PLEASE CHECK ONE BOX.					
IMPORTANT: Read these Directions You are applying for an individual account in your own name and are relying on your own in of the credit requested. You are applying for a joint account or an account that you and another person will use, We intended to apply for joint credit. Applicant: You are applying for an individual account, but are relying on income from alimony, child s for repayment of the credit requested, complete all Sections to the extent possible, provide maintenance payments or income or assets you are relying on.	ncome or assets and not the income complete all Sections A and B, pro Co-Applicant:	e or assets of another person as the basis for repayment viding information in B about the joint applicant or user.			
AGREEMENT "You" and "You" mean each and all of the application and you will notify the Credit Union in writing immediately if there is any change in your financial condition. It is a violation of Section 1014, Title 18, U.S. Code, to make a false statement or overvalue security for the purpose of influencing the action of any federally insured Credit Union. 2. You authorize the Credit Union to gather whatever credit, employment information, tax returns and related information from the Internal Revenue Service that the Credit Union considers appropriate from time to time (you understand that this will assist, for example, in determining your eligibility for renewal of credit and additional extension of credit). You authorize the Credit Union to give information concerning your credit experience with us to others. You understand and agree that the Credit Union may retain this application and any other credit information the Credit Union may receive. 3. You agree that by using or authorizing another to use the Account, you will be bound by the terms and conditions of the applicable Rancho Federal Disclosure entitled: A) Signature - Overdraft and Security Agreement and Disclosure (which will be given to you if your application is approved and before the first transaction is made). All other loans types will be disclosed on the Closed-End Note, Disclosure, Loan and Security Agreements. SIGNATURES I have read and agree to be bound by the Agreement above.					
X Applicant Signature Date	X Spouse/Co-Borrower Signature (If applicable)	Date			
I AM REQUESTING A LOAN FOR: (Please Check One) Credit Card (complete MasterCard request section below) New Auto Used Auto New Motorcycle Personal Expenses / Signature Loan Unsecured Personal Expenses / Signature Loan - Secured - Secured with Shares or Share Certificate	MASTE BY REQUESTING AND RE OTHERS TO USE A MAST CREDIT UNION, YOU AO THE MASTERCARD AG YOU FURTHER ACKNOV AGREEMENT AND DISCL PROVISION: If you have executed a w	MENT OF PLEDGE OF SHARES FOR RCARD APPLICANTS ONLY ECEIVING, SIGNING AND USING, OR PERMITTING TERCARD ISSUED TO YOU BY RANCHO FEDERAL AREE, AS CARDHOLDER, TO THE TERMS OF REEMENT AND DISCLOSURE STATEMENT, AND VLEDGE AND AGREE THAT THE MASTERCARE OSURE STATEMENT CONTAINS THE FOLLOWING itten agreement granting a security interest in any ing, savings, or share accounts) or other funds			
Loan Amount \$	held by issuer to secure accounts and/or funds and	ing, savings, or share accounts) or other funds your obligations under this credit card plan, such additional security for your obligations to issue			
Purchase	arising from the use of yoo THIS MEANS THAT IF Y THE MASTERCARD PRO SECURED PARTY TO APP TO SATISFY YOUR INDEE NOTICE: This acknowledgm	ur card. OU ARE IN DEFAULT UNDER THE TERMS OF OGRAM, WE MAY EXERCISE OUR RIGHTS AS A OLY ANY FUNDS YOU HAVE ON DEPOSIT WITH US			
I Prefer to Repay My Loan By:	Union. X MEMBER'S SIGNATURE	DATE			
Deduction Deposit Payment Insurance Requested: Single Joint Single Joint Single Joint MBI GAP None	X	SIGNATURE (IF APPLICABLE) DATE			
Life Life Disability	IMPORTANT CRED	IT CARD DISCLOSURE INFORMATION			
MASTERCARD REQUEST MasterCard Credit Line Requested \$	Interest Rates and Inte	erest Charges			
New MasterCard Request Add Joint Applicant Increase Credit Line Name(s) to Appear	Annual Percentage Rate (APR) for Purchases	PREMIER REGULAR 7.25%* 15.96%* *This APR will vary with the market based on the Prime Rate.			
on MasterCard Regular MasterCard Credit Limit: up to \$15,000 Premier MasterCard Credit Limit: up to \$15,000	APR for Balance Transfer	PREMIER REGULAR 7.25%* 15.96%*			
See panel at right for current rates, fees and other charges for our MasterCard Credit Card program.	APR for Cash Advances	*This APR will vary with the market based on the Prime Rate. PREMIER REGULAR			
Return your application by		7.25%* 15.96%* *This APR will vary with the market based on the Prime Rate.			
Fax Mail To Nearest Branch To Nearest Branch	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.			
CHECKLIST Being prepared when you submit your loan application will quicken the process. Please review this checklist and bring the following documents with you when you meet with your loan officer for the first time.	For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the Web site of the Federal Reserve Board at: http://www.federalreserve.gov/creditcard			
1. IDENTIFICATION Primary Co-Borrower/Co-Signer	Fees				
Copy of Valid ID or Drivers License 2. VERIFICATION OF INCOME Primary Co-Borrower/Co-Signer	Annual Fee	None			
 A) Most recent Pay Stubs for the past 30 days B) Self-Employed or your salary is commission based: Please provide a full signed copy of your last (2) years of federal tax returns (1040's). Include all schedules, worksheets and make sure the copies you supply are signed. 	Transaction Fees • Balance Transfers • Cash Advances • Foreign Transactions	None None 1% of each transaction in U.S. dollars.			
 Last 2 years of 1040's Year to Date Profit & Loss Statement for this year. Other additional income such as alimony, child support, bonuses etc. Provide copy of written agreement with proof of income received. 	Penalty Fees • Late Payment • Over-the-Credit Limit • Returned Payment	\$15.00 None \$25.00			
3. PRIMARY RESIDENCE If you pay rent, provide a copy of your rent or lease agreement. Rent / Lease Contract 4. BANKRUPTCY If you have filed for Bankruptcy protection in the last 7 years, attach a "Reason for Bankruptcy Letter." Provide a complete copy of your Bankruptcy paperwork including Discharge.	(including new purchases)" See your account agreement i Billing Rights: Information or those rights is provided in you The above information is curre Please contact us at 12620 Er	your rights to dispute transactions and how to exercise			

OAN ADDI ICATION

SECTION A - PRIMARY	MEMBE		rim	ary Member	Co-Signe
PERSONAL INFORMATI	ON				(OD //III
NAME				JR.	/SR./III
ADDRESS					YEARS AT THIS ADDRESS
CITY				STATE ZIF	2
HOME PHONE		CELL PHO	DNE	=	
()		()			
SOCIAL SECURITY NO.	DRIVERS	LICENSE	NO).	BIRTH DATE
FORMER STREET ADDRESS IF	LESS TH	IAN 2 YEAI	RS		
ADDRESS					YEARS AT THIS ADDRESS
CITY			5	STATE ZIP	
EMPLOYER INFORMATI	ON				
Self Employed					
EMPLOYER NAME					
EMPLOYER ADDRESS					
YOUR POSITION/JOB TITLE		YOUR SU	PE	RVISOR	
EMPLOYER TELEPHONE NO.					START DATE
()					
NO. OF HOURS WORKED EACH	H WEEK			HOW O	FTEN PAID
PRIOR EMPLOYER IF LESS TH	AN 2 YEA	RS			
EMPLOYER NAME					
EMPLOYER ADDRESS					
YOUR POSITION/JOB TITLE		YOUR SU	PE	RVISOR	
EMPLOYER TELEPHONE NO.			S	TART DATE	END DATE
()					

NOTICE:

- If you have a spouse or registered domestic partner ("RDP")*, you must complete CO-APPLICANT section about your spouse or RDP if:
 - (a) You live in a community property state (AZ, CA ID, LA, NM, NV, TX, WA, WI); or
 - (b) The property used to secure the loan is located in a community property state; or(c) Your spouse or RDP will use the Account.

Your spouse or RDP should not sign this application unless he/she wishes to be obligated on this Loan as a Co-Borrower. If you have a spouse/ RDP, you may still apply for individual credit.

- (2) If you are under 21 years of age, and are applying for a credit card, you must either:
 - (a) Provide proof of your ability to make the required payments; or (b) Complete the CO-APPLICANT section and obtain the signature of
- a co-signer or joint applicant who is at least 21 years of age and has the means to repay the debt and agrees to joint liability. * Refers to RDP's in a state with RDP laws that provide for community

property rights that mirror those of a spouse.

		🖵 s	pouse	/RDP		🖵 Other
SECTION B - CO-APPL	CANT	🖵 Jo	oint wit	h Spou	ise	Co-Signer
PERSONAL INFORMATI	ON					
NAME				JR./SF	t./III	
ADDRESS					L	YEARS AT THIS ADDRESS
CITY			STAT	E Z	IP	
HOME PHONE		CELL	PHONE			
()		()			
SOCIAL SECURITY NO.	DRIVERS LI	CENSE	NO.		1	BIRTH DATE
FORMER STREET ADDRESS IF LESS THAN 2 YEARS						
ADDRESS						YEARS AT THIS ADDRESS
CITY			STATE	ZIP		

· · · · · · · ·				
ACCOUNT NUMBER				
MONTHLY INCOME				
\$				
 List Alimony, child support, or separate n 	naintenance o	nlv i	f vou want it c	onsidered. Provide
copies of recent paystubs for the last 30	days for proof	of C	other Income.	
TYPE OF OTHER INCOME		MOI	NTHLY AMOU	NT
		\$		
PERSONAL REFERENCES NEAREST RELATIVE - NOT LIVING WIT				
RELATIVE NAME				JR./SR./III
RELATIVE ADDRESS				
CITY		STA	TE ZIP	
RELATIVE HOME PHONE		H	OW RELATED	TO YOU
WHAT YOU OWE CHECK ONE: OWN RENT		H P/	ARENTS	
1ST MORTGAGE/RENT-CREDITOR	BALANCE		INT RATE	PAYMENT
	\$		%	\$
2ND MORTGAGE-CREDITOR	BALANCE	-	INT RATE	PAYMENT
	\$		%	\$
AUTO LOAN-CREDITOR	BALANCE	-	INT BATE	PAYMENT
AUTO LOAN-CREDITOR		-		
	\$		%	
CREDIT CARD-CREDITOR	BALANCE	-	INT RATE	PAYMENT
	\$		%	\$
OTHER LOAN-CREDITOR	BALANCE	-	INT RATE	PAYMENT
	\$		%	\$
ALIMONY-CREDITOR				PAYMENT
				\$
CHILD SUPPORT-CREDITOR	-			PAYMENT
				\$
Since you reside in a community pro	nerty state a	nd a	are applying f	
indicate your marital status:		_		or creat, please
CHECK ONE:		I SI	EPARATED	
EMPLOYER INFORMATION -	CO-APPLIC	A	T	
Self Employed				
EMPLOYER NAME				
EMPLOYER ADDRESS				
YOUR POSITION/JOB TITLE YOUR SUPERV		VISOR		
EMPLOYER TELEPHONE NO.			101	
			ULL TIME ST	IANI DATE
# OF HOURS WORKED EACH WEEK		1	HOW OFTEN F	PAID
PRIOR EMPLOYER IF LESS THAN 2 YE	EARS			
EMPLOYER NAME				
EMPLOYER ADDRESS				
	1			
YOUR POSITION/JOB TITLE	YOUR SUF	PER	VISOR	
EMPLOYER TELEPHONE NO.		19	START DATE	

MONTHLY INCOME
MONTHLY SALARY

١

RELATIONSHIP TO PRIMARY APPLICANT

\$				
List Alimony child support or separate maintenance only if you want it considered. Provide copies of recent paystubs for the last 30 days for				
proof of other income.				
TYPE OF OTHER INCOME		MONTHLY AMOUNT		

\$

Since you reside in a community property state and are applying for credit, please indicate your marital status:

CHECK ONE: CHARRIED C