ENERGIZE
CREDIT UNION

PO Box 54309
Oklahoma City, OK 73154
405-478-0046 www.Energize.coop

LOANLINER.
Subsequent Action

BORROWER 1 NAME		ACCT NUMBER	DATE

BORROWER 2 NAME		ACCT NUMBER	DATE

☐ ADDITION OF BORROWER

On _____ (date), you agree to be bound by all the terms and conditions of the LOANLINER Credit Agreement and Security Agreement ("Plan"), the LOANLINER Open-End Lending Agreement ("Plan"), or the Open-End Plan ("Plan") of the LOANLINER Multi-Featured Lending Agreement, as applicable. You understand that you may obtain advances under the Plan and that ☐ you are obligated to repay all amounts borrowed in the future by any joint borrower on the Plan or ☐ you are obligated to repay all amounts borrowed under the Plan, including any amounts owing on this date.

Loan Account No.: _____   Date Plan Opened: _____

Name(s) of Additional Borrower(s): _____

☐ RELEASE OF BORROWER/GUARANTOR

On _____ (date), _____ (Borrower) (Guarantor) is released from ☐ all liability or ☐ all future but not past liability on Loan Account No. _____

☐ RELEASE OF SECURITY

Describe Security: _____

Reason: _____

☐ MODIFICATION AGREEMENT

You agree to amend the terms of your original agreement and to repay the entire unpaid balance of $ _____

plus interest at _____ % by paying $ _____ every _____ (payment frequency) beginning _____ (date).

Reason: _____

Collateral: _____

CREDIT INSURANCE PROTECTION

If you are interested in purchasing voluntary credit insurance to protect your loan/subaccount, the credit union will disclose the cost and provide an application, schedule and certificate to you. No coverage is in force unless you complete a separate application for credit insurance.

☐ SUBSEQUENT ELECTION OF CREDIT INSURANCE PROTECTION

For Open-End Plans, Your election for credit insurance applies to:

☐ the entire Open-End Plan (all existing and future Advances).

☐ Advance /sub-account _____ .

☐ DECLINATION OR CANCELLATION OF CREDIT INSURANCE PROTECTION

By signing below you elect to decline or cancel the indicated coverage on loans/subaccount number(s) _____ .

This declination or cancellation will be effective on the later of _____ or the date of your signature.

Check Appropriate box and enter name of borrower(s) declining coverage:

☐ Credit Disability for (Name of Borrower(s))

_____

_____

NOTE: For Open-End Plans, you understand that all other Plan subaccounts that were initially covered by credit insurance will continue to be covered unless you cancel specific subaccounts or waive the entire Plan.

☐ SIGNATURES

X (SEAL)	X (SEAL)
BORROWER 1 SIGNATURE DATE	BORROWER 2 SIGNATURE DATE

X (SEAL)	X (SEAL)
OWNER OF COLLATERAL (OTHER THAN A BORROWER) DATE	CREDIT UNION AUTHORIZATION DATE

MXE062