



CAROLINA COLLEGIATE FEDERAL CREDIT UNION
 710 Pulaski Street
 P.O. Box 12309
 Columbia, SC 29201

LOANLINER

Subsequent Action

BORROWER 1 NAME (LAST)	(FIRST)	(INITIAL)	ACCOUNT NUMBER	DATE
BORROWER 2 NAME (LAST)	(FIRST)	(INITIAL)	ACCOUNT 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, if 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 or _____
 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

By signing below 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: _____

SUBSEQUENT ELECTION FOR VOLUNTARY PAYMENT PROTECTION

You can now voluntarily elect to become insured with the coverage(s) checked below. In order for coverage to become effective you must meet all eligibility requirements stated in the Credit Insurance Application/Schedule. **A statement of insurability must be completed if you are adding coverage more than 30 days after the date of your advance/loan.** Details of this insurance coverage are included in the Insurance Certificate which you received previously. If you need a copy of the Insurance Certificate, just ask. By signing below, you authorize us to add the charges for the insurance to your outstanding balance each month. Coverage election applies to the entire balance on this subaccount/loan (_____) or open end plan. Insurance rates are subject to change.

You elect the following:	OPEN-END Cost Per \$100 of Your Monthly Loan Balance	CLOSED-END Premium Schedule	NAME OF INSURED(S) (Please Print)
<input type="checkbox"/> Single Credit Disability	_____ ¢	\$ _____ e	_____
<input type="checkbox"/> Joint Credit Disability	_____ ¢	\$ _____ e	_____
<input type="checkbox"/> Single Credit Life	_____ ¢	\$ _____ e	_____
<input type="checkbox"/> Joint Credit Life	_____ ¢	\$ _____ e	_____

To pay insurance premium, you agree to: make more payments of the same amount until what you owe has been repaid.
 increase your monthly payment to \$ _____.

CREDIT INSURANCE WAIVER

By signing below you elect not to be insured for:
 Single Credit Life Joint Credit Life Single Credit Disability Joint Credit Disability
 insurance on your Loan/Subaccount No. _____, effective _____ (date). You understand that all other Loan Subaccounts that were initially covered under the open-end LOANLINER® Credit Agreement you signed will continue to be covered, unless you have signed a similar statement.

SIGNATURES

X _____ (SEAL) BORROWER 1 SIGNATURE	DATE	X _____ (SEAL) BORROWER 2 SIGNATURE	DATE
X _____ (SEAL) OWNER OF COLLATERAL (OTHER THAN A BORROWER)	DATE	X _____ (SEAL) CREDIT UNION AUTHORIZATION	DATE