



715 S. King Street, Suite 110
 Honolulu, HI 96813
 (808) 547-4521

Loan Application and Agreement to Terms

An Incomplete or Unsigned Form Will Delay Processing

READ AND COMPLETE

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 Line of Credit
 (Including ATM/Debit Card Access to the Account if Available)
 Amount Requested \$ _____
 Purpose/Collateral: _____ Credit Limit Requested \$ _____
 Other Loan Request _____

Repayment: Payroll Deduction Cash Automatic Payment Other

APPLICANT		CO-APPLICANT		NON-APPLICANT SPOUSE/OTHER			
NAME (Last - First - Initial)		ACCOUNT NUMBER		NAME (Last - First - Initial)		ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER		AGE OF DEPENDENTS		SOCIAL SECURITY NUMBER		AGE OF DEPENDENTS	
E-MAIL ADDRESS		FAX NUMBER		E-MAIL ADDRESS		FAX NUMBER	
BIRTH DATE	HOME/CELL PHONE	BUSINESS PHONE/EXT.		BIRTH DATE	HOME/CELL PHONE	BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		OWN	RENT	PRESENT ADDRESS (Street - City - State - Zip)		OWN	RENT
		YEARS/MONTHS AT THIS ADDRESS				YEARS/MONTHS AT THIS ADDRESS	
PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS		PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS		PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS		PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS	
PURCHASE PRICE OF HOME		PRESENT HOME VALUE		PURCHASE PRICE OF HOME		PRESENT HOME VALUE	
\$		\$		\$		\$	
MORTGAGE BALANCE		MONTHLY PAYMENT (MORTGAGE/RENT)		MORTGAGE BALANCE		MONTHLY PAYMENT (MORTGAGE/RENT)	
\$		\$		\$		\$	
CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUAL UNSECURED CREDIT.				CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUAL UNSECURED CREDIT.			
MARRIED (WA and CA Only: includes registered domestic partners)				MARRIED (WA and CA Only: includes registered domestic partners)			
SEPARATED UNMARRIED (Single - Divorced - Widowed)				SEPARATED UNMARRIED (Single - Divorced - Widowed)			

EMPLOYMENT

APPLICANT		CO-APPLICANT	
NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
SUPERVISORS NAME		SUPERVISORS NAME	
HIRE DATE	POSITION	HIRE DATE	POSITION
PREVIOUS EMPLOYER IF LESS THAN 5 YEARS AT CURRENT POSITION		PREVIOUS EMPLOYER IF LESS THAN 5 YEARS AT CURRENT POSITION	

INCOME

APPLICANT		CO-APPLICANT	
OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			
EMPLOYMENT INCOME (NET)		EMPLOYMENT INCOME (NET)	
\$ PER	\$ PER	\$ PER	\$ PER
SOURCE		SOURCE	
OTHER ASSETS	AUTO	OTHER ASSETS	AUTO
OTHER DEPOSITS		OTHER DEPOSITS	

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
NAME AND ADDRESS OF A PERSONAL FRIEND			NAME AND ADDRESS OF A PERSONAL FRIEND		

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

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

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 Agreement, Security Agreement, and the Truth-in-Lending Statement, and have received copies of these documents. You also agree to be bound by all Advance Receipts or similar documents 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.

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 COMPLTE THE APPLICATION BELOW.

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
32701-G-500	\$30,000	32702-G-500	\$600	120 Months
MAXIMUM LOAN REPAYMENT PERIOD	MAX. AGGREGATE DISABILITY BENEFIT	WAITING PERIOD	RETROACTIVE BENEFIT	
120 Months	\$30,000	14 Days	No	

I (we) are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. 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:

1. 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.
2. 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.
3. I am eligible for disability insurance if I am presently under age 66 and my loan is repayable within the maximum loan repayment period shown above. I also must be 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.
4. A person signing this application as co-applicant is not eligible for disability insurance.

The following question must be answered to determine my (our) eligibility for insurance:

APPLICANT	CO-APPLICANT	During the last two years, have you been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?
YES NO	YES NO	

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured. 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.

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

Yes	No	Single Life	6.1¢*	Yes	No	Joint Life	10.8¢*	Yes	No	Credit Disability	17.5¢*
APPLICANT'S SIGNATURE				CO-APPLICANT'S SIGNATURE (Joint Life Only)				DATE			
X				X							

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