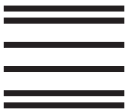
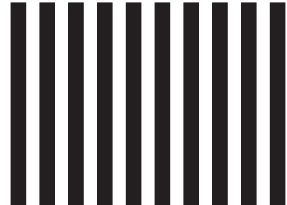


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



BUSINESS REPLY MAIL  
FIRST-CLASS MAIL PERMIT NO. 1258 VANDALIA OH

POSTAGE WILL BE PAID BY ADDRESSEE

ABBEY CREDIT UNION  
800 FALLS CREEK DR  
VANDALIA OH 45377-9866



# A Credit Card For All SEASONS



## APPLY TODAY!



### SUMMARY OF INSURANCE COVERAGES

**IMPORTANT INFORMATION ON CHARGE CARD LIMITATIONS, EXCLUSIONS, COSTS:** Upon acceptance of your enrollment, you will receive your certificates and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need or want to purchase this insurance. This credit insurance is optional. You are not required to purchase the insurance to obtain credit. You are free to cancel anytime. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates and/or policies upon written notice and subject to state regulations.

**COVERAGE IS NOT AVAILABLE IN: KY & MN**

**LIFE, DISABILITY, UNEMPLOYMENT AND LEAVE OF ABSENCE COVERAGES APPLY ONLY TO THE PERSON WHOSE NAME APPEARS FIRST ON THE ACCOUNT.**

**LIFE COVERAGE:** If you die, Chargecard will pay to the Creditor the outstanding account balance as of the date of death, up to the master policy maximum of \$10,000. Suicide is excluded except in MD & MO. Life coverage is replaced with Accidental Death coverage at age 66 in IA. Life is not available in TX.

**DISABILITY:** If you become totally disabled, Chargecard will pay to the Creditor your scheduled minimum monthly payment due on your account on the date of loss. Benefits begin after 30 consecutive days of disability and are retroactive to the first day of loss. In MA, Chargecard will pay to the Creditor your scheduled minimum monthly payments. Disability coverage is not retroactive in MA. Benefits will continue until your balance on the date of loss is paid off, you return to work, you are no longer disabled, or you reach the master policy maximum of \$10,000, whichever occurs first. In GA and SD, you are eligible for coverage if employed full-time in a nonseasonal occupation; in NY if employed 30 hours a week and not a partnership, corporation or association. Disability benefits are not payable for self-inflicted injury (except in AL, GA, IA, MD & SD); flight in nonscheduled aircraft in MA & PA; war or foreign travel or foreign residence in MA; normal pregnancy in CA & PA. Disability is not available in TX.

**UNEMPLOYMENT COVERAGE:** If you become involuntarily unemployed, Chargecard will pay to the Creditor your scheduled minimum monthly payment due on your account as of the date of loss, until your balance is paid off, you return to work or you reach the \$10,000 master policy maximum, whichever occurs first. In MA & TX, you are eligible for coverage if you are employed for 90 days at least 30 hours a week in a nonseasonal occupation for the same employer, and are not self-employed, an independent contractor or a controlling stockholder of your employer; in IA & GA if employed full-time in a nonseasonal occupation; in NY if actively employed by someone else and employed in a non-seasonal occupation. Benefits begin after 30 consecutive days of unemployment and are retroactive to the first day of loss. Unemployment benefits are limited to 12 months in PA. Unemployment excludes discharge for cause (except in AL, AZ, GA, IA, NY, PA, SC & SD); willful or criminal misconduct in AZ, CO, MD, MA, MO, NY & TX; forbidden acts, violation of established policies or neglect of duty in MA, MO & TX; being notified either orally or in writing of pending unemployment in MA & TX; normal seasonal unemployment in MA & TX; strike, lockout or illegal walkout in NY. Unemployment coverage is not available in ND & NE.

**LEAVE OF ABSENCE:** If you take an employer-approved unpaid leave of absence from work due to: accident or illness of an immediate family member; childbirth / adoption; recall to active military service; residing in a federally-declared disaster area; placement of a foster child in your home (in NC only); or petit or grand jury duty (in NC only), Chargecard will pay to the Creditor your scheduled minimum monthly payment based on the outstanding balance as of the date of leave until your balance is paid off, you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. Benefits begin after 30 consecutive days of leave and are retroactive to the first day of leave. In AL, CO, GA, IA, MD, MA, PA & SD, you are eligible for this coverage if employed full-time, in a non-seasonal occupation and are not self-employed. Benefit payments do not apply to leave during the first 90 days of coverage (except in CA, KS, MD, & OR). The number of monthly benefits payments for leave of absence are limited to 6 months in AL, CO, GA, IA, MA, PA & SD; 9 months in OR; 18 months in MD. Leave of Absence coverage is not available in FL, MO, NV, ND, NY, TX & VA.

**GENERAL PROVISIONS:** Maximum enrollment age in all states is 70, except 65 in CO, IA, MA, NY & PA; 69 in AL, AZ, GA & SD; 71 in NM. No maximum enrollment age in TX. Coverage terminates in all states at age 71, except 66 in CO, MA, NY & PA; 70 in AZ; 72 in NM. No termination age in AL, FL, IA, GA, SD & TX.

**COST PER \$100 PER MONTH:** 65.7¢ in AK; 76.7¢ in AL; 91.4¢ in AR; 71.1¢ in AZ; 73.8¢ in CA; 43.6¢ in CO; 83.8¢ in CT; 85.7¢ in DC; 89¢ in DE; 59.5¢ in FL; 79.7¢ in GA; 72.5¢ in HI; 86.4¢ in ID; 73.7¢ in IA; 82.9¢ in IL; 67.6¢ in IN; 85.6¢ in KS; 96.4¢ in LA; 65.9¢ in ME; 41.9¢ in MD; 46.2¢ in MA; 82.3¢ in MI; 53¢ in MO; \$1.068 in MS; 81¢ in MT; 69.8¢ in NH; 70.4¢ in NJ; 68.7¢ in NM; 29.2¢ in NV; 22.4¢ in NY; 56.8¢ in NC; 23.9¢ in ND; 46.2¢ in NE; 72.9¢ in OH; 86.1¢ in OK; 68.9¢ in OR; 65.6¢ in PA; 77.9¢ in RI; 82.2¢ in SC; 82¢ in SD; 88.2¢ in TN; 19¢ in TX; 80.1¢ in UT; 34.3¢ in VA; 63.6¢ in VT; 68.1¢ in WI; 89¢ in WV; 75.4¢ in WA; 86¢ in WY. The cost of credit insurance will be financed at the rate specified in your agreement with the creditor.

Coverage is underwritten by American Bankers Life Assurance Company of Florida, American Bankers Insurance Company of Florida and American Reliable Insurance Company, 11222 Quail Roost Drive, Miami, FL 33157-6596 and Union Security Life Insurance Company of New York, Fayetteville, NY. In TX unemployment certificate number – AD9139CQ-0499. In CA, life and disability coverage provided by ABLAC and ARIC provides remaining coverages described above. Coverage for life and disability is provided under form numbers AE2415PL-0999, AC2099CB-0707, B3539PQ-0397, AR8758EQ-0297 & AR8770EQ-0597. In FL and VA, coverage for life and disability are provided under form number AC3755PQ-0897. In NY, credit life and credit disability coverages are provided under form number UL2000PL-0707 & UL2022PD-0707. The creditor has a financial interest in the sale of this insurance. Ana Aguilera is the licensed agent for the states of FL, ND & WV.

Coverages are only available as a package. If you cancel within 30 days of receiving your certificate, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date.

If you have questions or want to file a claim, you should contact us, toll-free, at 1-800-859-0490 between 8:00 a.m. and 8:00 p.m., Eastern Time, Monday through Friday, except for federal holidays. Written correspondence and other documents should be sent via U.S. mail to: DFS Claims Department, P.O. Box 977122, Miami, FL 33197-7122.

*This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, this institution, or any Federal Government Agency. We may not condition your extension of credit on either: your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity.*

AR, LA, ME, NM, OH, TN & VA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties. (VA residents; this notice is not applicable to life and health insurance).

DC residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NJ residents: Any person who includes false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

PA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

WA residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

4/09

### CREDIT INSURANCE PRE-PURCHASE DISCLOSURE

This disclosure is required by MA law. You may purchase optional credit life insurance and credit disability insurance.

**CREDIT LIFE INSURANCE:** If you die while coverage is in force, we will pay the outstanding balance of your loan to the creditor. We will not pay a life benefit in the first 2 years if you die as a result of suicide.

**CREDIT DISABILITY COVERAGE:** If you become disabled while this coverage is in force, we will pay up to your minimum monthly payment, as of the date of your disability, to the creditor. We will not pay benefits if your disability is the result of war, a self-inflicted injury, flight in non-scheduled aircraft, foreign travel or foreign residence. You must send proof of disability within 90 days. There is a 30 day waiting period. You are eligible for this coverage if you work 30 hours a week, are in a non-seasonal occupation and meet the age criteria below.

**GENERAL:** See certificate of insurance for specific definitions. You are eligible for optional credit life insurance and credit disability insurance if you are between 18 and 65 years of age. Coverage will expire on your 60th birthday. The maximum benefit is \$10,000. You may cancel this coverage at any time. All unearned premiums will be credited to your account by the actuarial method for life coverage and by the pro-rata rule for disability coverage. The premium rate for the credit life and credit disability insurance is \$0.152 per \$100 of monthly outstanding balance. These coverages can only be purchased as a package. If other insurance exists that covers this risk or that may cover this risk, one may not want or need this coverage.

## When you use the...



## Visa® Gold Credit Card for the purchase of goods or services, the following benefits are yours!

### ADVANTAGE - COMPLETE

- Travel Reservation Service
- Concierge Services
- Vision Care Discounts
- Payment Card Registration
- Key Registration
- Medical Assistance Services
- Automobile Rental Insurance
- Travel Protection
- Lost Luggage Locator Service
- Lost or Damaged Luggage Insurance
- Hotel-Motel Burglary Insurance
- Bonus Travel Dividends
- Personal Shopper
- Prescription Discounts
- Quarterly Newsletter
- Auto Rental Discount

### TRAVEL ACCIDENT INSURANCE

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

### CREDIT INSURANCE

Our Credit Insurance program can protect your card, your family, and your credit rating when you may need it most due to unexpected events.

### EXTENDED WARRANTY

On purchases made in full using our credit card, the extended warranty program doubles the U.S. manufacture's warranty period and extends the coverage up to one additional year for warranties of one to five years (some exclusions apply.)

**CREDIT APPLICATION****Check Account Choice:**

(Signature required for joint applicant)

- Individual Account  
 Joint Account:  
 Credit Line Increase

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

**Visa® Gold**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask 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.

**APPLICANT** Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ( )	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
Current Address		City	State	Zip Code	How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )		Date Employed
Address		Position/Occupation		Monthly Gross Income \$	
Name and Address of Previous Employer (if less than 2 years at present employer)		How Long (yrs)		Amount per Month \$	
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness		Relationship			
Nearest Relative (Not Living With You)		Home Phone ( )		Relationship	
Their Address		City	State	Zip Code	

**CO-APPLICANT** Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ( )	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
Current Address		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )		Date Employed
Address		Position/Occupation		Monthly Gross Income \$	

**CREDIT INFORMATION**

Name and Address of Creditor

1. Home Mortgage/Rent

Attach Additional Sheets If Necessary

Name under Which Account is Carried

Account Number

Balance

Monthly Payment

2. Bank Credit Card/Bank Name and Address					
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**CREDIT DISCLOSURES**

Annual Percentage Rate (APR) for Purchases (Fixed)	<b>11.96%</b>
Cash Advance APR (Fixed)	11.96%
Balance Transfer APR (Fixed)	11.96%
Grace Period for re-payment of balances for purchases	25 Days
Currency Conversion Fee	0.08%
Late Payment Fee	If the minimum required payment is not received within 10 days after the closing date subsequent to the payment due date, a late payment fee of \$30.00 will be imposed.
Over-the-Credit-Limit Fee	\$10.00

**RETURN PAYMENT FEE**

Return Fee of \$30.00 will be charged for any returned checks

**CHARGE CARD INSURANCE PROTECTION REQUEST** MD & VA residents: Please contact this institution to obtain the insurance application applicable to your state.

By electing optional Chargecard insurance, I acknowledge that Chargecard includes credit life, disability, involuntary unemployment, and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age eligibility requirements shown in the Summary of Insurance\*. Monthly premium charges are based on the account balance and the rate shown, I may cancel anytime. \*Please see the *Summary of Insurance on the back*.  
**Yes, please enroll me in Chargecard Credit Insurance**

Applicant Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_ N1991-0299 NonStd ID#19

**SIGNATURES**

**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 cardholder 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. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  Co-Applicant Signature \_\_\_\_\_ 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.

Credit Card Account Number \_\_\_\_\_ Amount to be transferred \$ \_\_\_\_\_  
 Signature \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Visa Account No. \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

CREDIT LINE

APPROVED BY \_\_\_\_\_