

Credit Union of Ohio, Inc.

5500 Britton Pkwy.

Hilliard, OH 43026

(614) 487-6650 FAX (614) 487-6640

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

| | | |
|----------------------------|-------------------------------|------|
| ACCOUNT NUMBER - APPLICANT | ACCOUNT NUMBER - CO-APPLICANT | DATE |
|----------------------------|-------------------------------|------|

| | | | |
|--|--|--|--|
| Applicant Information PRINT OR TYPE ALL INFORMATION | | Spouse/Co-Applicant Information | |
| 1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) | | 5. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You are relying on Your Spouse's income as a source of repayment for the credit requested. d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico). | |
| 2. Married applicants can apply for individual credit. Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant | | 6. Definitions: Whenever used in this application the words You and Your refer to the Applicant(s) or Spouse/Co-Applicant and the words We, Us, and Our refer to the Lender. | |
| 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Transfer <input type="checkbox"/> Cash Payment | | | |
| 4. Frequency of Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | | | |
| TYPE OF CREDIT APPLIED FOR Amount Requested \$ _____ Term _____ <input type="checkbox"/> Personal <input type="checkbox"/> Auto <input type="checkbox"/> Fully Secured | | | |
| <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Share Secured VISA Classic Collateral: _____ | | <input type="checkbox"/> VISA Classic <input type="checkbox"/> VISA Platinum Purpose: _____ | |

Important VISA Credit Card Disclosure. The following disclosure represents important details concerning Your VISA Credit Card. The information about costs of the Card are accurate as of the effective date of May 20, 2005. You can call Us at (614) 487-6650 or write Us at 1169 Dublin Road, Columbus, Ohio 43215 to inquire if any changes have occurred since the effective date.

| Annual Percentage Rate (APR) for Purchases, Balance Transfers & Cash Advances | Grace Period for Repayment of Balances for Purchases | Method of Computing the Balance for Purchases | Annual Fee | Late Charge | Over Limit Fee | Cash Advance Fee FINANCE CHARGE |
|--|--|---|---------------------------|-------------|----------------|---------------------------------|
| VISA Classic 12.90% - 22.90%* VISA Platinum 8.90% - 15.90%* | 25 Days | Average Daily Balance (including new purchases) | VISA Classic \$15.00** | \$25.00 | \$25.00 | 1.00% or \$2.00 |

* Subject to Our Underwriting Guidelines
 ** VISA Classic Accountholders will be charged a \$15 Annual Membership Fee for Your continued participation in the VISA Classic program. This fee is required each year to continue credit availability whether or not You use Your VISA Classic Feature throughout the year. After the first year, You will be provided with cancellation instructions with the statement on which the Annual Membership Fee appears.

APPLICANT

| | | | |
|---|-------------------------|-----------------|--------------|
| FIRST NAME | INITIAL | LAST NAME | |
| SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER | BIRTHDATE | |
| CURRENT STREET ADDRESS | APT. | SINCE (MO. YR.) | |
| CITY | STATE | ZIP | |
| FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) | | | YEARS THERE |
| DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT | MONTHLY PAYMENT | PAID TO | |
| HOME TELEPHONE | CELL PHONE | NO. OF DEP. | AGES OF DEP. |
| EMAIL ADDRESS | | | |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU | | | |
| PERSONAL REFERENCE - NAME ADDRESS TELEPHONE | | | |

SPOUSE/CO-APPLICANT

| | | | |
|---|-------------------------|-----------------|--------------|
| FIRST NAME | INITIAL | LAST NAME | |
| SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER | BIRTHDATE | |
| CURRENT STREET ADDRESS | APT. | SINCE (MO. YR.) | |
| CITY | STATE | ZIP | |
| FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) | | | YEARS THERE |
| DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT | MONTHLY PAYMENT | PAID TO | |
| HOME TELEPHONE | CELL PHONE | NO. OF DEP. | AGES OF DEP. |
| EMAIL ADDRESS | | | |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU | | | |
| PERSONAL REFERENCE - NAME ADDRESS TELEPHONE | | | |

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or income tax returns.

| | |
|------------------------|-----------------|
| CURRENT EMPLOYER | EMPLOYMENT DATE |
| ADDRESS/CITY/STATE/ZIP | |
| WORK TELEPHONE | POSITION |
| MO. GROSS INCOME | |
| FORMER EMPLOYER | POSITION |
| YEARS | |
| OTHER INCOME SOURCE* | MONTHLY AMOUNT |
| | \$ |

* You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

| Please answer the following questions. If a yes answer is given, explain on an attached sheet. | A | | C | | Please Check: A = Applicant C = Spouse/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 _____ Amount \$ _____ | | | | | 8. Is any income You have listed likely to reduce in the next 2 years? | | | | |
| 4. Have You ever had credit in any other name? What Name _____ | | | | | 9. 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 _____ | | | | |
| 5. Have You any suits pending, judgments filed, alimony or support awards against You? | | | | | | | | | |

BALANCE TRANSFER

| | | |
|-----------------|----------------|------------------------|
| Card Issuer | Account Number | Exact Amount to Pay \$ |
| Payment Address | City | State Zip |
| Card Issuer | Account Number | Exact Amount to Pay \$ |
| Payment Address | City | State Zip |

Balance Transfer Authorization
Please allow several weeks to open Your new account and for balances to be transferred. You may need to continue to make payments on your existing accounts in order to maintain their current status. Those accounts will remain open even if the entire balance is paid and You are responsible for closing those accounts if You so choose. Balance transfer payments will be made after Your application is approved. Existing credit union accounts must be current. The amount transferred will reduce the amount of available credit on your credit union Credit Card Account with Us and will be treated like a cash advance and Finance Charges will begin on the transaction date. The balance transfer feature cannot be used to pay any loan payment and We reserve the right to refuse to process any balance transfer request.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

OPTIONAL CREDIT INSURANCE

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, 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. For Closed-End loans, the total insurance premium will be calculated and disclosed to You separately.

Monthly Premium Rates per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.

CREDIT LIFE: Single Coverage - Yes No Joint Coverage - \$ _____ Yes No

CREDIT DISABILITY (Primary Borrower Only): Single Coverage - Yes No

Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.

You are interested in Credit Disability Insurance — single coverage You are interested in Credit Life Insurance — single coverage joint coverage

You are not interested in Credit Insurance

NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and 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 X _____

SIGNATURES

The Ohio laws against discrimination require that all creditors make equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

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 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. If You have been issued a Credit Card, Debit or ATM Card, You grant and consent to a lien on Your shares with Us (except for IRA and KEOGH Accounts) and any dividends due or to become due to You from Us up to the amount You owe on any unpaid Credit Card balance or Overdraft Protection balance created through the use of Your ATM or Debit Card.

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

X _____ X _____
SIGNATURE OF APPLICANT DATE SIGNATURE OF SPOUSE/CO-APPLICANT DATE

Share Secured VISA Classic Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account indicated below and for the amount specified below:

Account Number _____ Amount \$ _____