

CHECK THE APPLICABLE BOX FOR THE TYPE OF TRANSACTION DESIRED.



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**Subsequent Action**

BORROWER 1 NAME	(LAST)	(FIRST)	(INITIAL)	ACCOUNT NUMBER	DATE
BORROWER 2 NAME	(LAST)	(FIRST)	(INITIAL)	ACCOUNT NUMBER	DATE

**ADDITION OF BORROWER**

On \_\_\_\_\_ (date), you agree to be bound by all the terms and conditions of the LOANLINER® Credit Agreement and Security Agreement, if applicable. You understand that you may obtain advances under the Plan and that  you are obligated to repay all amounts borrowed in the future by any joint borrower on the Plan or  you are obligated to repay all amounts borrowed under the Plan, including any amounts owing on this date or  \_\_\_\_\_  
 \_\_\_\_\_ Loan Account No.: \_\_\_\_\_

Date Plan Opened: \_\_\_\_\_ Name(s) of Additional Borrower(s): \_\_\_\_\_

**RELEASE OF BORROWER/GUARANTOR**

On \_\_\_\_\_ (date), \_\_\_\_\_ (Borrower) (Guarantor) is released from  all liability or  all future but not past liability on Loan Account No. \_\_\_\_\_.

**RELEASE OF SECURITY**

Describe Security: \_\_\_\_\_  
 Reason: \_\_\_\_\_

**MODIFICATION AGREEMENT**

By signing below you agree to amend the terms of your original agreement and to repay the entire unpaid balance of \$ \_\_\_\_\_ plus interest at \_\_\_\_\_ % by paying \$ \_\_\_\_\_ every \_\_\_\_\_ (payment frequency) beginning \_\_\_\_\_ (date).  
 Reason: \_\_\_\_\_  
 Collateral: \_\_\_\_\_

**SUBSEQUENT ELECTION FOR VOLUNTARY PAYMENT PROTECTION**

You can now voluntarily elect to become insured with the coverage(s) checked below. In order for coverage to become effective you must meet all insurance eligibility requirements stated in the Credit Insurance Application/Schedule. **If you are adding coverage more than 30 days after the date of your advance/loan you must complete the Evidence of Insurability questions. NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.** If you need a copy of the Insurance Certificate, just ask. By signing below, you authorize us to add the charges for the insurance to your outstanding balance each month. Coverage election applies to the entire balance on this  subaccount/loan ( \_\_\_\_\_ ) or  open end plan. Insurance rates are subject to change.

You elect the following:	OPEN-END Cost Per \$100 of Your Monthly Loan Balance	CLOSED-END Premium Schedule	NAME OF INSURED(S) (Please Print)
<input type="checkbox"/> Single Credit Disability	_____ c	\$ _____ e	_____
<input type="checkbox"/> Joint Credit Disability	_____ c	\$ _____ e	_____
<input type="checkbox"/> Single Credit Life	_____ c	\$ _____ e	_____
<input type="checkbox"/> Joint Credit Life	_____ c	\$ _____ e	_____

To pay insurance premium, you agree to:  make more payments of the same amount until what you owe has been repaid.  
 increase your monthly payment to \$ \_\_\_\_\_.

**CREDIT INSURANCE WAIVER**

By signing below you elect not to be insured for:  
 Single Credit Life  Joint Credit Life  Single Credit Disability  Joint Credit Disability  
 insurance on your Loan/Subaccount No. \_\_\_\_\_, effective \_\_\_\_\_ (date). You understand that all other Loan Subaccounts that were initially covered under the open-end LOANLINER® Credit Agreement you signed will continue to be covered, unless you have signed a similar statement.

**SIGNATURES**

<b>X</b> _____ (SEAL) BORROWER 1 SIGNATURE	DATE	<b>X</b> _____ (SEAL) BORROWER 2 SIGNATURE	DATE
<b>X</b> _____ (SEAL) OWNER OF COLLATERAL (OTHER THAN A BORROWER)	DATE	<b>X</b> _____ (SEAL) CREDIT UNION AUTHORIZATION	DATE