



Interest Rates and Interest Charges		Visa®
Annual Percentage Rate (APR) for Purchases	9.90% Fixed	
APR for Balance Transfers	9.90% Fixed	
APR for Cash Advances	9.90% Fixed	
Penalty APR and When it Applies	None	
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases and balance transfers if you pay your entire balance by the due date (Grace Period) each month. We will begin charging interest on cash advances on the transaction date.	
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$.50 .	
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .	
Fees		Visa®
Annual Fee	None	
Transaction Fees		
<ul style="list-style-type: none"> Balance Transfer 	None	
<ul style="list-style-type: none"> Cash Advance 	2% of the amount advanced or \$2.00, whichever is greater, not exceeding \$20.00	
<ul style="list-style-type: none"> Foreign Transaction 	0.8% of the transaction amount on foreign transactions where there is no currency conversion. 1.0% of the transaction amount on foreign transactions if there is a currency conversion. An explanation of this method is provided in your account agreement.	
Penalty Fees		
<ul style="list-style-type: none"> Late Payment 	Up to \$10.00	
<ul style="list-style-type: none"> Returned Payment 	Up to \$15.00	

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new transactions). See your account agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.



Check Account Choice:
(Signature required for joint application)
Visa®

- Individual Account
- Joint Account (see co-applicant & signatures section)
- Credit Line Increase

Credit Limit Requested \$ _____

Credit Card Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: 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 will ask to see your driver's license or another form of identification at the time of application.

MARITAL PROPERTY INFORMATION: 1. If you are married and live in Wisconsin, and we open an individual account for you, we are required by section 766.56 (3) (b) of the Wisconsin statutes to notify your spouse of the opening of the account. 2. Joint applicants who are married, but not to each other should complete separate applications and submit them together. Notice to married applicants in Wisconsin: No provisions of any marital property agreement, unilateral statement under Section 766.59 of the Wisconsin Statutes, or court order under section 766.70 adversely affects the interest of Time Federal Savings Bank unless Time Federal Savings Bank is furnished a copy of the agreement, statement, order or has actual knowledge of the adverse provision before opening the requested account.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First		Middle		Social Security Number	
Date of Birth				No. of Dependents			
Home Phone () ()		Cell Phone () ()		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment \$	
Current Address		City		State	Zip Code	How Long (yrs)	
Mailing Address (if different from above)		City		State	Zip Code	How Long (yrs)	
Previous Address (if less than 2 years at present address)		City		State	Zip Code	How Long (yrs)	
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone () ()		Date Employed		
Address		Position/Occupation		Monthly Gross Income \$			
Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (years)	
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining credit worthiness						Amount per Month \$	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Country of Origin		

CO-APPLICANT Intended for joint applicant, this information is not required for an individual account.

Last Name		First		Middle		Social Security Number	
Date of Birth				No. of Dependents			
Home Phone () ()		Cell Phone () ()		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment \$	
Current Address		City		State	Zip Code	How Long (yrs)	
Previous Address (if less than 2 years at present address)		City		State	Zip Code	How Long (yrs)	
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone () ()		Date Employed		
Address		Position/Occupation		Monthly Gross Income \$			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Country of Origin		

TRANSFER OF BALANCE REQUEST Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

Credit Card Account Number _____ Amount to be transferred \$ _____

Signature _____

SIGNATURES PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder 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 you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. **Confirmation of intent to apply jointly:** _____ **Applicant Initials** _____ **Co-Applicant Initials** _____

X _____ **X** _____
Applicant Signature Date Co-Applicant Signature Date