Detach here, fold and mail, or return to the Credit union.

Department of Veterans Affairs Federal Credit Union

Community Trust Federal Credit Union

A Branch of Department of Veterans Affairs Federal Credit Union

CREDIT APPLICATION

Amount or Credit Limit Requested $ _____ Term of Loan _____

Check One:
❑ Second Trust/Home Equity Loan
❑ New or Used Car Loan
❑ Change of Address
❑ Bill consolidation
❑ Visa Gold
❑ Balance Transfer
❑ Visa Classic
❑ Other _____
❑ First Mortgage

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	❑ Own ❑ Rent ❑ 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 ❑ Yes ❑ 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*					Amount Per Month
Nearest Relative (Not Living With You)			Home Phone		Relationship
Their Address	City	State	Zip Code		

*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 orSPOUSE

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	❑ Own ❑ Rent ❑ Other		Monthly Payment $
Current Address	City	State	Zip Code		How Long (yrs)
Previous Address	City	State	Zip Code		How Long (yrs)
Employer	Self Employed ❑ Yes ❑ 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*					Amount Per Month

*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 ❑ Open	❑ 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, CASH ADVANCES & BALANCE TRANSFERS			ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	EMERGENCY INCREASES TO CREDIT LIMIT	CASH ADVANCE FEE
11.9% Visa Classic	11.4% Visa Gold with balances <$5,000	10.4% Visa Gold with balances ≥ $5,000	NONE	25 DAYS	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES	$20.00	$20.00	$10.00	$1.00

At the date 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 a credit card or other loan 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. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions insured by NCUA. 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 DEPARTMENT OF VETERANS AFFAIRS FCU OR COMMUNITY TRUST FCU SHARE ACCOUNT LISTED ABOVE AND ANY OTHER ACCOUNT I MAY HAVE UP TO THE AMOUNT OF MY OUTSTANDING BALANCE TO PROTECT DEPARTMENT OF VETERANS AFFAIRS FCU OR COMMUNITY TRUST FCU (A BRANCH OF DEPARTMENT OF VETERANS AFFAIRS FEDERAL CREDIT UNION) IF I DEFAULT ON ANY CREDIT EXTENDED OR CASH ADVANCED UNDER MY CREDIT CARD ACCOUNTS AND AMOUNT BORROWED FOR ANY OTHER LOAN.

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.
Number of Cards Desired _____

SIGNATURE(S)

YES Please enroll me in the Chargegard Insurance Plan providing coverage. 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. Credit Insurance is not guaranteed by the government, the NCUA or the Department of Veterans AffairsFCU or Community Trust FCU (A Branch of Department of Veterans Affairs Federal Credit Union). Coverages, benefits, exclusions and rates vary by state. Please refer to your certificate for details.

X _____ X _____

Applicant Signature Date Birth Date Co-Applicant Signature Date Birth Date

FOR INTERNAL USE ONLY

Visa Account Number	DATE APPROVED	CREDIT LINE	APPROVED BY

(6/02)

Mail to: Department Of Veterans Affairs FCU, P.O.Box 50617, Washington, DC 20091-0617

Your Financial Success is On the Horizon

Whether you're just starting an investment plan or looking for a new course of action, you need someone to establish a clear direction as you journey toward your goals.

With a full array of products and services, we can help you meet a variety of investment objectives:

- **Retirement Planning**
- **College Planning**
- **Estate Planning**
- **Tax-Advantaged Strategies**
- **Insurance Planning**
- **Financial Management**

UniTrust Financial Services is an affiliate of DVAFCU. Securities offered by Financial Network Investment Corporation, a full service broker/dealer, member SIPC and NASD. Mutual funds, annuities and other investments are not deposits, are not insured by the NCUA or any other regulatory agency, and are not obligations of or guaranteed by UniTrust Financial. Returns on such investments will fluctuate and are subject to risk, including possible loss of principal. Financial Network Investment Corporation and UniTrust Financial are not affiliated.

Contact one of the dedicated professionals at UniTrust Financial Services, an affiliate of DVAFCU, for guidance and solutions to help you realize your vision of success, no matter where you are in life's journey. UniTrust Financial Services is located at 4875 Eisenhower Avenue, Alexandria, VA. For more information call 866-CUSERVE or visit www.unitrustfinancial.com.

What is identity theft?

Identity theft happens when someone steals your identity and impersonates you in order to open credit accounts, rent apartments, even engage in criminal acts. You don't know when it happens. Then one day you are turned down unexpectedly for a loan, you get a call from a collection agency about an account you never opened, or worse yet, a call from the police about a crime you didn't commit. Suddenly you are a victim of identity theft.

What are the effects of identity theft?

Identity theft can have a devastating affect on a victim's life. By the time identity theft is discovered – on average 14 months after the crime – the thief has wreaked havoc on the victim's credit standing. Although the financial institutions ultimately carry the burden of the financial loss, the victim is often left with a damaged credit standing and must spend months or even years regaining their credit worthiness. In the meantime, they find it difficult to obtain loans, get a job or an apartment, even to write checks.

How does identity theft happen?

Criminals steal personal information, such as Social Security numbers, driver's license numbers, credit card numbers, ATM cards, telephone calling cards and other key pieces of individuals' identities. They use this stolen information to impersonate their victims, spending as much money as they can in as short a time as possible before moving on to their next victim. Identity thieves use a variety of ways to gain access to this personal information including:

- Stealing your mail
- Looking through your garbage – "dumpster diving"
- Stealing your wallet or purse
- Posing as your employer, bank or utility company needing to "update their records"
- Grabbing information off Internet sites that are not secure
- Completing a "change of address form" at the post office
- Stealing the information from "the inside" – as in a grocery store clerk taking key information off of a check that you have written

Once the thief has access to this information, they may open a new credit card account in your name providing a "new" billing address. Given that the credit card bills will not go to your address, chances are, you will not be aware of the new account. When the thief does not pay the bills, the credit card company will report this to your credit file. The thief may also open up bank accounts in your name and write bad checks, apply for services in your name or request a "replacement" card to be sent to a new address.

How do I protect myself from identity theft?

Prevention is the first step in battling identity theft. To minimize the risk of someone stealing your identity and the pain of cleaning up the aftermath, follow these guidelines:

- Carry only the cards (credit and ID) that you need to have with you; file others in a safe place at home.
- Sign your credit cards immediately.
- Do not carry your Social Security card with you. Keep it in a secure, safe place.
- Do not attach a PIN number or Social Security number to any cards you carry with you.
- Do not attach or write a PIN or Social Security number on anything you are going to discard (e.g. a receipt).
- Shred any document that contains your credit card number before you discard it.
- Check receipts to ensure you received your own and not someone else's.
- Alert your card issuer if you do not receive your statements. Someone could have taken them from your mailbox and could be using your credit card number.
- Do not give personal information or account numbers to anyone until you have confirmed the identity of the person requesting the information and verified that you need to provide them with the information.
- Frequently check your credit report or subscribe to **Equifax Credit Watch**™ to monitor your credit file daily and be alerted of changes that can be an early warning of identity theft, such as new account openings or changes to your address.

What should I do if I become a victim of identity theft?

Taking quick action can help overcome some of the difficulties caused by identity theft. Here are the steps to take immediately should you become a victim:

- Contact the fraud division of the three credit reporting agencies to let them know you have been a victim of identity theft.

Equifax: 800-525-6285
Experian: 888-397-3742
Trans Union: 800-680-7289

- Request they place a "fraud alert" on your file. This alert will warn lenders to be especially careful in authenticating identity of anyone claiming to be you. It will mean that you cannot open instant credit, for example, at a retail store. But that is a minor inconvenience in light of the damage identity theft can do.
- File a report with your local police department and make sure to get a copy. Contact each credit grantor who has allowed a fraudulent account and tell them you did not open that account. Have them close these accounts. If you open new accounts, make sure to place a password on the account.
- Call the Identity Theft Toll-Free Hotline at **1-877-IDTHEFT (1-877-438-4338)**. This is the central point of contact within the federal government for reporting incidents of identity theft.
- Document all these contacts with dates, names and phone numbers for your records.

Branch Locations & Hours

Your Main DVAFCU Office*

Central Office*
810 Vermont Avenue, NW (831)
Room C-27
Washington, DC 20420

202-737-6969
800-822-6875

Monday – Friday
8:00am-3:00pm

www.DVAFCU.org
www.CommunityTrustFCU.org

DVAFCU Branch Offices

Community Trust FCU (Tech World)
801 I Street,NW
Suite 76
Washington, DC 20001
202-371-9421
Monday – Friday
8:00am-3:00pm

Albany VA Medical Center*
113 Holland Avenue
Albany, NY 12208
518-465-4211
Non-Pay Weeks
Monday – Friday
10:00am-2:00pm
Pay Weeks
Monday – Thursday
10:00am-2:00pm
Friday 10:00am-2:45pm

Brooklyn VA Medical Center*
800 Poly Place
Room 1-110
Brooklyn,NY 11209
718-492-0600
Monday – Friday
7:45am-2:45pm

G Street Branch
(No Mail Please)
1800 G Street,NW
Room 438-B
Washington, DC
202-408-7811
Non-Pay Weeks
Tuesday 10:00am-noon
Thursday 11:00am-3:00pm
Pay Weeks
Tuesday 10:00am-noon
Friday 11:00am-3:00pm

VA Extended Care Center*
(No Mail Please)
179th Street
and Linden Blvd.
St.Albans,NY
718-526-1000 ext.2175
Non-Pay Weeks
Tuesday/Thursday
9:00am-11:30am
Pay Weeks
Tuesday
9:00am-11:30am
Friday 9:00am-2:30pm

Philadelphia VA Regional Office*
5000 Wissahickon Avenue
Philadelphia, PA 19144
215-842-2000 ext.4478
Monday – Friday
8:00am-3:00pm

*ATM Locations

Additional DVAFCU ATM Locations

Renaissance Hotel
999 9th Street,NW
Washington, DC

Wall Street Deli
1800 G Street,NW
Washington, DC

Manhattan VA Medical Center
423 East 23rd Street
New York,NY

Department of the Army
Fort Hamilton,Brooklyn,NY
ATMs at
Post Exchange
Commissary
Convenience Store

Brooklyn VA Outpatient Clinic
800 Poly Place
Brooklyn,NY

Address correspondence to:Department of Veterans Affairs Federal Credit Union, P.O. Box 50617, Washington, DC 20091-0617

Some of the many no-cost benefits of DVAFCU membership...

- **FREE** Internet Home Banking
- **FREE** Bill Payer Service
- **FREE** Checking Account (with no minimum balance)
- **FREE** ATM Card
- **FREE** Visa® Check Card
- **FREE** book of 50 checks for opening a Checking Account
- **FREE** Notary Service
- **FREE** Signature Guarantee Service
- **FREE** 1-hour Financial Planning Consultation
- **FREE** Overdraft Protection
- **FREE** Withdrawals at DVAFCU ATMs
- **FREE** Withdrawals at non-DVAFCU ATMs (excluding surcharge) up to a maximum of 5 per month
- **FREE** 24-hour Audio Response Telephone Teller
- **FREE** Visa Credit Card Airline & Merchandise Awards
- **NO ANNUAL FEE** on Visa Classic & Gold Credit Cards
- **100%** Car Loan Financing (including tags, taxes & warranty)

Inside This Issue

g
m
s
s
t

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