## HOLIDAY LOAN REQUEST



HOLIDAY LOAN PROMOTION	TER	MS					
Amount: <b>\$2,000.00</b>	Interest Rate: 16%			Payment: <b>\$75.00</b> (bi-weekly) or <b>\$162.00</b> (monthly)			
COMPLETE, PRINT, MAIL, FA	X, O	R DROP OFF					
Mail to: Nova Credit Union 3601 Mulberry Church Road Charlotte, NC 28208	Fax to: (704) 392-4489		Drop off at: Your local Nova CU branch				
MEMBER INFORMATION Please print or type, completing all information.							
Last Name	First Name			N		Middle Initial	Account Number
Social Security Number	Home Phone Number		-	Mobile Phone Number		Email Address	
DEBT PROTECTION							
YOU ELECT THE FOLLOWING	G OP	TION Check only one box	x.				
LIFE PLUS DISABILITY AND UNEMPLOYMENT  Life Plus Involuntary Disability Unemployment		LIFE PLUS DISABILITY  Life Plus Disability			LIFE PLUS Life Plus		□ NO PROTECTION
Program Fee (rate per \$100 of the monthly outstanding loan Balance): Single – \$0.350		Program Fee (rate per \$100 of t monthly outstanding loan Bala Single – \$0.305			Program Fee (rate per \$100 of the monthly outstanding loan Balance): Single – \$0.085		
ELIGIBILITY QUESTION							
Are you actively working, for wages or profit, for 25 hours or more per week on the date you sign this Contract? <b>YES NO</b> You will be considered actively working if you are absent from work due to sabbatical, strike, or vacation, but will soon return to work. You will not be considered actively working if you are on an Annual, Regularly Scheduled or Seasonal Layoff, Medical or Disability leave.  If You answered "No" to the question, you are not eligible for options that include Involuntary Unemployment protection.							
IMPORTANT NOTICES: Protection is voluntary and not required to obtain credit. We will not consider whether or not you elect protection in making a credit decision.  We reserve the right to refuse your purchase of the protection In the Contract, the term "You" or "Your" mean the Borrower(s) and "We," "Us," or "Our" mean the Creditor. The Contract contains terms and conditions which may limit or exclude benefits. You may not qualify for all benefits. Protection is limited to a maximum of \$75,000. You will not be charged a Program Fee on any amount greater than this maximum. Protection for Life Plus protection will be reduced at the end of the month during which You reach Your 70th birthday. The Contract contains the conditions upon which We will cancel all or a portion of the Protected Balance and/or cancel the Protected Payment and the Program Fee. The terms and conditions which explain how We will cancel all or a part of Your Protected Balance are provided in the Contract. The Contract replaces all credit insurance policies and/or certificates, similar payment protection plans, and program contracts You previously entered into with respect to the Loan. Please read the Contract in its entirety. You are bound by the terms and conditions of the Contract.							
subsequently modified; (c) that You agree tha	at You h	ave received and thoroug nce charges like the rest o	hly read the Co of Your Outstar	ontract; (d) th nding Balance	at You agree to pay for and, where	applicable, let U	ct, according to the terms of the Contract, unless Us add the Program Fee to Your Loan balance each n is subject to change; and (f) if the "No Protection"
SIGNATURE							
By signing below, You agree to the above Holi	day Loa	n Promotion Terms and t	he terms of the	e LoanLiner®	Loan and Security Agreements and	Disclosure Stat	ement.
Member's Signature							Date
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A copy of Your most recent paystub is required with completed request. Upon approval, funds will be deposited into the member's Savings or Checking account. Receipts and copies of the note will be mailed upon completion of the loan.