

## YOU DESERVE THE CREDIT

Make your new Visa Gold/Classic card your constant traveling companion and you'll always have instant credit at your fingertips. Your new card is already packed with everything you need to take you anywhere you want to go. From the tiniest boutique to the largest resort, your Visa card is your ticket to the best.

You'll enjoy more shopping, more fine restaurants, more travel opportunities with your Visa card, whether you're going across town or around the world.

Accepted around the globe wherever you see the Visa emblem. You'll benefit from its convenience and security whenever you use your card to travel, shop, or dine. In business or pleasure, you'll find it makes your life a little bit easier.

## CHARGE GARD UNEMPLOYMENT, DISABILITY AND LIFE CREDIT INSURANCE DISCLOSURE

**LIFE BENEFITS:** If you or your co-cardholder (spouse if no co-cardholder) die, Chargegard will pay the outstanding account balance as of the date of death, up to the master policy maximum. Suicide excluded except in ME, MD, MA and MO. In HI & IN at age 65 (66 in Iowa), life coverage converts to Accidental Death coverage. Single life coverage only in MA, ME and VT.

**DISABILITY/UNEMPLOYMENT BENEFITS:** If you become disabled Chargegard will make your scheduled minimum monthly payment as long as you are under a doctor's care and unable to work. If you become involuntarily unemployed, Chargegard will make your scheduled minimum monthly payments until you return to work or the master policy maximum has been paid. Retirement is not covered. Labor disputes/strikes not covered in AR, IL. Not available in CT, MA, MN, and VT. Disability and Unemployment exclusions vary by state.

**GENERAL PROVISIONS:** You, the primary cardholder, are eligible for this coverage if you are employed full time in a non-seasonal occupation (seasonal restriction does not apply in AZ, MI, NC, NM, NY, OR & RI). Unemployment and disability benefits begin after 30 consecutive days of unemployment or disability and are paid retroactive to the first day of loss. Benefits are based on the outstanding balance as of the date of loss and the balance at the date of loss will not be adjusted to reflect finance charges accumulated during the benefit period. Benefits will continue until your balance is paid, you return to work, or you reach the limits of the master policy, whichever occurs first. Only Life benefits available to co-cardholder (Spouse). Benefits are not payable on purchases made while claims are being paid.

Maximum enrollment age is 69 in all states except (age 65 in IA, ID, MA, ME, NY, OR and TX, age 64 in CA, CT, HI, IN, MN, NJ, RI, VT, WA, WI & WY) and coverage ends at age 65 in CA, CT, MN, NJ, RI, VT, WA, WI, and WY. Maximum entry age is 70 in: AZ, FL, MI, MO & OK. Coverage ends at age 66 in ID, OR, MA, ME, NY, and TX.

The monthly premium is 66¢ per \$100 of your outstanding balance, which will be charged to your account. 26.4¢ in CT; 63.8¢ in GA; 64.6¢ in NC; 64.8¢ in ND; 46.9¢ in NH; 64¢ in NM; 62.1¢ in SC; 21.9¢ in VT; 42.7¢ in TX; 60¢ in CA, IA, ID, IN, MO, NJ, OR, RI, WA, & WY; 65.8¢ in AZ; 57.5¢ in HI; 28.9¢ in MA, and 55.8¢ in ME, 20.1¢ in MN; 51.1¢ in NY; 59¢ in WI. TX life rate: .057¢ per \$100; TX disability rate: 17¢ per \$100; TX unemployment rate: 20¢ per \$100. Coverage is provided by American Bankers Life Assurance Company of Florida, and American Bankers Insurance Company of Florida, 11222 Quail Roost Drive, Miami, Florida, 33157-6596. Texas Life and Disability Certificate numbers AC3181CB-0592 (3.53 R.A.) and Involuntary Unemployment Certificate numbers are B2754EQ-1089 and AD9139CQ-0791. In NY Life and Disability coverage provided by Bankers American Life Assurance Company. In Puerto Rico coverage is provided by Caribbean American Life Assurance Company and Caribbean American Property Insurance Company.

**COVERAGE IS NOT AVAILABLE TO RESIDENTS OF PA. (6/20/94)**  
**CERTIFICATE PROVISIONS VARY BY STATE. READ YOUR CERTIFICATE CAREFULLY FOR FULL DETAILS OF COVERAGE AND EXCLUSIONS.**

 **Veterans Administration Central  
Federal Credit Union**  
810 Vermont Avenue, N.W. (831)  
Washington, D.C. 20420  
Branches: Washington, D.C. • Brooklyn, NY • Albany, NY • Philadelphia, PA

## VISA GOLD & CLASSIC

### • TRAVEL ACCIDENT INSURANCE

You are automatically covered by accidental death and dismemberment protection when traveling by any common carrier worldwide.

- **NO ANNUAL FEE!**
- **1-800-VISA-911  
24 hr. Assistance Center**
- **Free Auto Rental Insurance  
(Gold Card Only)**
- **A 25-day "Interest-Free"  
Grace Period**
- **Cash Advances at same  
low rate**
- **Low Monthly Payments**

# CREDIT APPLICATION

Credit Limit Requested \$ \_\_\_\_\_

Check One:  
 Visa Classic  
 Visa Gold

Check Account Choice:  
 (Only One)

Individual Account  
 Joint Account  
 Credit Limit Increase

## APPLICANT

Note: All Applicable Sections Should Be Filled Out Completely. If Not, Processing Of Your Application May Be Delayed.

Last Name		First	Middle	Account #	Social Security Number
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$	
Current Address		City	State	Zip Code	How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous Address		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone		How Long (yrs)
Address		Position / Occupation			Monthly Gross Income \$
Name and Address of Previous Employer					How Long (yrs)
Source of Additional Income <sup>1</sup>					Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone	Relationship	
Their Address		City	State	Zip Code	

<sup>1</sup> You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application

## CO - APPLICANT or SPOUSE

Complete This Section Only If Co-Applicant or Spouse Is Applying For a Joint Account.

Last Name		First	Middle	Social Security Number
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
Current Address		City	State	Zip Code
Previous Address		City	State	Zip Code
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	
Address		Position / Occupation		
Name and Address of Previous Employer				
Source of Additional Income <sup>1</sup>				
Amount per Month \$				

<sup>1</sup> You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application

## CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Bank Name and Address		Branch	Loans	<input type="checkbox"/> Open <input type="checkbox"/> Closed	
Checking Account Number / Name Listed		Savings Account Number / Name Listed			
Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment	Interest Rate
1. Automobile			\$	\$	
2. Home Mortgage			\$	\$	
3. Bank Credit Card / Bank Name and Address			\$	\$	
4. Other			\$	\$	

**CREDIT DISCLOSURES**

ANNUAL PERCENTAGE RATE FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	CASH ADVANCE FEE
VISA GOLD 12.9%	None	25 DAYS	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES	\$15.00	\$15.00	\$1.00
VISA CLASSIC 12.9%						

... since this application was printed (shown in the lower right-hand corner - this side) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown on the reverse side.

**SIGNATURE(S)**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:** This statement 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 other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

I AUTHORIZE A SECURITY INTEREST IN THE VA CENTRAL FCU SHARE ACCOUNT LISTED ABOVE AND ANY OTHER ACCOUNT I MAY HAVE UP TO THE AMOUNT OF MY OUTSTANDING BALANCE TO PROTECT VA CENTRAL FCU IF I DEFAULT ON ANY CREDIT EXTENDED OR CASH ADVANCED UNDER MY CREDIT CARD ACCOUNTS.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Applicant Signature Date Co-Applicant Signature Date

**NOTICE:** Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.  
 **Individual Credit:** Complete Applicant section. Complete other section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or your spouse will use the Account. (2) Information about the party making the payments if you are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment.  
 **Joint Credit:** Provide information about both of you by completing Applicant and Other Applicant sections.  
 Credit Limit \$ \_\_\_\_\_ Number of Cards Desired \_\_\_\_\_

**SIGNATURE(S)**

**YES** Please enroll me in the Chargegard Insurance plan providing coverage as described herein. I understand it is not required to obtain credit and will not be provided unless I sign and agree to pay the additional cost disclosed. Coverages, benefits, exclusions and rates vary by state. Please refer to your certificate for details.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Primary Cardholder Date Birth Date Co-Cardholder Signature Date Birth Date

**TRANSFER OF BALANCE REQUEST**

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.  
 **Visa Account No.** \_\_\_\_\_  **MasterCard Account No.** \_\_\_\_\_  
 Signature \_\_\_\_\_ **Please send a copy of your last STATEMENT.**

**FOR INTERNAL USE ONLY**

Visa Account No. _____		
DATE APPROVED	CREDIT LINE	APPROVED BY