

Alaska USA Consumer Loan Application

Account number	Amount requested	Number of monthly payments
Purpose of loan		Collateral offered

Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To comply with this requirement, please complete the following information prior to opening your account.

Applicant (please print)

I intend to apply for joint credit

First name	Initial	Last
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		
Mailing address <input type="checkbox"/> Check here if your address has changed	Time at address Yrs. Mo.	
City State	ZIP code	
Physical address (if different than mailing address)	Home telephone	
Former address (if at current address less than 2 years)	Time at address Yrs. Mo.	
Social Security Number	Date of birth	
E-mail address	Cell phone	
Government issued ID (driver's license, military ID, state ID) Type: Number: State/country: Exp. date:		
Current employer	How long?	Work telephone
Position/grade	Gross monthly salary	ETS PCS
Former employer and position	How long?	

Co-applicant (please print)

I intend to apply for joint credit

Do not complete this section if this application is for Individual Unsecured

First name	Initial	Last
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> (if different than mailing address)		
Social Security Number		
Date of birth		
E-mail address		Cell phone
Government issued ID (driver's license, military ID, state ID) Type: Number: State/country: Exp. date:		
Current employer	How long?	Work telephone
Position/grade	Gross monthly salary	ETS PCS
Former employer and position	How long?	

Sources of additional income (rent, stock, retirement, etc.)

Income received from child support, alimony or maintenance is optional information furnished only if you desire this income to be considered in evaluating your application.

Applicant

Type of other income	Monthly amount
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Co-applicant

Type of other income	Monthly amount
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Liabilities

Applicant & co-applicant

Rent or mortgage payment (include association fees)	Monthly payment
Vehicle insurance (circle one: 1 3 6 9 12 month)	Monthly payment

Liabilities

Applicant & co-applicant

Alimony/child support	Monthly amount
Child care	Monthly amount

Signatures

Applicant's signature	Date
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Co-applicant's signature	Date
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Optional Payment Protection

I/We hereby understand that the Payment Protection listed below is optional and that my/our decision to purchase same will not be a consideration in the approval of this loan. I/We further understand that my/our failure to indicate a choice will be interpreted as a decision not to become protected. If I/we elect to purchase the protection provided, I/we understand that the Payment Protection is subject to the conditions of the contract. A separate election that discloses the terms and conditions must be signed for protection to become effective.

Please indicate the protection desired:

- Single Loss of Life at \$0.65 per thousand dollars of monthly outstanding loan balance.
- Single Disability at \$1.53 per thousand dollars of monthly outstanding loan balance.
- Single Loss of Life and Disability at \$2.18 per thousand dollars of monthly outstanding loan balance.

- Joint Loss of Life at \$1.04 per thousand dollars of monthly outstanding loan balance.
- Joint Disability at \$2.64 per thousand dollars of monthly outstanding loan balance.
- Joint Loss of Life and Disability at \$3.68 per thousand dollars of monthly outstanding loan balance.
- I/We do not wish to purchase protection for my/our loan.

Applicant's signature	Date
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Co-applicant's signature	Date
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