

OTHER INCOME

(Please submit supporting documentation)

If you or your spouse have a secondary source of income, please attach supporting documentation of that income is necessary. You need not reveal alimony, child support, or separate maintenance payments if you do not desire the Credit Union to consider such income in determining your creditworthiness.

Other Income	Source of other income	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
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PERSONAL REFERENCES

Three references are required. List persons who will always know your address.

- Complete addresses and phone numbers are required.
- Relatives are acceptable.

NAME	Address	City	State	Zip Code	Phone #
					()
					()
					()

ASSETS

Savings Accounts	\$ _____	Certificates of Deposit	\$ _____	Stocks and Bonds	\$ _____
Checking Accounts	\$ _____	IRA's	\$ _____	Savings Plan	\$ _____
Money Market Accounts	\$ _____	Mutual Funds	\$ _____	Savings Bonds	\$ _____
Other	_____				

VEHICLE INSURANCE

AUTO LOAN ONLY

Company	Agent Name and Address	Phone Number
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CREDIT LIFE AND DISABILITY INSURANCE

Insurance Request: Group Credit Insurance is available from Minnesota Mutual Life Insurance Company (St. Paul, MN) on loans and revolving credit account balances of Credit Union Members **Beneficiary:** Northrop Grumman Federal Credit Union **Type of Coverage:** 30 day Elimination **Maximum Monthly Disability Benefit: \$750.00**
Maximum Amount of Life Insurance: \$50,000.00. You are applying for credit insurance and authorizing the Creditor to add the charges for the insurance to your loan each month as they become due. You have the right to stop this authorization. Your signature below means that you agree that: 1. You are eligible for disability insurance as to each advance only if you are under the age of 66 and you are working for wages or profit 30 hours a week or more on the date you sign for the advance. If you are not, that particular advance will not be insured until you return to work. You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you. 2. Each month the insurance charge is calculated by multiplying the insured outstanding principle balance of your loan on the billing date by the rate shown in the schedule. We can change the rate later on. But if we do, we will let you know in advance. The new rate will apply only to charges for insurance made after the date of the rate change. 3. Only the primary borrower is eligible for disability insurance. 4. You are not eligible for insurance after you have reached your 66th birthday for life, 66th for disability, and insurance will also stop when you reach age 70 for life and age 66 for disability. 5. THIS INSURANCE MAY NOT COVER AN ADVANCE UNDER YOUR CREDIT LINE IF YOUR DEATH or DISABILITY RESULTS FROM A CONDITION FOR WHICH YOU HAVE SEEN A DOCTOR OR A CHIROPRACTOR IN THE SIX MONTHS BEFORE THE ADVANCE. (Refer to "WHAT WE WON'T PAY" in your certificate for details.) 6. This insurance is voluntary and not a condition for approval of the loan.

These Questions must be answered: You should understand that untruthful answers to these questions may cancel your insurance protection.

1. During the past two years, have you or your co-borrower been advised of or treated for cancer, heart disease, stroke, disease of liver or lungs, drug addiction or alcoholism?

Primary Borrower _____ Yes _____ No Co-Borrower _____ Yes _____ No

2. During the last few years have you or your co-borrower ever been diagnosed as having or been treated for AIDS, ARC or any other disorder to your immune system?

Primary Borrower _____ Yes _____ No Co-Borrower _____ Yes _____ No

If you or your co-borrower answers yes to either of the above questions you understand that you are **not** eligible for insurance and will not be insured.

I voluntarily select this insurance and understand that credit insurance is voluntary and not a condition for approval of the loan.

The cost of insurance is shown below. Please indicate your choice.

Credit Insurance applied for:

_____ SINGLE LIFE INSURANCE-Open End: Monthly rate Per \$100: \$.065 _____ JOINT LIFE INSURANCE-Open End: Monthly rate Per \$100: \$.096

_____ CREDIT DISABILITY-Open End: Monthly rate Per \$100: \$.358 _____ I do not wish either Credit Life or Disability coverage on this loan

Primary Borrower Signature X _____ Date of Birth _____ Age _____ Date _____

Co-Borrower Signature X _____ Date of Birth _____ Age _____ Date _____

AUTHORIZATIONS AND SIGNATURES

I/We (jointly and severally) apply to Northrop Grumman F.C.U. to extend credit for provident and productive purposes. The information I provide is furnished to induce the Credit Union to extend credit to me. I certify that all the information is current, complete, and true and correct. It is the most recent and you may assume it to be a continuing statement of my financial condition as of the date indicated. I will notify you immediately in writing if my financial condition changes in any material way. I authorize Northrop Grumman Corporation to make total weekly payments in the amount authorized by me or as set forth in the loan disclosure and to remit the amounts deducted to the Credit Union for credit to my account(s) in the Credit Union. Further, I authorize the Credit Union to sign my payroll deduction cards for each change in payroll deduction necessitated by disbursements given in pursuant to my loan agreement. Payroll deductions shall be made from compensation earned by me during any period designated by Northrop Grumman Corporation Companies for which Credit Union deductions can be made. If I elect to not make payments by payroll deduction, I will notify you in writing and my payments will then be made monthly.

I authorize the Credit Union to contact and inquire to any of my references and my employer(s) past and present, and future, and to gather whatever credit information and also authorize the Credit Union to obtain any of my tax returns and related documentation from the Internal Revenue Service it considers appropriate. I authorize the Credit Union to give information concerning its credit experience with me to others. I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize the Credit Union to obtain such information from the DMV.

I understand that Credit Life and Disability Insurance is not compulsory or required by the Credit Union, nor is it a condition precedent to any loan transaction. If I did not sign the insurance request above which is part of this application it means I do **not** wish Credit Life and/or Disability Insurance.

Signature X _____ Date _____ Co-Borrower Signature X _____ Date _____

FOR OFFICE USE ONLY

AT A MEETING HELD ON AND RECORDED IN THE MINUTES AS STATED BELOW, I/WE APPROVED A LOAN IN THE AMOUNT OF AND ON THE CONDITIONS STATED AS FOLLOWS.

DATE:	AMOUNT:	APR:	TERM:	<input type="checkbox"/> LOAN APPROVED	<input type="checkbox"/> COUNTER-OFFER MADE	<input type="checkbox"/> LOAN REJECTED
DOCUMENTATION/COMMENT						X
						X CREDIT COMMITTEE/LOAN OFFICER



*Your Trusted Source
For All Your Credit Needs*

Northrop Grumman Federal Credit Union has a full array of lending programs with rates that are frequently lower than other lenders.

This package contains an application for credit. Please complete all sections needed to guide us in making a credit decision and sign all documents as indicated. If you have questions about completing this application, please contact a Credit Union loan representative at one of the phone numbers listed below. You may retain this page for your reference. Your completed and signed application along with required documentation may be delivered by mail, fax or brought in person to a branch office.

WEST COAST

- U.S. Mail, Box 47009,
Gardena, CA 90247
- (310) 808-4000
- (800) 633-2848
- FAX (310) 965-0280

EAST COAST

- U.S. Mail, 898 Airport Park Rd, #101
Glen Burnie, MD 21061
- (410) 590-6100
- (800) 634-7075
- FAX (410) 590-6109

Giving you a prompt response is our objective. Therefore, in order to avoid unnecessary delays, please provide the following documentation: (see the Loan Documentation Check List)

1. An accurate and complete credit application
2. Documentation of income
3. Signatures as required on the reverse side of the application

REMEMBER: Missing information can delay our decision

LOAN DOCUMENTATION CHECK LIST

Pre-Approval:

Is available and encouraged for all loans. It's a great idea to have your financing secured before you start negotiating a final price on a purchase.

All Loans:

- _____ Completed and Signed Loan Application
- _____ Supporting Documentation for income (**Current pay stub**)
- _____ Tax returns for self employed
- _____ Rental agreements if rental property is owned

Auto Loans:

In all cases we need an agreement to provide insurance.

- _____ Dealer Purchase: Provide us with a copy of a signed complete purchase order providing costs, identification and extras.
- _____ Private Party: Provide a vehicle inspection report. We can provide you with all the necessary DMV forms and, after they are properly signed by the seller and you and the vehicle is Smog Certified, we will process the documents with the DMV.

Money Master Line of Credit

- _____ Sign and return a Money Master Open-End Line of Credit Agreement and Disclosure Statement

Credit Disability Insurance

Credit Disability makes the loan payments up to the policy maximum monthly payment (\$750 per month) if you become disabled and are unable to work.

Requirements

- 1 – Must be disabled for more than 30 days. Payment will be calculated from the first day of disability.
- 2 – Only the primary Borrower is eligible to be insured.
- 3 – The insured must be under the age of 66 at the time the loan is disbursed.
- 4 – The maximum monthly benefit per loan is \$750.
- 5 – The maximum term of the loan is 10 years.
- 6 – The insured must work outside the home for wages or profit 30 hours or more per week on the effective date of the claim.
- 7 – The amount insured is only the amount the insured owes. Unused lines of credit are not insured.

Security	Knowledge that the loan payment will be made if you become disabled.
Convenience	Premium is automatically assessed each month based on the loan balance
Simple	Easy to enroll. Only two questions to answer.

Credit Life Insurance

The outstanding balance of the insured's loan will be paid in full up to the policy maximum (\$50,000), (in the event of death).

Requirements

- 1 – Must be a member of the credit union.
- 2 – Only the amount outstanding on the insured loans with Northrop Grumman Federal Credit Union is protected up to \$50,000.
- 3 – The applicant must be under age 66 at the time the loan is funded.
- 4 – The loan term cannot exceed 15 years.

Security	Knowledge that the loan will be paid off in the event of death.
Convenience	Premium is automatically assessed each month based on the loan balance.



LOAN INFORMATION

For Office Use Only
 Rec By _____
 Date _____

(Please type or print legibly)

Amount Request \$ _____	TYPE OF LOAN	<input type="checkbox"/> Line of Credit <input type="checkbox"/> Home Equity	<input type="checkbox"/> New Auto <input type="checkbox"/> Used Auto	<input type="checkbox"/> Other Purpose <input type="checkbox"/> _____	Desired Term of Loan _____ Months
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APPLICANT'S PERSONAL INFORMATION/EMPLOYMENT HISTORY

(Please submit a copy of your current pay stub)

Married applicants may apply for separate credit. I am applying:		<input type="checkbox"/> Jointly with spouse or other member <input type="checkbox"/> Separately, in my name alone		Employee Number	Account Number
Last Name (specify if Jr., II, etc.)	First	Middle	Social Security Number	Home Phone # ()	
Present Address <input type="checkbox"/> Please check if different from our records	Street	City	State	Zip Code	How Long?
Previous Address (if present address is less than 3 years)					How Long?
Marital Status (Complete only if you reside in a community property state) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		Ages of Dependents (other than spouse)	Your Birth Date	Driver's Lic. No. State Exp. (Mo./Yr.)	
Present Employer	Address	City	State	Zip	Dept. Shift Zone
Present Position	Supervisor	Seniority Date	Work Phone #	Gross Monthly Salary	
Previous Employer Name (if present is less than 5 years)		Location (City & State)	Position Held	Employment Dates From To	Salary \$

SPOUSE'S / CO-APPLICANT PERSONAL INFORMATION/EMPLOYMENT HISTORY

(Please submit a copy of your current pay stub)

NOTE: Complete this section about spouse: 1. If you reside in a community property state; or 2. If you are relying on property located in a community property state as a basis for repayment of the credit requested; or 3. If you are relying on your spouse's income as a basis for repayment of the credit requested; or 4. If your spouse will be permitted to use your account or will be contractually liable on the account; or 5. If you are relying on alimony, child support or separate maintenance payments from a spouse or former spouse as a basis for repayment of the credit requested.

Last Name (specify if Jr., II, etc.)	First	Middle	Social Security Number	Account Number	Your Birth Date
Street	City	State	Driver's Lic. No. State Exp. (Mo./Yr.)		
Present Employer	Address	City	Gross Monthly Salary		
Present Position	Supervisor	Seniority Date	Work Phone #	Gross Monthly Salary	
Previous Employer Name (if present is less than 3 years)		Location (City & State)	Position Held	Employment Dates From To	Salary \$

OBLIGATIONS

REAL ESTATE-FIRST TRUST DEED HOLDER	LENDER'S ADDRESS	CITY	STATE	ZIP CODE
DATE PURCHASED	PURCHASE PRICE \$	BALANCE OWING \$	ESTIMATED MARKET VALUE \$	MO. PAYMENT
DOES MONTHLY PAYMENT INCLUDE TAXES? IF NO, WHAT ARE YOUR ANNUAL TAXES? \$		<input type="checkbox"/> YES <input type="checkbox"/> NO	ASSOCIATION FEE TOTAL \$	MOBILE HOME SPACE RENT
RENT <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED	MANAGER'S NAME AND ADDRESS		CITY	STATE/ZIP
SECOND TRUST DEED HOLDER	ADDRESS	CITY	STATE/ZIP	BALANCE \$
AUTOMOBILE	YEAR	MODEL	(IF FINANCED - LENDER NAME & BRANCH)	
AUTOMOBILE	YEAR	MODEL	(IF FINANCED - LENDER NAME & BRANCH)	
OTHER VEHICLES (R.V. BOATS)	YEAR	MODEL	(IF FINANCED - NAME & BRANCH)	
CREDIT CARDS <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other			\$	\$
RETAIL DEPARTMENT STORE CHARGE CARDS				\$
MISCELLANEOUS OBLIGATIONS <input type="checkbox"/> Child Care <input type="checkbox"/> Child Support <input type="checkbox"/> Spousal Support <input type="checkbox"/> Medical Payment				\$
OTHER (including rental units and Northrop Grumman Employees Store)				\$
				\$
				\$
Please attach additional sheet if more space is needed				Total of all \$

CREDIT QUESTIONS

If the answer to any of these questions is "yes", please provide explanation on a separate sheet.		Are you or your spouse an endorser/guarantor or co-maker for others? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of you or your spouse's debts past due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any judgements, garnishments or collections against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or your spouse ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or your spouse have credit under any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or your spouse had any property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what name(s) _____	
Do you know of any reason why any income shown on this application will be interrupted before the credit requested is paid in full? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	

- Please sign on reverse side -