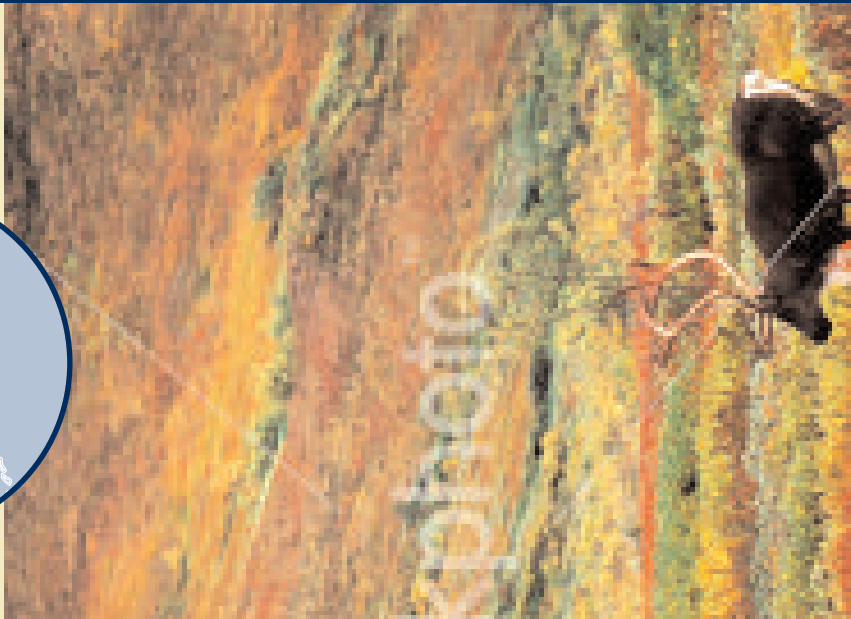


# Credit Card Application



## Gillam Way Branch

1417 Gillam Way  
Fairbanks, AK 99701  
Full Lending Services Available  
9:00 am – 6:00 pm Monday – Friday

## Geist Branch & Drive-up

4001 Geist Road  
Fairbanks, AK 99709  
Full Lending Services Available  
9:00 am – 6:00 pm Monday – Friday

## Steese Branch & Drive-up

407 Old Steese Highway  
Fairbanks, AK 99701  
Full Lending Services Available  
9:00 am – 6:00 pm Monday – Friday  
11:00 am – 4:00 pm Saturday

### Drive-up hours:

9:00 am – 7:00 pm Monday – Friday  
10:00 am – 4:00 pm Saturday

## UAF Branch

Wood Center – UAF Campus  
9:00 am – 5:00 pm Monday – Friday

## ATM Locations

24-hour ATM: Gillam, Geist & Steese Branches  
UAF ATMs: Wood Center and Hess Rec Center  
North Pole ATM: Santa Claus House

### Other Locations:

Pioneer Park  
Big Dipper  
TVC Campus

## Call Center

(907) 459-5900 • (800) 478-1949 • FAX (907) 459-5996  
8:00 am to 6:00 pm Monday – Friday  
10:00 am to 5:00 pm Saturday

## Loan Departments

Mortgage & Real Estate:  
(907) 459-5974 • FAX (907) 459-5980  
Consumer Loans & Loans by Phone:  
(907) 459-5970 • FAX (907) 459-5986

Business Lending Services:

(907) 459-5977 • FAX (907) 459-5986

## Internet Account Access

www.spiritofak.com



We Do Business in Accordance With the Equal Housing Lender Law and the Equal Credit Opportunity Act.



## Get the credit you deserve!

Whether you are well established, just starting out or even rebuilding credit you can count on convenience and reliability with a credit card that's just right for you from Spirit of Alaska FCU.

Enjoy more shopping, finer restaurants, and more traveling opportunities around town or around the world. Flexibility allows you to make phone purchases, Internet purchases, or cash advances anywhere VISA or MasterCard is accepted.

### Built-in VISA benefits include:

(Not available for Share Secured MasterCard)

- Automatic Travel Accident Insurance for you and your family when you use VISA Platinum or VISA Classic to charge your entire fare for the trip.
- Toll-Free Travel Reservation Service
- Bonus Travel Dividends
- Auto Rental Discounts
- Key Registration
- Auto Rental Insurance
- Travel Protection
  - Lost Luggage Locator Service
  - Lost or Damaged Luggage Insurance
  - Hotel-Motel Theft Insurance
- Medical Assistance
- Concierge Service
- Quarterly Newsletter
- VISA Platinum cash back benefit: 1% on ALL purchases.

Fold and tape

## BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 84 FAIRBANKS, AK

POSTAGE WILL BE PAID BY ADDRESSEE

SPIRIT OF ALASKA FEDERAL CREDIT UNION  
1417 GILLAM WAY  
FAIRBANKS, AK 99701

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**CONSUMER PROTECTION DISCLOSURES:** CREDIT INSURANCE IS: NOT A DEPOSIT; NOT FDIC-INSURED; NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY; AND NOT GUARANTEED BY THIS FINANCIAL INSTITUTION. PURCHASE OF CREDIT INSURANCE IS NOT A CONDITION OF OBTAINING CREDIT. IF COVERAGE IS DESIRED, IT MAY ALSO BE PURCHASED ELSEWHERE.

**SUMMARY OF INSURANCE COVERAGES- IMPORTANT INFORMATION ON CHARGE GUARD 2000 LIMITATIONS EXCLUSIONS COSTS:** Upon acceptance of your enrollment, you will receive your certificate and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificate and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need to purchase this insurance. You are free to cancel at anytime. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The underwriters reviewed below reserve the right to modify the terms and conditions of the insurance certificates and/or policies upon written notice and subject to state regulations. **COVERAGE IS NOT AVAILABLE IN: MN, LI, LIFE COVERAGE:** If you or your joint cardmember die (joint cardmember must be spouse or business partner in CA, MD, MI & TX; if no joint cardmember, then spouse), ChargeGuard 2000 will pay to the Creditor the outstanding account balance as of the date of death, up to the master policy maximum of \$10,000. Only single life coverage in CA & ME. Suicide is excluded except in MD, ME & MO. Life coverage is replaced with Accidental Death coverage at age 65 in HI; 66 in IA, IN, VT, & WV; in CA, we won't pay a claim on an advance if you commit suicide within six months of that advance. **DISABILITY/UNEMPLOYMENT COVERAGE (applies only to you, the primary cardmember):** If you become totally disabled or involuntarily unemployed, ChargeGuard 2000 will pay to the Creditor your scheduled minimum monthly payment due on your account as of the date of loss, until your balance is paid off, your return to work, or you reach the master policy maximum of \$10,000, whichever occurs first. You are eligible for these coverages if employed 30 hours or more a week or as otherwise required by state law (in PA, employed at least 9 months of the year) in a nonseasonal occupation (seasonal restriction does not apply to disability in AK, AL, AZ, CA, CO, MD, ME, MI, MO, MT, NM, NY, OR, PA, RI, SC, TX, VA, & WI); to unemployment in AK, AL, CO, MD, ME, MI, MO, MT, NC, NM, NY, PA, SC & WI). Benefits begin after 30 consecutive days of unemployment or disability and are retroactive to the first day of loss. Disability coverage is not retroactive in MA. Unemployment benefits are limited to 12 months in PA. Disability benefits not payable for normal pregnancy/childbirth in CA; flight in nonscheduled aircraft in MA, NC & PA; military service in NC; pregnancy in NC, PA & VA; self-inflicted injury in CA, MA, NC, NY, PA & VA; suicide in CT; sickness from intoxication in NC; foreign travel/residence in MA; war in MA, NC & NY. Unemployment excludes discharge for cause in CT & MA; willful or criminal misconduct in CT, MA, NY & TX; disability in CT, MA, NY, TX & WI; voluntary forfeiture of salary, wages or employment income in CT, MA, NY & TX; incarceration in ME; labor disputes in AR & IL; lockouts in IL & NY; strikes in IL & NY; notification of pending unemployment in CT, MA & TX; pregnancy in ME; voluntary resignation in NY; self-employment in CT, MA, ME & TX; severance pay in ME; voluntary discharge from military in NY; illegal walkout in NY. **LEAVE OF ABSENCE (applies only to you, the primary cardmember):** ChargeGuard 2000 will pay to the Creditor your scheduled minimum monthly payment based on the outstanding balance as of the date of leave, for up to six months, if you take a temporary leave of absence from work due to accident or illness of an immediate family member, childbirth/adoption (except in NJ); recall to active military service; or residing in a federally declared disaster area. Benefits begin after 30 consecutive days of leave of absence and are paid retroactive to the first day of leave. You are eligible for this coverage if employed full time by someone other than yourself, in a nonseasonal occupation. Benefit payments do not apply to leave during the first 90 days of coverage (except in KS & NJ). Leave of Absence coverage is not available in AK, ID, IN, LA, MO, NC, NE, NH, NM, NY, OR, SC, TX & VT.

**GENERAL PROVISIONS:** Maximum enrollment age is 69, except 64 in CA, HI, NJ, RI, VA & WI; 65 in CT, IA, RI, MA, ME, NY, OR, PA, VT & WV; 70 in FL, MI, MO & OK; 71 in NM; coverage terminates at age 65 in CA, NJ, HI, MA, ME, NY, OR, PA, VT & WV; 70 in FL, MI, MO & OK; 71 in NM; coverage terminates at age 65 in CA, NJ, RI, VA & WI; 66 in CT, MA, ME, NY, OR & PA, in TX, no maximum age applies. The monthly premium charged to your credit card account will be 82¢ per \$100 of your outstanding balance, except: 59.7¢ in AK; 87.3¢ in AL; 81.8¢ in AZ; 68.6¢ in CA; 55¢ in CO; 64.1¢ in CT; 79.8¢ in GA; 73.5¢ in HI; 73.7¢ in IA; 71.2¢ in ID; 60¢ in IN; 66¢ in IL; 64.9¢ in MD; 72¢ in ME; 79.7¢ in MI; 59.5¢ in NY; 59.5¢ in OR; 65.8¢ in NC; 80.8¢ in ND; 67¢ in NE; 46.9¢ in NH; 74¢ in NJ; 62.6¢ in NM; 34.3¢ in NY; 59.5¢ in OR; 65.8¢ in PA; 77.2¢ in RI; 67.4¢ in SC; 38.6¢ in TX; 78.6¢ in UT; 32.2¢ in VA; 56.4¢ in VT; 76¢ in WA; 73.3¢ in WI; 77.5¢ in WV. The cost of credit insurance will be financed at the rate specified in our credit card agreement. Coverage is underwritten by American Bankers Life Assurance Company of Florida (ABLC) and American Bankers Insurance Company of Florida (ABIC), 11222 Quail Road Drive, Miami, FL 33157-6596. In NY, life and disability coverage is provided by First Fortis Life Insurance Company, Syracuse, NY. TX life and disability certificate number is AC3118CB-0592 (3.53 B.A.); unemployment certificate number is AD9139CO-0499. In CA, life and disability coverage is provided by ABIC, and ABIC provides remaining coverages described above. Coverage for life and disability is provided under form numbers AC2323801, AC21499LJ0995, BA2051, PL, A89402PQ,485, A88899PQ,0995 & BA2018PQ,0995. The creditor has a financial interest in the sale of this insurance. Douglas Myrick is the writing agent for the states of FL, ND & WI. Coverages are only available as a package. If you cancel within 30 days of receiving your certificates and/or policies, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date 06/2003.

**This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, this institution, or any Federal Government Agency. We may not condition your extension of credit on either your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity. AR, LA, ME, OH, TN & VA residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties. **(VA residents; this notice is not applicable to life and health insurance.) DC residents:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **FL residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **NJ residents:** Any person who includes false or misleading information on an application for insurance policy is subject to criminal and civil penalties. 7/01/03.

This disclosure is required by VA law. You may purchase optional credit life insurance and credit disability insurance. Credit Life Insurance: If you die while coverage is in force, we will pay the outstanding balance of your loan to the creditor. We will not pay a life benefit in the first 2 years if you die as a result of suicide. Credit Disability Coverage: If you become disabled while this coverage is in force, we will pay up to your minimum monthly payment, as of the date of your disability, to the creditor. We will not pay benefits if your disability is the result of war, a self-inflicted injury, flight in a nonscheduled aircraft and, or if it occurs in a foreign country. You must send proof of disability within 90 days. There is a 30-day waiting period. You are eligible for this coverage if you work 30 hours a week, are in a nonseasonal occupation and meet the age criteria below. General: See certificate of insurance for specific definitions. You are eligible for optional credit life insurance and credit disability insurance if you are between 18 and 65 years of age. Coverage will expire on your 66th birthday. The maximum benefit is \$10,000. You may cancel this coverage at any time. All unearned premiums will be credited to your account by the pro rata rule for disability coverage. The premium rate for the credit life and credit disability insurance is \$0.159 per \$100 of monthly outstanding balance. These coverages can only be purchased as a package. If other insurance exists that covers this risk or that may cover this risk, one may not want or need this coverage.



# Spirit of Alaska Federal Credit Union Credit Card Application

(VISA® Platinum, VISA Classic, Share Secured MasterCard)



You are eligible for membership in Spirit of Alaska Federal Credit Union if you live, work, or worship within the Fairbanks North Star Borough; or if you are an employee, student or retiree of any public, private and parochial school, or institution of higher learning north of the Alaska Range; or if you are an Alumni of the University of Alaska Fairbanks; or family member of any of the above.

### Check Account Choice (Only one)

- Individual Account
- Joint Account
- Credit Limit Increase

Amount Requested \$ \_\_\_\_\_

### Get the card that's right for you:

- VISA Platinum
- VISA Classic
- Share Secured MasterCard

*Spirit of Alaska FCU reserves the right to counter-offer if your initial selection is not available.*

Applicant			
<input type="checkbox"/> Check here if your address has changed		Member Number: _____	
First Name	Middle Initial	Last Name	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III
Mailing Address		Time at Address	Yrs. Mo.
Email Address		Cell Phone	
City	State	Zip Code	
Residence Address (if different than mailing address)		Evening Telephone No. ( )	
Former Address (if at current address less than 5 years)		Time at Address	Yrs. Mo.
Social Security No.		Date of Birth	
Driver's License No.	State Issued	No. of Dependents	
Current Employer		How Long? Yrs. Mo.	
Supervisor's Name		Daytime Telephone No. ( )	
Position / Grade		Monthly Gross Salary \$	
ETS/Rotation Date			
Former Employer and Position		How Long? Yrs. Mo.	
Name of Nearest Relative Not Living With You		Relationship	
Address			
City	State	Zip Code	Telephone No. ( )

Co-Applicant			
Do not complete this section if this application is for Individual Unsecured Credit			
<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor			
First Name	Middle Initial	Last Name	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III
Social Security No.		Date of Birth	
Current Employer		How Long? Yrs. Mo.	
Employer's Address		Daytime Telephone No. ( )	
Position / Grade		Monthly Gross Salary \$	
Former Employer and Position		How Long? Yrs. Mo.	
Co-Applicant Email Address		Phone Number	

Applicant & Co-Applicant		
Payments	Monthly \$	Present Balance \$
	\$	\$
Rent or Mortgage (include Association Fees)	\$	\$
Additional Income \$		
Source of Additional Income*		
*You need not furnish alimony, child support, or maintenance income if you do not want us to consider it in evaluating your application.		

Credit Information (attach additional sheet if necessary)			
Bank Name and Address	Account Number	Loans	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Credit Insurance Coverage Desired		
<p>BY SIGNING THE ENROLLMENT FORM TO ELECT INSURANCE, I ACKNOWLEDGE THAT I HAVE RECEIVED THE SUMMARY OF INSURANCE COVERAGE. By electing optional <b>Chargeguard 2000</b> insurance, I acknowledge that: I do not need this insurance to get credit and that I can get similar coverage from any insurer I choose. <b>Chargeguard 2000</b> includes credit life, disability, involuntary unemployment and leave of absence to the extent available in my state as described in the Summary of Insurance Coverage*. I read and I meet the age and employment eligibility requirements shown in the Summary of Insurance Coverage. Monthly premium charges are based on the account balance and rate shown. I will receive notice of any rate increase. I may cancel anytime.</p> <p>*Please see the Summary of Insurance Coverage on the reverse side of this application.</p> <p><b>Yes, please enroll me in Chargeguard 2000 credit insurance. (Chargeguard 2000 not available for Share Secured MasterCard Credit Card.)</b></p>		
<input checked="" type="checkbox"/>	Primary Cardholder's Signature	Birth Date
	Date	

Authorization to Secure MasterCard Account			
The undersigned applicant, in order to obtain a Spirit of Alaska Federal Credit Union Share Secured MasterCard credit card, agrees that:			
<ul style="list-style-type: none"> <li>• I/We will at all times maintain a Spirit of Alaska Federal Credit Union account with a minimum balance equal to the credit limit established for my/our Share Secured MasterCard credit card account, and I/We pledge that account to Spirit of Alaska Federal Credit Union as security for any balance owed on that credit card account.</li> <li>• I/We agree not to withdraw pledged monies or attempt to withdraw pledged monies from that account except when the credit card balance is zero (charges are still owing), by paying in full all monies owed or charged, and by executing a written rescission of this Authorization and surrendering the credit card(s).</li> <li>• I/We acknowledge and agree that Spirit of Alaska Federal Credit Union may remove, transfer or offset monies from my/our deposit accounts without a court order authorizing such a removal, transfer or offset in the event that my/our credit card account is past due for a period of thirty (30) days or more.</li> </ul>			
<input checked="" type="checkbox"/>	Applicant's Signature	Date	My/Our SOAFUCU Membership Account No. \$ Amount Pledge

Signatures			
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This application is submitted to obtain credit and I/We certify that all information herein is true and complete I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from sources in this application and other credit reporting agencies. Upon my request, Spirit of Alaska FCU will provide the name and address of any credit bureau from which it receives a credit report on me. This offer is subject to the credit policies of Spirit of Alaska FCU. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to me if credit is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by my use of the card. <b>A Condition of your account is your granting us a security interest in your share account. By signing below 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 Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as a security are not subject to this security interest. When you are in default we may apply the balance in these accounts to any amounts due under the credit card agreement.</b> If this is a joint application, the undersigned will be jointly and severally liable for any and all credit extended from time to time.			
<input checked="" type="checkbox"/>	Applicant's Signature	Date	<input checked="" type="checkbox"/> Co-Applicant's Signature Date
Received by Spirit of Alaska FCU Consumer Loan Department on _____, 20____. <input type="checkbox"/> Approved <input type="checkbox"/> CO <input type="checkbox"/> Denied			
By _____ Title _____			

Credit Disclosures			
Annual percentage rate (APR*) for purchases	<b>VISA PLATINUM</b> <b>Prime + 3.24%**</b>	<b>VISA CLASSIC</b> <b>12.49*-18.00%*</b>	<b>SHARE SECURED MASTERCARD</b> <b>12.49-18.00%*</b>
Other APRs	Cash advance APR: Prime + 3.24%** APR Balance transfer APR: Prime + 3.24%** APR	Cash advance APR: 12.49*-18.00%* Balance transfer APR: 12.49*-18.00%*	Cash advance APR: 12.49-18.00%* Balance transfer APR: 12.49-18.00%*
Penalty Rate	Prime + 11% APR**/**	18% APR***	18% APR***
Variable-rate information	Your rate will vary. The rate is determined by adding 3.24% to the Prime Rate.**	None	None
Grace period for repayment of balance for purchases	25 days on average	25 days on average	25 days on average
Method for computing the balance for purchases	Average daily balance (including new transactions)	Average daily balance (including new transactions)	Average daily balance (including new transactions)
Minimum Payment	The greater of 3% of unpaid balance or \$25 plus the amount of any prior minimum payment due and any amount over your credit limit. Refer to card agreement		
Annual fees	None	None	\$60 (paid \$5 per month)
Minimum finance charge	\$0.50	\$0.50	\$0.50
Transaction fee for cash advances	None	None	None
Balance transfer fee	None	None	None
Late payment fee****	The greater of \$25 or 15% of payment due	The greater of \$25 or 15% of payment due	The greater of \$25 or 15% of payment due
Over-the-credit-limit fee	5% of amount over limit not to exceed \$15	5% of amount over limit not to exceed \$15	5% of amount over limit not to exceed \$15

\*Annual Percentage Rate. Rates are based on credit worthiness.  
 \*\*The prime rate will be determined on the 15th of each month as published in the Wall Street Journal's "Money Rates" table and will be applied to the following billing cycle.  
 \*\*\*Penalty rate applies when 2 or more payments over 30 days past due occur within 6 months, not to exceed 18%.  
 \*\*\*\*If payment is not made within 15 days of statement date, you will be charged.

All account terms and charges are accurate as of 10/15/07 but are subject to change at any time. To inquire about any changes, please call us at (907) 459-5970.

**Fold and tape before mailing**