

Chevron Federal Credit Union Bridging Loan Package

Chevron Federal Credit Union (CFCU) is pleased to process your bridging loan request. To assure closing on time, please complete and return the enclosed paperwork to CFCU no later than three (3) weeks prior to your escrow closing date.

Note; credit union regulations require that all borrowers be members of the credit union prior to disbursement of loan funds. If all borrowers are not yet members please complete all steps below. If all borrowers are already members you may skip steps 1 and 2.

1. MEMBERSHIP APPLICATION–

- a. Visit your local CFCU branch. A financial services representative will assist you with establishing your membership; or
- b. Apply online at www.chevronfcu.org. Click on the “Membership Application” button and follow the instructions on how to establish membership and fund your account; or
- c. Complete the attached Membership Application and Agreement and Regulatory Questions (see item 2 below) and mail, along with copies of your social security number and current US or foreign passport, State ID or driver’s license, to the address below. To fund your membership(s), please also include a check, made payable to Chevron Federal Credit Union, in the amount of \$25.00 for an individual membership or \$50.00 for a joint membership.

2. MEMBERSHIP REGULATORY QUESTIONS– Please complete the form for each person applying for membership with CFCU.

3. CONSUMER LOAN APPLICATION– Please complete APPLICANT/CO-APPLICANT INFORMATION. Sign and date the application.

4. CONTACT INFORMATION– Please complete and provide all information requested.

5. WIRE TRANSFER FEE– There is a \$20.00 wire transfer fee to remit funds to the title/settlement company. For existing members, your account will be deducted the amount of this fee. For new members, please include this amount in your check to fund your membership, or mail a check payable to Chevron Federal Credit Union.

IMPORTANT: Your bridging loan funds will be wired to your title company two (2) days prior to your scheduled closing date, excluding weekends and holidays. Please contact your Relocation Consultant with any questions regarding the bridging loan process.

MAILING ADDRESSES:

Chevron Federal Credit Union
ATTN: Connie Yamamoto
P.O. Box 2069
Oakland, CA 94604-2069

OVERNIGHT ADDRESS

Chevron Federal Credit Union
ATTN: Connie Yamamoto
500 12th Street, Suite 200
Oakland, CA 94607

Connie Yamamoto
Consumer Lending Center
(510) 627-5143 or (510) 627-5200



Chevron Federal Credit Union

Membership Application and Agreement

XA Application No.	Promo Code
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Primary Member/Owner Information

FEDERAL NOTICE ABOUT ACCOUNT OPENING PROCEDURES: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license, passport or other identifying documents.

Name (First, Middle, Last, Suffix)		Password		Member Number	
Residential Address (No P.O. Box)		City, State, Zip			
Mailing Address if Different		City, State, Zip			
ID Type / ID # / Issue Date	Country/State of Issue	Expiration Date	Home Phone No.	Work Phone No.	
Employer Name		Occupation		Cell Phone No.	
My account type will be <input type="checkbox"/> Individual <input type="checkbox"/> Joint with right of survivorship		Email Address		Date of Birth	
I am eligible through <input type="checkbox"/> Existing member <input type="checkbox"/> Family Member Relationship:		<input type="checkbox"/> Employer Name: Name:		<input type="checkbox"/> Other Member Name: Name: <input type="checkbox"/> Association Name: Name:	

Check appropriate box: Joint owner is also member (\$50 minimum balance) Joint owner is not a member (\$25 minimum balance)

Joint Member/Owner Information

If named, all accounts established under this membership (other than IRA and fiduciary) and unless designated otherwise will be joint ownership with right of survivorship.

Name (First, Middle, Last, Suffix)		Password		Social Security Number / TIN	
Residential Address (No P.O. Box)		City, State, Zip			
ID Type / ID # / Issue Date	Country/State of Issue	Expiration Date	Home Phone No.	Work Phone No.	
Employer Name		Occupation		Cell Phone No.	
Email Address		Date of Birth			
I am eligible through <input type="checkbox"/> Existing member <input type="checkbox"/> Family Member Relationship:		<input type="checkbox"/> Employer Name: Name:		<input type="checkbox"/> Other Member Name: Name: <input type="checkbox"/> Association Name: Name:	

Joint Owner Information

If named, all accounts established under this membership (other than IRA and fiduciary) and unless designated otherwise will be joint ownership with right of survivorship.

Name (First, Middle, Last, Suffix)		Password		Social Security Number / TIN	
Residential Address (No P.O. Box)		City, State, Zip			
ID Type / ID # / Issue Date	Country/State of Issue	Expiration Date	Home Phone No.	Work Phone No.	
Employer Name		Occupation		Cell Phone No.	
Email Address		Date of Birth			

Designation of Beneficiary(ies)

This account is owned by the named party(ies). If there is more than one owner, ownership passes to the survivor(s) upon the death of any of them. Upon the death of all of them, ownership passes to the named pay-on-death beneficiary(ies) listed below.

Beneficiary's Name (First, Middle, Last)	Social Security #	Date of Birth
1.		
2.		
3.		

By signing this agreement, I/we agree to Chevron Federal Credit Union ("CFCU") bylaws and the terms and conditions of any approved account, as amended from time to time, and authorize CFCU to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. I/we agree to the Miscellaneous Provisions and the section titled Overdraft Protection on page 2. I/we acknowledge receipt and agree to be bound by the terms of the following disclosures for each member service I/we have requested: Master Account Agreement and Disclosure, Funds Availability Disclosure, Truth-in-Savings Disclosure, Fee Schedule, Electronic Fund Transfers Disclosure and Privacy Disclosure.

Continued from reverse

Miscellaneous Provisions

I/we hereby make application for membership in CFCU and agree to conform with CFCU's bylaws and amendments, laws, policies and applicable regulations and keep at least \$25 (one share per member) in the primary savings account.

My/our signature(s) is shown on this agreement. You are authorized to supply any endorsement for me/us on any check, draft or other instrument tendered for this account, and you are hereby relieved of any liability in connection with collection of such items which are handled by you without negligence, and you shall not be liable for the acts of your agents, subagents or others or for any casualty. Withdrawals may not be made against such items until collected, and any amount uncollected may be charged back to this account, including expenses incurred and any other outside expense incurred relative to this account may be charged to it.

By signing this agreement, I/we affirm that all the information I/we have provided is complete and correct to the best of my/our knowledge, and agree to furnish other information you may request from time to time. In considering my/our request or renewal for any financial service, you may request and use reports from my employer, creditors and/or outside reporting agencies or services. If there is any change in my/our name or address, or if any financially significant change occurs after I/we have applied for any service, I/we agree to notify you immediately. All subsidiary accounts, savings, checking, share certificates, etc., have the ownership as outlined in this agreement. All persons who sign this agreement as joint owners may deposit or withdraw any amount from any accounts (except for IRAs). Should any owner die, the other owner(s) will automatically own any money in the accounts (except for IRAs). Owners of an account who have the capacity to sign are jointly and severally liable for all checks and transactions on the account(s).

I/we understand and agree that except as modified in any specific loan or share account agreement or applicable law, all my/our shares and deposits are subject to a lien under the Federal Credit Union Act to the extent of my/our obligations to CFCU.

Overdraft Protection

OVERDRAFT PROTECTION FOR CHECKING ACCOUNTS:

You must opt-in to Overdraft Protection for ATM and one-time debit card transactions to have these transactions covered. If you do not opt-in to overdraft protection and you do not have sufficient funds available in your account, these transactions will be denied. You acknowledge that Overdraft Protection from available funds in your share savings, MarketEdge or line-of-credit accounts will be automatically set up for all other transactions, **unless you instruct us differently**. Refer to the Master Account Agreement and Disclosure for more details.

By signing below, the undersigned agree: If you become indebted to CFCU in any way, including by your use of plastic cards or by overdrawing your checking account, and you do not pay as agreed, CFCU can take any of CFCU shares in which you have an interest to recover all or part of your debt without notice and without waiving other collection rights. This consent applies to all funds voluntarily deposited to CFCU, including funds normally exempt from creditors' remedies such as Social Security direct deposit, unless prohibited by law or the share agreement. CFCU never requires deposit of exempt funds. This consent is in addition to CFCU's right to impress a lien on shares under the Federal Credit Union Act or any equitable right of offset.

SUBSTITUTE W-9 TAXPAYER ID CERTIFICATION – you may ask a CFCU representative for official IRS W-9 instructions, or, if applying online, go to www.irs.gov and use the W-9 form link to obtain W-9 instructions.

By signing below I certify under penalties of perjury that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (defined in the instructions).

CERTIFICATION INSTRUCTIONS. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Primary Member/Owner	Date
Signature of Joint Member/Owner	Date
Signature of Joint Owner	Date

For Credit Union Use Only

Name	Member #
Opened By:	Date:
Approved By:	Date:



Federally Insured by NCUA.

Regulatory Questions

Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. The following questions must be answered for each member or signer on the account.

Primary Member / Owner Name (First, Middle, Last, Suffix)	
Do you hold a senior political position with a foreign government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>What is the position held?</i>	<i>In what country?</i>
Does a close associate or family member hold a senior political position with a foreign government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>What is your relation to the associated person?</i>	
<i>What is the position held?</i>	<i>In what country?</i>

Joint Member / Owner Name (First, Middle, Last, Suffix)	
Do you hold a senior political position with a foreign government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>What is the position held?</i>	<i>In what country?</i>
Does a close associate or family member hold a senior political position with a foreign government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>What is your relation to the associated person?</i>	
<i>What is the position held?</i>	<i>In what country?</i>



Chevron Federal Credit Union

CONSUMER LOAN APPLICATION

Amount Requested \$	Purpose of Loan	Type of Credit <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Down Payment \$
Type of Loan Requested: <input type="checkbox"/> Personal <input type="checkbox"/> Auto <input type="checkbox"/> Credit Card <input type="checkbox"/> Co-Signer <input type="checkbox"/> Other			

APPLICANT

Name	Social Security #	Date of Birth	Member #	Driver's License #
Current Street Address	City	State	Zip	
Time at Current Residence Years Months	Monthly Housing Expense \$	<input type="checkbox"/> Own <input type="checkbox"/> Live with parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Home Phone #	
Previous Address (if less than 2 years at current)	City	State	Zip	Time at Previous Residence Years Months
Current Employer Years in Profession	Business Phone	Hire Date	Position	If temp Assignment, give end date
Address	City	State	Zip	Gross Monthly Income \$
Previous Employer Name & Address, if less than 2 years at current			Hire Date	End Date
*Alimony, child support or separate maintenance income need not be included unless you want to have it considered as a basis of repaying this obligation.				

CO-APPLICANT

Spouse Co-Applicant not Spouse Co-Signer

Name	Social Security #	Date of Birth	Member #	Driver's License #
Current Street Address	City	State	Zip	
Time at Current Residence Years Months	Monthly Housing Expense \$	<input type="checkbox"/> Own <input type="checkbox"/> Live with parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Home Phone #	
Previous Address (if less than 2 years at current)	City	State	Zip	Time at Previous Residence Years Months
Current Employer Years in Profession	Business Phone	Hire Date	Position	If temp Assignment, give end date
Address	City	State	Zip	Gross Monthly Income \$
Previous Employer Name & Address, if less than 2 years at current			Hire Date	End Date
*Alimony, child support or separate maintenance income need not be included unless you want to have it considered as a basis of repaying this obligation.				

Married persons may apply for individual credit. If Married and living in a community property state (AZ, CA, ID, LA, NM, TX, WA, WI) provide information about your spouse on this application. **California Residents:** Regardless of your marital status, you may apply for credit in your name alone. **Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit-reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. **New York Residents:** Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports. Contact the New York State Banking Department to obtain a comparative listing of credit card rates, fees and grace periods. Call 800-518-8866. **Married Wisconsin Residents:** No agreement, court order or individual statement applying to marital property will adversely affect a creditor's interests unless prior to the time credit is granted the creditor is furnished with a copy of the agreement, court order or statement, or has actual knowledge of the adverse provision. Married Wisconsin residents must furnish the name and address of their spouse to: CFCU P.O. Box 2069, Oakland, CA 94604-2069.

I authorize Chevron Federal Credit Union, to independently verify the information I have provided on this application by any lawful means and to exchange credit information about me with others. I agree that you may retain this application and any other credit information you may receive. If my application is approved, authorized use of any Credit Card you issue to me will bind me to the terms of the applicable Credit Card Cardholder Agreement and Disclosure Statement sent with my cards. I agree that by using or authorizing another to use the Account, I will be bound by the terms and conditions of the applicable Loan Agreement and Truth-in-Lending Disclosure Statement (which will be sent to me if my application is approved and before the first transaction is made). I verify that all information I have provided on this application is true and correct. It is illegal to provide false information on a loan application. I authorize you to obtain information from the DMV and waive my confidentiality right under Cal Vehicle Code §1808.21 and comparable laws in other states. In consideration of and as a condition of CFCU issuing credit to me, I consent to your offsetting any delinquent amounts I owe CFCU against funds in any of my credit union accounts.

Applicant Signature

Date

Co-Applicant Signature

Date



CONTACT INFORMATION

Date: _____

Borrower 1: _____

CFCU Member # (If already a member): _____

Home Phone # _____

Work # _____

Cell Phone # _____

Work email Address _____

Personal email Address _____

Borrower 2: _____

CFCU Member # (If already a member): _____

Home Phone # _____

Business # _____

Cell Phone # _____

Work email Address _____

Personal email Address _____