAGE 3.

**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

| CREDIT LIFE INSURANCE | | CREDIT DISABILITY INSURANCE | | |
|-------------------------------|-------------------|-----------------------------------|------------------------------------|-------------------------------|
| GROUP POLICY NUMBER | INSURANCE MAXIMUM | GROUP POLICY NUMBER | MAXIMUM MONTHLY DISABILITY BENEFIT | MAXIMUM LOAN REPAYMENT PERIOD |
| 32968-G-500 | \$20,000 | 32969-G-500 | \$500 | 120 Months |
| MAXIMUM LOAN REPAYMENT PERIOD | | MAX. AGGREGATE DISABILITY BENEFIT | WAITING PERIOD | RETROACTIVE BENEFIT |
| 120 Months | | \$20,000 | 14 Days | Yes |

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. 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:

- 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. **In no event is life insurance coverage to remain in force beyond the date you reach age 70. Please read the "When does your insurance terminate?" provision.**
- 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. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age 70. Coverage will terminate on both of you. Please read the "When does your insurance terminate?" provision.**
- I am eligible for single disability insurance if I am presently under age 66 and my loan is repayable within the maximum loan repayment period shown above. **In no event is disability insurance coverage to remain in force beyond the date you reach age 66. Please read the "When does your insurance terminate?" provision.**
- Only the person signing this application as primary applicant is eligible for single disability insurance.

If single disability insurance is selected, I am presently working outside the home for wages or profit for 30 hours or more per week and have been so working for 30 days or more immediately prior to this date.

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.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

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

| Yes | No | Single Life | 6.4¢* | Yes | No | Joint Life | 10.2¢* | Yes | No | Credit Disability | 17.2¢* |
|-----|----|-------------|-------|-----|----|------------|--------|-----|----|-------------------|--------|
|-----|----|-------------|-------|-----|----|------------|--------|-----|----|-------------------|--------|

| | |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
| X | |

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

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