

PLACE
STAMP
HERE

NEW MEXICO ENERGY FEDERAL CREDIT UNION
PO BOX 5400
ALBUQUERQUE NM 87185-5400

OUR CARD
CARRIES
A WORLD OF
ADVANTAGES.

TAKE ADVANTAGE OF IT
TODAY.



CONSUMER PROTECTION DISCLOSURES: CREDIT INSURANCE IS: NOT A DEPOSIT; NOT FDIC-INSURED; NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY; AND NOT GUARANTEED BY THIS FINANCIAL INSTITUTION. PURCHASE OF CREDIT INSURANCE IS NOT A CONDITION OF OBTAINING CREDIT. IF COVERAGE IS DESIRED, IT MAY ALSO BE PURCHASED ELSEWHERE.

CHARGEgard 2000 DISCLOSURE SUMMARY OF INSURANCE COVERAGES

IMPORTANT INFORMATION ON CHARGEgard 2000 LIMITATIONS, EXCLUSIONS, COSTS: Upon acceptance of your enrollment, you will receive your certificates and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need or want to purchase this insurance. You are free to cancel anytime. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates and/or policies upon written notice and subject to state regulations.

LIFE COVERAGE: If you or your joint cardmember die (joint cardmember must be spouse or business partner in GA, MD, NM & TX; if no joint cardmember, then spouse), Chargegard 2000 will pay the outstanding account balance as of the date of death, up to the master policy maximum of \$10,000. Only single Life coverage in CA & ME. Suicide is excluded except in MD, ME & MO. Life coverage is replaced with Accidental Death coverage at age 65 in HI; 66 in IA, IN, VT & WY. In CA, we won't pay a claim on an advance if you commit suicide within six months of that advance.

DISABILITY/UNEMPLOYMENT COVERAGE (applies only to you, the primary cardmember): If you become totally disabled or involuntarily unemployed, Chargegard 2000 will make your scheduled minimum monthly payment due on your account as of the date of loss, until your balance is paid off, you return to work, or you reach the master policy maximum of \$10,000, whichever occurs first. You are eligible for these coverages if employed 30 hours or more a week or as otherwise required by state law (in PA, employed at least 9 months of the year) in a non-seasonal occupation (seasonal restriction does not apply to disability in AK, AL, AZ, CA, CO, MD, ME, MI, MO, MT, NJ, NM, NY, OR, PA, RI, SC, TX, VA & WI; to unemployment in AK, AL, CO, MD, ME, MI, MO, MT, NC, NJ, NM, NY, PA, SC & WI). Benefits begin after 30 consecutive days of unemployment or disability and are retroactive to the first day of loss. Disability coverage is not retroactive in MA. Unemployment benefits are limited to 12 months in MN & PA. Disability benefits not payable for normal pregnancy/childbirth in CA; flight in non-scheduled aircraft in MA, NC & PA; military service in NC; pregnancy in NC, PA & VA; self-inflicted injury in CA, MA, NC, NY, PA & VA; suicide in CT; sickness from intoxication in NC; foreign travel/residence in MA; war in MA & NC. Unemployment excludes willful or criminal misconduct in CT, MA, NY & TX; disability in CT, MA, NY, TX & WI; voluntary forfeiture of salary, wages or employment income in CT, MA, NY & TX; incarceration in ME; labor disputes in AR & IL; lockouts in IL & NY; strikes in AR, IL & NY; notification of pending unemployment in CT, MA & TX; pregnancy in ME; voluntary resignation in NY; self-employment in CT, MA, ME & TX; severance pay in ME; voluntary discharge from military in NY; illegal walkout in NY.

LEAVE OF ABSENCE (applies only to you, the primary cardmember): Chargegard 2000 will pay your scheduled minimum monthly payment based on the outstanding balance as of the date of leave, for up to six consecutive months, if you take a temporary employer-approved unpaid leave of absence from work due to: accident or illness of an immediate family member; childbirth/adoption (except in NJ); recall to active military service; or residing in a federally-declared disaster area. Benefits begin after 30 consecutive days of leave of absence and are retroactive to the first day of leave. You are eligible for this coverage if employed full-time, by someone other than yourself, in a non-seasonal occupation. Benefit payments do not apply to leave during the first 90 days of coverage (except in KS & NJ). Leave of Absence coverage is not available in AK, ID, IN, LA, MN, MO, NC, NE, NH, NM, NY, OR, SC, TX & VT.

GENERAL PROVISIONS: Maximum enrollment age is 69, except: 64 in CA, HI, NJ, RI, WA & WI; 65 in CT, IA, IN, MA, ME, MN, NY, OR, PA, VT & WY; 70 in FL, MI, MO & OK; 71 in NV; in TX, no maximum age applies. Coverage terminates at age 65 in CA, NJ, RI, WA & WI; 66 in CT, MA, ME, MN, NY, OR & PA.

The monthly premium charged to your credit card account will be 82¢ per \$100 of your outstanding balance, except: 59.7¢ in AK; 87.3¢ in AL; 81.8¢ in AZ; 72.5¢ in CA; 55¢ in CO; 64.1¢ in CT; 79.8¢ in GA; 73.5¢ in HI; 73.7¢ in IA; 71.2¢ in ID; 60¢ in IN; 66¢ in LA; 67.7¢ in MA; 57.6¢ in MD; 72¢ in ME; 79.7¢ in MI; 40.1¢ in MN; 60¢ in MO; 64.6¢ in NC; 80.8¢ in ND; 67¢ in NE; 46.9¢ in NH; 74¢ in NJ; 62.6¢ in NM; 34.3¢ in NY; 59.5¢ in OR; 65.8¢ in PA; 77.2¢ in RI; 67.4¢ in SC; 38.6¢ in TX; 78.6¢ in UT; 32.2¢ in VA; 56.4¢ in VT; 76¢ in WA; 73.3¢ in WI; 73.2¢ in WY.

Coverage is underwritten by American Bankers Life Assurance Company of Florida (ABLAC) and American Bankers Insurance Company of Florida (ABIC), 11222 Quail Roost Drive, Miami, FL 33157-6596. In NY, life and disability coverage is provided by First Fortis Life Insurance Company, Syracuse, NY. TX life and disability certificate number is AC3118CB-0592 (3.53 R.A.); unemployment certificate numbers is AD9159CQ-0499. In CA, life and disability coverage provided by ABLAC and ABIC provides remaining coverages described above. Coverage for life and disability is provided under form numbers AC2236PL, AC2149PL-0995, BA2051-PL, AB9402PQ-485, AB8899PQ-0995 & BA2016PD-0795. The creditor has a financial interest in the sale of this insurance.

Coverages are only available as a package. If you cancel within 30 days of receiving your certificates and/or policies, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date.

This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, your financial institution, or any Federal Government Agency. We may not condition your extension of credit on either: your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity. AR, LA, TN & VA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties.

D.C. residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NJ residents: Any person who includes false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

CREDIT INSURANCE PRE-PURCHASE DISCLOSURE

This disclosure is required by MA law. You may purchase optional credit life insurance and credit disability insurance.

CREDIT LIFE INSURANCE: If you die while coverage is in force, we will pay the outstanding balance of your loan to the creditor. We will not pay a life benefit in the first 2 years if you die as a result of suicide.

CREDIT DISABILITY COVERAGE: If you become disabled while this coverage is in force, we will pay up to your minimum monthly payment, as of the date of your disability, to the creditor. We will not pay benefits of your disability if the result of war, a self-inflicted injury, flight in non-scheduled aircraft and/or if it occurs in a foreign country. You must send proof of disability within [90] days. There is a 30 day waiting period. You are eligible for this coverage if you work 30 hours a week, are in a non-seasonal occupation and meet the age criteria below. **GENERAL:** See certificate of insurance for specific definitions. You are eligible for optional credit life insurance and credit disability insurance if you are between 18 and 65 years of age. Coverage will expire on your 60th birthday. The maximum benefit is \$10,000. You may cancel this coverage at any time. All unearned premiums will be credited to your account by the actuarial method for life coverage and by the pro-rata rule for disability coverage. The premium rate for the credit life and credit disability insurance is \$0.185 per \$100 of monthly outstanding balance. These coverages can only be purchased as a package. If other insurance exists that covers this risk or that may cover this risk, one may not want or need this coverage.

ABLAC 15/45-5134

This disclosure is accurate as of February 15, 2002 and may be subject to change.

When You Use The...



Credit Card for the purchase of goods or services, the following benefits are yours!

- **Automatic Travel Accident Insurance**
When you use this card to purchase your entire travel fare on a common carrier you are automatically provided with Travel Accident Insurance coverage. Your spouse and eligible dependent children are also covered when their travel fare is purchased with this card. This coverage is provided to you at **NO EXTRA COST**. See your description of coverage for complete coverage details.
- **Toll-Free Travel Reservation Service**
- **Bonus Travel Dividends**
- **Auto Rental Discounts**
- **Credit Card Registration**
- **Key Registration**
- **Auto Rental Insurance**
- **Travel Protection:**
 - **Lost Luggage Locator Service**
 - **Lost or Damaged Luggage Insurance**
 - **Hotel-Motel Theft Insurance**
- **Medical Assistance**
- **Vision Care**
- **Discount Pharmacy**
- **Personal Shopper**
- **Concierge Service**
- **Quarterly Newsletter**

EXTENDED WARRANTY

On purchases made in full using the New Mexico Energy Federal Credit Union credit card, the Extended Warranty Program doubles the U.S. manufacturer's warranty period and extends coverage up to one additional year for warranties of five years or less. (Some exclusions apply.)

90-DAY PRODUCT PROTECTION

The 90-day Product Protection Program covers new consumer products purchased in full with a New Mexico Energy Federal Credit Union credit card against direct physical loss or damage for 90 days from the date of purchase. (Some exclusions apply.) Coverage is in excess of other collectable insurance.

CREDIT APPLICATION

Check Card Choice: MasterCard Visa Platinum Individual Account Joint Account Credit Limit Increase
 (Signature required for joint applicant)

Credit Limit Requested \$ _____

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.

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 ()	<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 (yrs)
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.					Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone	Relationship	
Their Address		City	State	Zip Code	

CO - APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home 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 \$

CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			\$	\$
2. Bank Credit Card /Bank Name and Address			\$	\$

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	8.9 - 17.99%
Other APR's	Cash Advance APR: 8.9 - 17.99% Balance Transfer APR: 8.9 - 17.99%
Grace Period for repayment of balances for purchases	25 Days on average
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	None
Balance Transfer Fee	None
Late Payment Fee	\$15.00
Return Payment Fee	\$18.00
Over-the-Credit-Limit Fee	\$15.00

The information about the costs of the card described in this application is accurate as of May 2004. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 5400, Albuquerque, NM 87185-5400.

By signing the enrollment form to elect insurance, I also acknowledge that I have received the disclosures contained in the Summary of Insurance Coverages.

By electing optional Chargegard 2000 insurance, I acknowledge that: I do not need this insurance to get credit and I can get similar coverage from any insurer I choose. Chargegard 2000 includes credit life, disability, involuntary unemployment and leave of absence to the extent available in my state as described in the Summary Of Insurance Coverages*. I read and I meet the age and employment eligibility requirements shown in the Summary Of Insurance Coverages. Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

* Please see the Summary of Coverages on the reverse side of this application

Yes, Please enroll me in Chargegard 2000 credit insurance.

X _____
Applicant Signature / Initials Date

SIGNATURE(S)

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 this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. Right of Offset: You may at any time without demand or notice of any kind appropriate and apply toward the payment of the unpaid balance, any unpaid shares, dividends, or monies in any account in which I have an interest excepting those accounts that would have adverse tax consequences.

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

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 _____

FOR INTERNAL USE ONLY

Account No.	DATE APPROVED	CREDIT LINE	APPROVED BY
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