

CONSUMER LOAN AND CREDIT CARD APPLICATION

(Not to be used for mortgage loan requests)

Loan Type Requested: Auto Loan ___ New ___ Used Personal Loan Overdraft Protection
 MasterCard® Credit Card: ___ Gold ___ Classic ___ Secured Limit Increase

Loan Amount/Credit Limit Requested: _____
 Loan Term: _____

Provide a copy of your most recent pay stub, W-2s and bank statement. If self-employed, two years of tax returns are required.

Purpose: (please specify reason) _____
 If you do not qualify for the card or credit limit requested, you may be approved for another card and a lower limit.

Loan Proceeds:

Deposit to Account # _____ Mail check to address on file
Member must sign for receipt of funds prior to deposit.
 Pick up at branch _____ Other _____

Payment Method (may not be available on credit card)

Automatic Share Transfer Payroll Deduction Other
 Savings Checking Payment by Check

Member # _____ **GEICO FCU M/C #** _____ **Driver's License #** _____ **E-mail Address** _____

APPLICANT INFORMATION

Name (Last, First, Middle Initial)		Social Security #	Birthdate
Current Address (Street, City, State, Zip)			Months There
Previous Address if current address is less than 2 years (Street, City, State, Zip)			Months There
Home Phone ()	Business Phone ()	Cell Phone ()	

Citizenship
 U.S. Citizen Resident Alien with Permanent Residency Non-Resident Alien with Temporary Residency

Name and Address of Present Employer _____ Starting Date _____

Full-Time Part-Time Self-Employed Retired Unemployed Disabled

Title _____ Grade _____ Annual Gross Salary \$ _____

Previous Employer (if less than 3 years on current job)
 Months _____ Years There _____ Title _____

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered. (Attach copy of court decree and 6 months' current payment history.)

Other Income (Must be verifiable) \$ _____ Per Year	Source	Starting Date
Do you pay alimony and/or child support? <input type="checkbox"/> Alimony \$ _____ mo/year <input type="checkbox"/> Child Support \$ _____ mo/year		

Mortgage Holder / Landlord (Name) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment \$	Mortgage Balance \$	Market Value \$	Car Make	Year	Monthly Payment \$	Balance Owed \$
Name and Address of Nearest Relative Not Living With You						Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	
Name	Address	Home Phone ()	Relationship				
Reference				Home Phone ()			
Name	Address			Home Phone ()			

CO-APPLICANT INFORMATION

Name (Last, First, Middle Initial)		Social Security #	Credit Union Account Number (if applicable)	Birthdate
Current Address (Street, City, State, Zip)			Months There	
Previous Address if current address is less than 2 years (Street, City, State, Zip)			Months There	
Home Phone ()	Business Phone ()	Cell Phone ()		

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Name	Address	Home Phone ()	Relationship				
Reference				Home Phone ()			
Name	Address			Home Phone ()			

OPTIONAL CREDIT LIFE/DISABILITY INSURANCE (not applicable to credit cards)

An appropriate application/disclosure will be furnished at the time your credit is approved. PLEASE CHECK ONE OR MORE OF THE BOXES BELOW.
 You are interested in Credit Life Insurance — Single Coverage Joint Coverage You are interested in Credit Disability Insurance — Single Coverage (see loan disclosures) Not interested in Credit Life or Disability Insurance

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Open-End Loan Account Plan, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Open-End Loan Account Agreement and Disclosures. You will receive a copy of that Agreement and Disclosures no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You must be 18 years or older to apply for a loan/credit card. Your MasterCard account will be governed by the terms of the GEICO Federal Credit Union credit card agreement that will be sent to you with your card(s). The terms of your account are subject to change as provided in your credit agreement. The information provided in the attached disclosure is accurate as of July 1, 2010.

If You are issued a Credit Card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.

You hereby acknowledge your intent to apply for joint credit. Applicant's Initials _____ Co-Applicant's Initials _____

All applicants applying for credit with GEICO FCU agree to a pledge of shares as a condition of receiving a GEICO FCU loan and/or MasterCard. I/We pledge and grant the Credit Union a security interest in my/our share with the Credit Union or shares hereafter acquired, to secure my/our loan and/or MasterCard account/s. I/We further agree to apply these share-holdings to pay any amount due on the loan and/or MasterCard account under this agreement in the event of default. Applicant(s) must initial here _____.

I authorize GEICO Insurance Companies and affiliates or any other employer or their agent to provide employment compensation and demographic information about me to GEICO Federal Credit Union.

Applicant's Signature	Date	Co-Applicant's Signature	Date	Equal Opportunity LENDER

GEICO FCU MASTERCARD: TERMS AND CONDITIONS

Interest Rates and Charges as of 7/1/10

Annual Percentage Rate (APR) for Purchases	MasterCard Gold: 10.99% APR MasterCard Classic: 11.88% APR MasterCard Classic Secured: 13.99% APR
Annual Percentage Rate (APR) for Cash Advances	MasterCard Gold: 10.99% APR MasterCard Classic: 11.88% APR MasterCard Classic Secured: 13.99% APR
Annual Percentage Rate (APR) for Balance Transfers	MasterCard Gold: 10.99% APR MasterCard Classic: 11.88% APR MasterCard Classic Secured: 13.99% APR
Minimum Finance Charge	None
Penalty APR And When It Applies	17.90% This APR may be applied to your account if your account becomes past due twice during any consecutive 12-month period, or is 60 or more days past due at any time. How Long Will The Penalty APR Apply? If your APR is increased, the Penalty APR will apply until you bring the account current and make six consecutive minimum payments when due.
Maximum Limit Amounts	MasterCard Gold: Up to \$20,000 MasterCard Classic: Up to \$5,000 MasterCard Classic Secured: Subject to amount of shares pledged
How To Avoid Paying Interest	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. We will begin charging interest on cash advances and balance transfers on the transaction date.
For Credit Card Tips From The Federal Reserve Board	To learn more about factors to consider when you're applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .

FEES

Annual Fee	None
Transaction Fees <ul style="list-style-type: none">• Foreign Transactions• Cash Advances• Balance Transfers	1% of each foreign currency transaction in U.S. dollars, or 0.80% of each U.S. dollar transaction that occurs in a foreign country None None
Penalty Fees <ul style="list-style-type: none">• Late Payment Fee• Returned Payment Fee• Over Limit Fee	\$28.00 \$28.00 None
Effective Date	7/1/10

How We Will Calculate Your Balance: We use a method called “average daily balance (including new purchases).” See your account agreement for more details.

Billing Rights: Information on your rights to dispute transactions, and how to exercise those rights, is provided in your account terms and conditions.

You must be 18 years of age to apply for a MasterCard Credit Card.

Your MasterCard account will be governed by the terms of the GEICO Federal Credit Union credit card agreement that will be sent to you with your card(s). The terms of your account are subject to change as provided in your credit card agreement.

The information provided in the above disclosure is accurate as of 7/1/10. This information is subject to change after this date. If you have any questions, please visit your nearest branch or call GEICO FCU at 800-542-7896.

Print, complete and return your MasterCard application to:

GEICO Federal Credit Union
Attn: Lending Department
One GEICO Plaza
Washington, DC 20076

Or, fax the application to your nearest branch office. Visit us online at www.geicofcu.org for locations near you.