



Subsequent Action

Borrower 1 Name (Last, First, Middle Initial) _____ Account Number _____ Date _____

Borrower 2 Name (Last, First, Middle Initial) _____ Account Number _____ Date _____

ADDITION OF BORROWER

On _____ (date), you agree to be bound by all the terms and conditions of the Carolina Collegiate Federal Credit Union 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 join vorrower 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 Number: _____

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 by not past liability on Loan Account Number _____.

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 my 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.

	OPEN-END Cost Per \$100 of your Monthly Loan Balance	CLOSED-END Premium Schedule	NAME OF INSURED(S) (Please Print)
You elect the following:			
<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 on your Loan/Subaccount Number _____, effective _____ (date). You understand that all other Loan Subaccounts that were initially covered under the open-end Carolina Collegiate Federal Credit Union Credit Agreement you signed will continue to be covered, unless you have signed a similar statement.

SIGNATURES

X _____
Borrower 1 Signature _____ Date _____

X _____
Borrower 2 Signature _____ Date _____

X _____
Owner of Collateral (other than a borrower) _____ Date _____

X _____
Credit Union Authorization _____ Date _____

Mail or deliver to:
 4480 Rosewood Drive, Columbia, SC 29209
 710 Pulaski Street, Columbia, SC 29201
 University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303