



401 Halibut Point Road
Sitka, Alaska 99835
Phone: (907) 747-6261
Toll Free: 888-747-6261
Fax: (907) 747-8038

Membership/Credit Application & Agreement

Name (last, first) _____	Account Number _____
Account Type(s): <input type="checkbox"/> Prime Share <input type="checkbox"/> Custom Name Savings <input type="checkbox"/> Rainbow Trout <input type="checkbox"/> Cutthroat Trout <input type="checkbox"/> Club <input type="checkbox"/> Verstovia Money Market <input type="checkbox"/> Herring Checking <input type="checkbox"/> Chinook Checking <input type="checkbox"/> King Checking <input type="checkbox"/> Term Share Certificate <input type="checkbox"/> Sitka Spruce <input type="checkbox"/> Verstovia Business Checking <input type="checkbox"/> Arrowhead Business Checking <input type="checkbox"/> Edgcumbe for Business Checking <input type="checkbox"/> Sitka Sound Business Money Market <input type="checkbox"/> Lawyers Trust	
Account Ownership: <input type="checkbox"/> Single Party Account <input type="checkbox"/> Single Party Account With POD (Pay On Death) Designation <input type="checkbox"/> Multiple Party Account With Right Of Survivorship <input type="checkbox"/> Multiple Party Account With Right Of Survivorship And POD (Pay On Death) Designation <input type="checkbox"/> Multiple Party Account Without Right Of Survivorship <input type="checkbox"/> IRA	

Credit Applied For:			
Type of credit _____	Amount Requested \$ _____	Refinanced Amount \$ _____	Total Request \$ _____
Purpose _____ Collateral Offered _____ No. Mo. _____			
Property Type: <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Condo/Townhome <input type="checkbox"/> Single Family Home <input type="checkbox"/> Undeveloped Land <input type="checkbox"/> Other _____			

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You 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 documents.

Primary Owner Information <input type="checkbox"/> Member <input type="checkbox"/> Credit Applicant <input type="checkbox"/> Other <i>Specify:</i> _____						Are You a Non-Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No					
E-Mail Address _____		First _____		Last _____		Middle _____		Suffix _____		Mother's Maiden Name _____	
Physical Address _____			Apt/Box _____	City _____			State _____		Zip _____		
Home Telephone _____		Social Security Number _____		Birth Date _____		Driver's License Number/State/Exp. Date _____		Other ID Type/Number/Exp. Date _____		Eligibility _____	
Current Employer (<i>include employee I.D. if applicable</i>) _____				Business Telephone _____		Position _____		Mo. Gross Income _____		Hire Date _____	
Business Address _____				City _____			State _____		Zip _____		
Former Employer (<i>if current employment is less than 2 years</i>) _____				Business Telephone _____		Position _____		Mo. Gross Income _____		Years There _____	
Other Income (<i>You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating a credit application</i>) _____										Mo. Amount _____	
Name of Payer _____				Address of Payer _____				No. of Years Received _____			
Name of Nearest Relative Not Living With You _____			Address _____			City _____		State _____	Zip _____	Home Telephone _____	
Name of Personal Reference _____			Address _____			City _____		State _____	Zip _____	Home Telephone _____	

Owner 2 Information <input type="checkbox"/> Joint Owner <input type="checkbox"/> Credit Applicant <input type="checkbox"/> Other <i>Specify:</i> _____											
E-Mail Address _____		First _____		Last _____		Middle _____		Suffix _____		Mother's Maiden Name _____	
Physical Address _____			Apt/Box _____	City _____			State _____		Zip _____		
Home Telephone _____		Social Security Number _____		Birth Date _____		Driver's License Number/State/Exp. Date _____		Other ID Type/Number/Exp. Date _____		Eligibility _____	
Current Employer (<i>include employee I.D. if applicable</i>) _____				Business Telephone _____		Position _____		Mo. Gross Income _____		Hire Date _____	
Business Address _____				City _____			State _____		Zip _____		
Former Employer (<i>if current employment is less than 2 years</i>) _____				Business Telephone _____		Position _____		Mo. Gross Income _____		Years There _____	
Other Income (<i>You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating a credit application</i>) _____										Mo. Amount _____	
Name of Payer _____				Address of Payer _____				No. of Years Received _____			
Name of Nearest Relative Not Living With You _____			Address _____			City _____		State _____	Zip _____	Home Telephone _____	
Name of Personal Reference _____			Address _____			City _____		State _____	Zip _____	Home Telephone _____	

Account Beneficiary Designation			
In the event of Your death, You hereby designate the following beneficiary(ies).			
Name _____	Birth Date _____	Social Security Number _____	Percentage _____
Name _____	Birth Date _____	Social Security Number _____	Percentage _____
Name _____	Birth Date _____	Social Security Number _____	Percentage _____

Taxpayer Identification and Backup Withholding
Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).
INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.
DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.
We will be unable to open an Account for You without a taxpayer identification number.

Optional Credit Insurance

Credit Life and/or Credit Disability Insurance are not required to obtain credit and, for credit line accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates are shown below and the insurance charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown.

Monthly Premium Rates per \$1000 of Outstanding Balance - You must CHECK ONE OR MORE of the boxes below.					
CREDIT LIFE:	Single Coverage - _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Joint Coverage - _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT DISABILITY (Primary Borrower Only):	Single Coverage - _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Joint Coverage - _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If You are applying for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

SIGNATURE OF APPLICANT _____

Credit Information

Please answer the following questions. If a yes answer is given, please explain on attached separate sheet. A=Applicant C=Co-Applicant	A		C		Please answer the following questions. If a yes answer is given, please explain on attached separate sheet. A=Applicant C=Co-Applicant	A		C	
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have You filed a petition for bankruptcy in the last 10 years?					6. Have You any obligations not listed?				
2. Have You ever had any auto, furniture or property repossessed?					7. Do You have any past due bills?				
3. Are You a co-maker or co-signer on any loan? For Whom _____ Where _____					8. Is any income You have listed likely to reduce in the next two years?				
4. Have You ever had credit in any other name? What Name _____					9. Is the property securing this loan You are applying for currently for sale?				
5. Have You any suits pending, judgments filed, alimony or support awards against You?					10. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____				

Information For Government Monitoring Purposes

NOTICE: COMPLETE ONLY IF THIS IS AN APPLICATION FOR A HOME IMPROVEMENT LOAN, OR IF YOU ARE APPLYING TO PURCHASE OR REFINANCE A DWELLING. The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may check more than one designation for race. The law provides that a lender may discriminate neither on the basis of this information nor on whether you choose to furnish it. If you furnish the information please provide both ethnicity and race. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

<p>Applicant: <input type="checkbox"/> You do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>Co-Applicant: <input type="checkbox"/> You do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>
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To be Completed by Loan Originator
This information was provided:
 In a face-to-face interview In a telephone interview By the applicant and submitted by fax or mail By the applicant and submitted via e-mail or the Internet

Loan Originator's Signature _____	Date _____
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Signatures

Membership/Deposit Applicants: You hereby apply for membership with ALPS Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of ALPS Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for ALPS Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s). **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Consumer Credit Applicants (excluding credit cards): You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

Home Equity Secured Credit Applicants You have applied for the loan indicated in this application to be secured by a mortgage or deed of trust on the property described herein, and represent that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. You authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. The original or a copy of this application will be retained by Us, even if the loan is not granted. You intend to occupy the property as Your primary residence. You fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials
Co-Applicant's Initials

Applicants (Primary Owner) Signature _____	Date _____	Owner #2 Signature _____	Date _____
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LOAN ORIGINATOR & NMLSR ID NUMBER INFORMATION

Individual Loan Originator's Name	Nationwide Mortgage Licensing System And Registry (NMLSR) Identification (ID) Number
Loan Originator Organization's Name	Nationwide Mortgage Licensing System And Registry (NMLSR) Identification (ID) Number

For credit union use only:

Date of Membership: _____	Opened By: _____	Checked By: _____
Credit Report: _____	OFAC: _____	Telecheck: _____