SCORECARD REWARDS

METRO'S VISA CLASSIC



•\$250,000 TRAVEL ACCIDENT INSURANCE

METRO'S VISA GOLD



- •AUTO RENTAL INSURANCE
- •\$500,000 TRAVEL ACCIDENT INSURANCE
- •EMERGENCY TRAVEL ASSISTANCE

METRO'S VISA PLATINUM

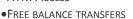


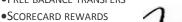
- •AUTO RENTAL INSURANCE
- •\$500,000 TRAVEL ACCIDENT INSURANCE
- •EMERGENCY TRAVEL ASSISTANCE

PLUS THERE'S MORE BENEFITS NO MATTER WHICH CARD YOU CHOOSE!

ALL METRO VISA CARDS INCLUDE:







- •ONLINE ACCOUNT ACCESS
- •OPTIONAL CREDIT LIFE & DISABILITY INSURANCE

SCORECARD REWARDS

EVERY MEMBER WITH A METRO VISA CARD IS AUTOMATICALLY ENROLLED IN THE **SCORECARD**TM REWARD PROGRAM!

\$1=1REWARD POINT

HOW IT WORKS:

- FIRST, *CREATE YOUR PROFILE* SO YOU CAN LOG INTO YOUR REWARDS ACCOUNT AT <u>WWW.SCORECARDREWARDS.COM</u>
- ONCE YOUR PROFILE IS CREATED, YOU CAN **VIEW YOUR REWARDS BALANCE**, SEARCH AND VIEW ALL AVAILABLE REDEMPTION OPTIONS AND MORE!
- THEN, YOU CAN REWARD YOURSELF BY REDEEMING REWARDS ONLINE! START REDEEMING WITH AS LITTLE AS 2,000 POINTS.





BE SURE TO USE YOUR CARDS FOR ALL OF YOUR EVERYDAY PURCHASES AND THEN WATCH YOUR REWARDS ADD UP QUICKLY!

**BALANCE TRANSFERS, CONVENIENCE CHECKS AND CASH ADVANCES WITH YOUR CREDIT CARD DO NOT QUALIFY FOR BONUS POINTS. FOR MORE INFORMATION PLEASE CONTACT GABBY OR NATALIE AT 847-670-0459.

CREDIT INSURANCE

Your Application for Credit Insurance "You" or "your" means the member and joint insured (if applicable).

Credit Insurance is voluntary and not required to obtain this credit card. You can get this insurance only if you check the "yes" box below, sign your name, and write in the date. The rate you are charged for insurance is subject to change. You will be given a 31 day advance written notice before increase goes in effect. You have the right to stop this insurance by notifying METRO Federal Credit Union in writing. Your signature below means you agree that:

If you elect insurance, you authorize METRO Federal Credit Union to add the charges for insurance to your loan each month.

I elect the following insurance coverage:

Single Credit Disability	🗖 Yes	🗖 No
Single Credit Life	🗖 Yes	🗖 No
Joint Credit Life	🗖 Yes	🗖 No

VISA

*Per \$100 of your monthly balance

Oeveragela	Cost*	Incurance	Dischilling	Life
Coverage's	Cost^	Insurance Premiums	Disability	Life
Single Credit Disability	15¢	Maximum Monthly Benefit	\$750	N/A
Single Credit Life	5.5¢	Maximum Amount of Loan Insurable**	\$50,000	\$50,000
Joint Credit Life	8.8¢	Maximum Age for Insurance	66	70

 $\ast\ast$ This amount may be less the amount of your loan.

If you are disabled for more than 30 days, the Disability Benefit will begin on the 31st day of disability.

Date of Birth	Applicant Signature	Date
	Co-Applicant Signature	Date

Note: This insurance product is not insured or Guaranteed by the Government or NCUA.

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METRO Federal Credit Union 2440 E. Rand Road Arlington Heights IL 60004 (847) 670-0456 Fax (847) 670-0401

METRO VISA APPLICATION

- METRO VISA RATES
- CARD BENEFITS
- SCORECARD REWARDS
- VISA CREDIT INSURANCE



VISA[®] CLASSIC VISA[®] CLASSIC SHARE SECURED VISA[®] GOLD VISA[®] PLATINUM



CREDIT CARD DISCLOSURES	Effective 2/22/10				
General Requirement: Membership in METRO and a \$50 Savings Account Balance.					
Interest Rates and Interest Charges	Visa Classic	Visa Gold Minimum Credit Line \$5,000	Visa Platinum Minimum Credit Line \$5,000		
Annual Percentage Rate (APR) for	13.80%	12.80%	11.80%		
Purchases					
	Fixed Rate	Fixed Rate	Fixed Rate		
Annual Percentage Rate (APR) for Balance Transfers	13.80%	12.80%	11.80%		
Balance Transfers	Fixed Rate	Fixed Rate	Fixed Rate		
Annual Percentage Rate (APR) for	13.80%	12.80%	11.80%		
Cash Advances	Fixed Rate	Fixed Rate	Fixed Rate		
Penalty APR and When it Applies	None	None	None		
How to Avoid Paying Interest on	Your due date is at least 25	days after the close o	f each billing cycle. We		
Purchases					
Minimum Interest Charges	Minimum Interest Charges If you are charged interest, the charge will never be less then \$.50				
For Credit Card Tips from the Consumer To learn more about factors to consider when applying for or using a					
Financial Protection Bureau credit card, visit the web site of the Consumer Financial Prote					
	Bureau at :				
	http://www.consumerfinance.gov/learnmore.				
Fees	Visa Classic	Visa Gold	Visa Platinum		
Annual Fee	None	None	\$25.00		
Transaction Fees					
Balance Transfer	None	None	None		
Cash Advances	None	None	None		
Foreign transaction	1.0%	1.0%	1.0%		
Penalty Fees					
Late Payment	\$30.00	\$30.00	\$30.00		
Over-the-Credit-Limit	None	None	None		
Returned Payment	\$25.00	\$25.00	\$25.00		
Other Fees					
Draft Copy Fee	\$15.00	\$15.00	\$15.00		
Statement Copy Fee	\$ 5.00	\$ 5.00	\$ 5.00		
Card Pick-up Fee	\$65.00	\$65.00	\$65.00		
Card Replacement Fee	\$15.00	\$15.00	\$15.00		
The finance charge for the billing cycl	e is computed by applying t	he monthly periodic r	ate to the average daily		

The finance charge for the billing cycle is computed by applying the monthly periodic rate to the average daily balance of credit purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges. A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue until the date of payment.



RETURN APPLICATION TO:

METRO FEDERAL CREDIT UNION 2440 E. RAND ROAD ARLINGTON HEIGHTS. IL 60004 MAIN (847) 670-0456 FAX (847) 670-0401



PLEASE CHECK ONE:

□ INDIVIDUAL CREDIT ACCOUNT Complete Applicant Section

JOINT CREDIT ACCOUNT Complete Applicant and Joint Applicant Section

CREDIT LIMIT DESIRED:

NAME OF EMPLOYER

TYPE OF CARD DESIRED: □Visa Classic □Visa Gold **Visa Platinum** □Visa Classic Share Secured

CURRENT ADDRESS , CITY, STATE, ZIP

APPLICANT (NOTE: ALL APPLICABLE SECTIONS SHOULD BE FILLED OUT COMPLETELY. IF NOT, PROCESSING MAY BE DELAYED.)						
FULL NAME			SOCIAL SECURITY NO.	DATE OF BIRTH	METRO ACCOUNT NO.	
CURRENT ADDRESS, CITY, STATE, ZIP			YEARS AT THIS ADDRESS	[]OWN []RENT	DRIVERS LICENSE NO.	
HOME PHONE	BUSINESS PHONE	POSITION / OCCUPATION	HOW LONG?	MONTHLY INCOME? \$	[] GROSS [] NET	
NAME OF EMPLOYER			CURRENT ADDRESS, CITY, STATE, ZIP			
JOINT APPLICANT						
FULL NAME			SOCIAL SECURITY NO.	DATE OF BIRTH	METRO ACCOUNT NO.	
CURRENT ADDRESS, CITY, STATE, ZIP			HOW LONG AT CURRENT ADDRESS?	[]OWN []RENT	DRIVERS LICENSE NO.	
HOME PHONE	BUSINESS PHONE	POSITION / OCCUPATION	HOW LONG?	MONTHLY INCOME? \$	[] GROSS [] NET	

CREDIT INFORMATION (INCLUDE CHARGE ACCOUNTS, INSTALLMENT CONTRACTS, CREDIT CARDS, RENT, MORTGAGE, ETC, USE SEPARATE SHEET OF PAPER IF NECESSARY) NAME OF MORTGAGOR OR LANDLORD ACCOUNT NUMBER APPROX. MARKET VALUE CURRENT BALANCE MONTHLY RENT OR PAST MTG. DUE? [] CREDITOR 1. INTEREST RATE (%) MO. PAYMENT \$ \$ [] CREDITOR 2. MO. PAYMENT \$ INTEREST RATE (%) \$ [] INTEREST RATE (%) MO. PAYMENT \$ CREDITOR 3. \$ [] ARE YOU A PARTY IN A LAW SUIT? []YES [] NO HAVE YOU EVER DECLARED BANKRUPTCY? []YES []NO **SIGNATURES**

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (we) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit history. If this application is approved and a VISA card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the VISA card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the VISA card(s). I (we) understand that by signing below, I (we) pledge to METRO Federal Credit Union a security interest in my (our) share account(s) including paid shares and future payments on shares to secure my VISA account. I (we) authorize you to apply these holdings to pay any amounts due on the account if I (we) should default.

SIGNATURE	DATE				
JOINT SIGNATURE	DATE				
(PLEASE RETURN THIS APPLICATION WITH A COPY OF YOUR LAST TWO PAY STUBS)					
For office use only					

For office use only	Loan Officer:	Action: [] Approved Date:	Card type: [] Classic	Visa Line: \$
		[] Denied	[] Gold	
			[] Platinum	