

## Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases, Balance Transfers and Cash Advances	7.00%, 8.00%, 9.00% or 16.00% when you open your account, based on your creditworthiness.  After that, your APR will vary with the market based on the Prime Rate.
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How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
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For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a>
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## Fees

Annual Fee	None
Transaction Fees <ul style="list-style-type: none"> <li>Balance Transfer</li> <li>Cash Advance</li> <li>Foreign Transaction</li> </ul>	None None 1% of U.S. dollar amount, whether originally made in U.S. Dollars or converted from a foreign currency
Penalty Fees <ul style="list-style-type: none"> <li>Late Payment</li> <li>Over-the-Credit-Limit</li> <li>Returned Payment</li> </ul>	\$25 None \$25

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

The information about the costs of the card described in this application is accurate as of 12/01/2009. This information may have changed after that date. For current information contact:

City & Police FCU  
4675 Sunbeam Road  
Jacksonville, FL 32257

## PROTECT YOUR CREDIT CARD

### Information About the Payment Protection Plan

At this time, you may enroll in the optional Payment Protection Plan. This program provides Life, Disability and Involuntary Unemployment protection to the Primary Insured Cardholder (the Primary Applicant). The Life Insurance will pay your unpaid balance at time of loss up to \$10,000 if you or your insured Co-cardholder should die. The Disability and Involuntary Unemployment insurance will make a monthly benefit payment if you become totally disabled or become involuntarily unemployed for more than 30 consecutive days. The cost for this protection is 59¢\* per \$100 of your ending monthly balance and it is automatically added to your statement each month. Enrollment is voluntary and you are free to cancel at any time.

All benefits are based on the amount on your account balance at the time of loss and do not include any amounts added (including insurance charges) to your account after your loss. The monthly benefit payment will be calculated by multiplying your account balance on the date of loss by the minimum payment percent required by the creditor. The monthly benefit payment may not be enough to pay the required minimum monthly payment on your account.

Life and Disability benefits are based on your account balance at the time your loss occurs and are payable up to that balance or \$10,000, whichever is less. Life benefits are not payable for suicide within 6 months of the effective date. Involuntary Unemployment benefits are limited to 9 monthly benefit payments per payable claim. Benefits are not payable for total disability which is the result of normal pregnancy or childbirth; any intentionally self-inflicted injury; or a pre-existing medical condition (as defined in your certificate). In all states, you must be employed on a full-time basis for at least 30 hours per week at the time of loss to be eligible for Unemployment benefits. All coverage terminates at age 71\*.

This program is administered and underwritten by Central States Indemnity Co. of Omaha and also underwritten by Central States Health & Life Co. of Omaha, both of Omaha, Nebraska. For more information about this insurance program or to file a claim, call toll-free 1-800-445-6500.

**The Payment Protection Plan is not a deposit in the credit union; not NCUA insured; not insured by any federal government agency; and not guaranteed by the credit union.**

#### \*PLAN MODIFICATIONS:

**AZ** – Your cost is 49.2¢ per \$100. Your coverage does not terminate; instead, the Life Insurance changes to Accidental Death and Dismemberment Insurance at age 70. **AL, CO** – To be eligible for this insurance, you must be employed at least 30 hours per week on the date you enroll. **CO, HI** – The 9 month limit for Unemployment benefits does not apply and your cost is 48.5¢ per \$100 in **CO**; 46.8¢ per \$100 in **HI**. **MA** – Your cost is 56.6¢ per \$100. Disability benefits start on the 31st day after your loss. **MD** – Your cost is 49.1¢ per \$100 and the insured Co-Cardholder must be your spouse. **ME** – Your cost is 44.9¢ per \$100. **MN** – Your cost is 57¢ per \$100. **NC** – Your cost is 57.3¢ per \$100. **NH, VT** – The plan available in your state provides only Life and Disability coverage at a reduced cost of 24.5¢ per \$100 in **NH**, 17.9¢ in **VT**. **NM** – Your cost is 55.8¢ per \$100. **OR** – Your cost is 57.2¢ per \$100. **SC** – Your cost is 56.8¢ per \$100.

Coverage under this program is currently not available to residents of NY. Residents of **CA, FL, NJ, PA, TX, and VA** – Coverage is available to you; however, a special enrollment form is required. Please complete the Enrollment Block on this application and we will send the appropriate enrollment materials to you.



Here's how  
to apply for  
**YOUR**  
Credit Card!

(904) 353-2240  
[www.cityfcu.com](http://www.cityfcu.com)

## CREDIT CARD APPLICATION

Date of Application:		Credit Union Account #	
Amount Requested:		Type of Card: <input type="checkbox"/> STANDARD <input type="checkbox"/> PHOTO	
MARRIED APPLICANTS MAY APPLY FOR INDIVIDUAL ACCOUNTS. INDICATE BELOW THE TYPE OF CREDIT WANTED <input type="checkbox"/> INDIVIDUAL CREDIT: Complete Applicant Section. <input type="checkbox"/> JOINT CREDIT: Provide information about both of you.			
<b>APPLICANT</b>		<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> CO-SIGNER	
Name		Name	
Social Security #	Birth Date	Social Security #	Birth Date
Mother's Maiden Name		Mother's Maiden Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Home #	Work/Cell #	Home #	Work/Cell #
<b>EMPLOYMENT</b>			
<small>IF SELF EMPLOYED, PROVIDE CURRENT FINANCIAL STATEMENT AND 2 YEARS INCOME TAX RETURNS</small>			
Current Employer		Current Employer	
Address		Address	
Date Hired	Monthly Income	Date Hired	Monthly Income
<b>OTHER INCOME</b>			
<small>You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this loan</small>			
Source of Other Income		Source of Other Income	
Monthly Amount		Monthly Amount	
<b>REFERENCES</b>			
Name & Address of Nearest Relative not living with you:		Name & Address of Nearest Relative not living with you:	
Phone	Relationship	Phone	Relationship
<b>TRANSFER OF BALANCE REQUEST</b>			
If approved for a MasterCard account with the Credit Union, I hereby authorize the Credit Union to make an advance on my credit card account and pay the balance(s) of the account(s) listed below. Such advance will be treated as a cash advance under the terms of my credit card agreement.			
Creditor/Address	Account Name/Number	Balance/Date Due	
I agree that the Credit Union shall not be liable whatsoever if payment is not made correctly or timely. I agree to indemnify and hold harmless the Credit Union for any damages or other cost that may incur as a result of payment or non payment of the accounts. The Credit Union can, at its option, choose not to pay the account(s) if such payment would exceed my credit card limit or if the Credit Union deems itself unsecure. I agree that payment of the account(s) balance(s) will be made once and I am responsible for any remaining or future account balance(s), including finance charges or other charges. I agree that the payment amount made by the Credit Union will be those amounts I have listed. I will attach my last statement for the account(s). I understand a FINANCE CHARGE will be incurred on the unpaid credit card balance and that I will be responsible for payment of these charges according to the terms of my credit card agreement. The new principal balance and FINANCE CHARGES will be reflected on future monthly statements.			
Member Signature		Date	
<b>INSURANCE ENROLLMENT</b>			
Initial here to protect your credit card account balance in the event of Death, Disability or Involuntary Unemployment by enrolling in the Payment Protection Plan offered by Central States Indemnity Co. of Omaha. You are eligible for Involuntary Unemployment Insurance only if you are employed on a full-time basis for at least 30 hours per week at the time of loss. Your Co-Applicant is not eligible for Disability or Involuntary Unemployment Insurance. By initialing, I understand the cost is 59¢ per \$100 of my ending monthly balance, enrollment is voluntary and I am free to cancel at any time. This coverage ends at age 71. I acknowledge that I have read the insurance disclosures contained on the reverse side of this application.			
YES _____ <small>Initial to Enroll</small>		NO _____ <small>Initial to Decline</small>	
<b>SIGNATURES TO OBTAIN CREDIT</b>			
You certify that everything stated in this application is true and correct to the best of your knowledge. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal or state-chartered credit unions insured by NCUA. You understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. A condition of your account is your granting us a security interest in your share accounts. By signing below you grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security are not subject to this security interest. When you are in default we may apply the balance in these accounts to any amounts due under the credit card agreement.			
Applicant Signature	Date	Co-Applicant/Co-Signer Signature	Date