



Patroon Creek Corporate Center
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 www.sefcu.com



To protect your secure information, please return this form in person.
 DO NOT RETURN THIS FORM VIA E-MAIL.

Subsequent Action

BORROWER 1 NAME	ACCOUNT NUMBER	DATE
BORROWER 2 NAME	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.

Loan Account No.: _____ Name(s) of Additional Borrower(s): _____
 Date Plan Opened: _____

RELEASE OF BORROWER/GUARANTOR

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

RELEASE OF SECURITY

Describe Security:
 Reason:

MODIFICATION AGREEMENT

You agree to amend the terms of your original agreement and to repay the entire unpaid balance of \$ _____ plus interest at _____ % by paying \$ _____ payment frequency beginning _____ date.

Reason:
 Collateral:

SUBSEQUENT ELECTION FOR VOLUNTARY PAYMENT PROTECTION

You can now voluntarily elect to become insured with the coverage(s) shown 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)
Single Credit Disability	\$.136		
Single Credit Life	\$.058		
Joint Credit Life	\$.092		

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:

insurance on your Loan/Subaccount No. _____, effective _____ (date). For open end Plans, you understand that all other Loan Subaccounts that were initially covered will continue to be covered, unless you waive the entire plan.

SIGNATURES

X	(SEAL)
BORROWER 1 SIGNATURE	DATE

X	(SEAL)
BORROWER 2 SIGNATURE	DATE

X	(SEAL)
OWNER OF COLLATERAL (OTHER THAN A BORROWER)	DATE

X	(SEAL)
CREDIT UNION AUTHORIZATION	DATE