

VISA® SECURED CREDIT CARD APPLICATION

Build or Rebuild Your Credit.¹

Visa® Secured Credit Card

Establish Financial Freedom

The Secured Visa® Card provides an excellent opportunity for someone starting a credit history or for someone who has been turned down for a credit card.

Use Your Card Everywhere Visa Credit Cards Are Accepted

Merchants and retailers won't know your card is secured when you use it to make purchases. With only a \$35 annual fee² your card offers you the convenience of being able to use it everywhere Visa credit cards are accepted.

Enjoy Free Online Account Access

Track your spending online, for free.

Stay On Top of Your Spending

With Account Alerts, you can have notifications about your account sent directly to your email or wireless device.³

Go Paperless

Help reduce waste and clutter by enrolling in paperless statements.

Sign Me Up

With the Secured Card, you simply open a secured savings account that is pledged as security for your credit card account.

Your credit line is your deposit amount. If your account is closed and the balance paid in full, the deposit, plus interest, is returned to you.

¹ Late payments or going over the credit limit may damage your credit history.

² The APR may vary and as of 7-1-17, the undiscounted variable APR for Purchases and Balance Transfers is 21.99%. The variable APR for Cash Advances is 24.99%. Cash Advance fee: 4% of each advance amount, \$10 minimum. Convenience Check fee: 3% of each check amount, \$5 minimum, Cash Equivalent fee: 4% of each cash amount, \$20 minimum. Balance Transfer fee: 3% of each transfer amount, \$5 minimum. There is a \$2 minimum interest charge where interest is due. The annual fee is \$35. Foreign Transaction fee: 2% of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. 3% of each foreign purchase transaction or foreign ATM advance transaction in a Foreign Currency. We may change APRs, fees and other Account terms in the future based on your experience with Elan Financial Services and its affiliates as provided under the Cardmember agreement and applicable law.

³ For text alerts, you may be charged access rates by your carrier, dependent upon your individual plan.

⁴ Elan Financial Services provides zero fraud liability for unauthorized transactions. Cardholder must notify Elan Financial Services promptly of any unauthorized use. Certain conditions and limitations may apply.

⁵ Certain terms, conditions and exclusions apply. Please refer to your guide to benefits that will be mailed with your new card for further details and to determine if the auto rental coverage is right for you.

Added benefits.

Visa credit cards also come with a variety of important features, including:

Security and Protection

Enjoy peace of mind with Zero Fraud Liability⁴. And, view your credit score online for free. The free VantageScore® 3.0 Credit Score provided by TransUnion® is for educational purposes only and is not used by Elan Financial Services to make credit decisions.

Auto Rental Collision Damage Waiver⁵

Use your card and you automatically receive Auto Rental Coverage if you also decline the extra collision insurance from the rental company.⁵

Apply Today!

VISA® SECURED CREDIT CARD APPLICATION

Elan Location Code (Required)

IT'S EASY TO APPLY! **Please complete this application in dark blue or black ink.**

- Complete and sign this application.
- Include a check payable to Elan Financial Services to establish your secured savings account (\$300 minimum, \$5,000 maximum). **The deposit must be a cashier's check or money order. Personal checks or third party checks are not accepted. DO NOT SEND CASH.** Check must be made out in even hundred dollar increments.
- Mail the completed application and check to: **Secured Card Processing, PO Box 6363, Fargo, ND 58125-6363**

SEE SUMMARY OF ACCOUNT TERMS ON PAGE 5 FOR RATES, FEES AND OTHER COST INFORMATION. USV SC 07300 PC 1292

Individual: I am applying for an individual account in my own name. Joint: I am applying with another person that will also be responsible for repayment.

First Name	Middle Name	Last Name	Suffix
Date of Birth / /	Social Security Number - -	or ITIN (Individual Tax ID Number) - -	
Street Address (Required – No PO Boxes Allowed, U.S. Addresses Only)			Suite/Unit #
City	State	ZIP Code	Time at Address (Yrs/Mos) /
Primary Phone # () -	Mobile Phone # (Optional) () -	Email Address ¹	
Mailing Address (If Different Than Above, U.S. Addresses Only)	Suite/Unit #	City	State ZIP Code

¹ By providing your email address, you will receive promotions and special offers.

APPLICANT'S RESIDENCE & CITIZENSHIP

Country of Permanent Residence

Country of Citizenship

Country of Citizenship (If Dual Citizenship)

APPLICANT'S EMPLOYMENT & FINANCIAL INFORMATION

Employment Status (Check one)
 Full-time Employment Part-time Employment Unemployed Self-Employed Homemaker Retired Student Military

Current Employer (Enter name of your current or most recent employer or explain why you cannot.)

Work Phone # () -

Employed (Yrs/Mos) /

Occupation (Enter name of your current or most recent occupation or explain why you cannot.)

Annual Income²
 \$

Main Source of Annual Income (Select One): Employment Income Sale of Property Investments Inheritance
 Rental Income Business Ownership/Sole Proprietorship Government Program Social Security
 Trust Fund Disbursements Pension/Retirement Income Other

² All applicants: **NOTE: Income from alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.** Include all income earned by you; salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends or rental income.

Additional Annual Income³
 \$

Source of Additional Annual Income (Select One): Employment Income Sale of Property Investments Inheritance
 Rental Income Business Ownership/Sole Proprietorship Government Program Social Security
 Trust Fund Disbursements Pension/Retirement Income Other

³ APPLICANTS AGE 21 OR OVER ONLY: Include any other income that is readily accessible to you that is earned by other sources, such as spousal/domestic partner income, salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends or rental income. (IF UNDER 21, do not fill in; only provide income earned by you on the Annual Income line.)

Monthly Housing Payment \$

Housing Status Own Other

Expected Monthly Cash Transactions (Provide the average of all expected monthly cash transactions that you may make on this card account. Cash transactions include any cash advances or cash equivalent transactions such as purchasing traveler's checks.) \$ (If none, write \$0)

Expected Monthly International Transactions (Provide the average of all expected monthly international transactions that you may make on this card account, including credit card purchases originating from or going to another country.) \$ (If none, write \$0)

APPLICANT'S ACT RELATIONSHIP INFORMATION

Enter your total assets and length of relationship with this Financial Institution.

Combined Checking, Savings and Money Market Accounts \$	Combined Investment and Retirement Accounts \$	Please provide the length of time, in years, that you have had a financial relationship with this Institution (if applicable): Years
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FOR WISCONSIN RESIDENTS ONLY

Married Wisconsin residents must provide the name and address of their spouse below. If this credit Account is opened, we may give notice of the opening to the applicant's spouse.

I am Unmarried Married and the name of my spouse is

and my spouse resides at the: address above or at:

VISA® SECURED CREDIT CARD APPLICATION

Elan Location Code (Required)

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The joint applicant must complete this section if the joint applicant's information should be used to determine creditworthiness for approving this application. Joint Applicant and Applicant share liability.

JOINT APPLICANT'S INFORMATION	First Name	Middle Name	Last Name	Suffix
	Date of Birth / /	Social Security Number - -	or ITIN (Individual Tax ID Number) - -	
	Street Address (No PO Boxes Allowed, U.S. Addresses Only)			Suite/Unit #
	City	State	ZIP Code	Primary Phone # () -

JOINT APPLICANT'S RESIDENCE & CITIZENSHIP	Country of Permanent Residence	
	Country of Citizenship	Country of Citizenship (If Dual Citizenship)

JOINT APPLICANT'S EMPLOYMENT & FINANCIAL INFORMATION	Employment Status (Check one) <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Military			
	Current Employer (Enter name of your current or most recent employer or explain why you cannot.)	Work Phone # () -	Employed (Yrs/Mos) /	Occupation (Enter name of your current or most recent occupation or explain why you cannot.)
	Joint Applicant's Annual Income⁴ \$	Main Source of Annual Income (Select One): <input type="checkbox"/> Employment Income <input type="checkbox"/> Sale of Property <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Rental Income <input type="checkbox"/> Business Ownership/Sole Proprietorship <input type="checkbox"/> Government Program <input type="checkbox"/> Social Security <input type="checkbox"/> Trust Fund Disbursements <input type="checkbox"/> Pension/Retirement Income <input type="checkbox"/> Other		
	⁴ Income from alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
	Joint Applicant's Additional Annual Income⁵ \$	Source of Additional Annual Income (Select One): <input type="checkbox"/> Employment Income <input type="checkbox"/> Sale of Property <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Rental Income <input type="checkbox"/> Business Ownership/Sole Proprietorship <input type="checkbox"/> Government Program <input type="checkbox"/> Social Security <input type="checkbox"/> Trust Fund Disbursements <input type="checkbox"/> Pension/Retirement Income <input type="checkbox"/> Other		
	⁵ Do not include any income already stated by the other applicant.			
	Expected Monthly Cash Transactions \$ (If none, write \$0)	Expected Monthly International Transactions \$ (If none, write \$0)		

JOINT APPLICANT FOR WISCONSIN RESIDENTS ONLY	Married Wisconsin residents must provide the name and address of their spouse below. If this credit Account is opened, we may give notice of the opening to the applicant's spouse.
	I am <input type="checkbox"/> Unmarried <input type="checkbox"/> Married and the name of my spouse is _____ and my spouse resides at the: <input type="checkbox"/> address above or at: _____

IMPORTANT TERMS AND APPLICANT AGREEMENT

By signing the application, you understand and agree that Elan Financial Services ("we," "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this Application, you will be individually liable (or, for joint Accounts, individually and jointly liable) for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this Application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system - from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. By signing the application, you also agree that we may verify your employment, income, address and all other information provided with other creditors, credit reporting agencies, employers, third parties and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality you may have in that information under applicable law. You agree that, in order to open and administer the Account that may be established as a result of this Application, we and the correspondent financial institution that solicited this Application may share certain information about you and your ongoing Account activity. By signing the application, you certify that you have read and understood the disclosures here and you agree to the terms of this Application, including all Secured Account disclosures.

SIGNATURES	By signing below, you certify that you have read and understood the disclosures here and you agree to the terms of the application.			
	Signature of Applicant X	Date 	Signature of Joint Applicant X	Date

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Secured Savings Account Application: I request that Elan Financial Services ("you") establish a Secured Savings Account[†] (the "SSA") for the Primary Applicant in the amount of the check I have enclosed. I understand that no certificate of deposit, note, or other instrument will be issued to me to evidence the SSA and that the SSA will be subject to the rules which will be provided to me. The SSA will be established with U.S. Bank National Association upon approval of my credit card application, but I agree that you may deposit my check and hold the funds in trust for me without interest until the credit decision is made. If my application is not approved, you will return the full amount of the check to the Primary Applicant at the address shown on this application. No withdrawals will be allowed from the SSA without your consent until after the Secured Card Account has been closed and repaid in full or until the security interest in the SSA has been released.

TIN Certification: Under penalties of perjury, I certify that (1) the number shown on this application is my correct taxpayer identification number 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. person (including a U.S. resident alien).

I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return.

Security Agreement: As a condition to obtaining my Secured Visa Credit Card (the "Credit Card Account"), I hereby grant to you a security interest in, and assign and transfer to you all rights, title and interest in my SSA held at U.S. Bank National Association and all interest, additions, and proceeds therein to secure the payment and performance of my obligations to you associated with my Credit Card Account and all obligations to you under my Credit Card Account Cardmember Agreement. The SSA will not secure any obligations I have to U.S. Bank National Association. I hereby instruct U.S. Bank National Association to open the designated SSA in the name of

"Elan ————— Secured Credit Card Collateral Account"
(Insert primary applicant's name)

using the Primary Applicant's name and Social Security Number or TIN provided on this Application. I further instruct U.S. Bank National Association to send copies of all statements and related materials to both you and me. I agree that while this security interest is in effect, you will have exclusive dominion and control and you will have the sole right and power to redeem, collect and withdraw any part or the full amount of the SSA. If I am in default under the terms of my Credit Card Account Cardmember Agreement, I agree that you will have all rights the law allows, including the right to take funds from the SSA and apply them to my Credit Card Account balance without notice to, or further consent from, me.

By signing below, I agree to the terms of the Secured Savings Account application, TIN Certification and Security Agreement, and I agree that all agreements between you and me will be made when accepted or approved by you.

I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

†FDIC insured

By signing below, you certify that you have read and understood the disclosures here and you agree to the terms of the application.

Signature of Applicant	Date	Signature of Joint Applicant	Date
X		X	

MUST COMPLETE FOR CREDIT **To be completed by the Financial Institution:**

Elan Location Code: (Not Branch or ID Number)	Originating Branch ID (your branch number): (Nine characters maximum - alpha or numeric)	Officer/Employee ID: (Eight characters maximum - alpha or numeric)
Officer/Employee First Name:	Officer/Employee Last Name:	Officer/Employee Phone Number:
Employee Receiving Credit First Name:	Employee Receiving Credit Last Name:	
Location Code Receiving Credit:	Employee Receiving Credit ID: (Eight characters maximum - alpha or numeric)	

MAILING INSTRUCTIONS


✓ **APPLICANT:** If you are unable to complete this application with the Representative, please place your check and the completed application (pages 2, 3 and 4) in an envelope and mail it to the address below.

✓ **MAIL TO:** Secured Card Processing
 PO Box 6363
 Fargo, ND 58125-6363

✓ **REMINDERS:**

1. Must mail in cashier's check/money order with application.
2. Applicants under the age of 21 are required to submit a written application to be completed and signed by the applicant. Must mail in cashier's check/money order with application.

DO NOT FAX



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for 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 may also ask to see your driver's license or other identifying documents.

Summary Of Visa Account Terms

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	21.99% This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	21.99% This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	24.99% This APR will vary with the market based on the Prime Rate.
Penalty APR and When It Applies	Not Applicable.
How to Avoid Paying Interest on Purchases	Your due date is 24-30 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.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$2.00.
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 website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .
Fees	
Annual Fee	\$35
Transaction Fees	<ul style="list-style-type: none"> • Balance Transfer: Either 3% of the amount of each transfer or \$5 minimum, whichever is greater • Convenience Check Cash Advance¹: Either 3% of the amount of each advance or \$5 minimum, whichever is greater • Cash Advance: Either 4% of the amount of each advance or \$10 minimum, whichever is greater • Cash Equivalent Advance: Either 4% of the amount of each advance or \$20 minimum, whichever is greater • Overdraft Protection²: \$10 per occurrence • Foreign Transaction: 2% of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. 3% of each foreign purchase transaction or foreign ATM advance transaction in Foreign Currency.
Penalty Fees	<ul style="list-style-type: none"> • Late Payment: Up to \$38 • Returned Payment: Up to \$35 • Overlimit: None

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

Contact For Updates: The information about the costs of the card described in this application is accurate as of July 1, 2017. This information may have changed after that date. To find out what may have changed, call us at 800.558.3424 (we accept relay calls) or write us at PO Box 6354, Fargo, ND 58125-6354.

¹ Not all products receive Convenience Checks.

² Not all products offer Overdraft Protection.

Right to Change Terms: We may change APRs, fees and other Account terms in the future based on your experiences with Elan Financial Services and its affiliates as provided under the Cardmember Agreement and applicable law.

How Variable Interest Rates Are Determined: After the introductory period, your interest rate is a variable rate and is determined by a combination of the Prime Rate (which may vary) added to a margin (which does not change). Because the Prime Rate may vary, your variable interest rate will go up or down if the Prime Rate changes. If you are granted an Account, the following rates on the Account are variable: Non-Introductory Purchase Rate; Non-Introductory Balance Transfer Rate; Cash Advance Rate. More information is available in the Cardmember Agreement.

Notice to New York Residents: You may contact the New York State Department of Financial Services by telephone at (800) 342-3736 or visit its website at www.dfs.ny.gov for free information on comparative credit card rates, fees and interest-free periods.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects our interest unless we, prior to the time the credit is granted or an open-end credit plan is entered into, are furnished a copy of the agreement, decree or court order or have actual knowledge of the adverse provisions. IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.

Notice to California Residents: An applicant, if married, may apply for a separate Account.

Notice to 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.

The creditor and issuer of this credit card is Elan Financial Services, pursuant to a license from Visa U.S.A. Inc.