



AGREEMENT TO PROVIDE

- CERTIFICATE OF OWNERSHIP
- AUTO INSURANCE POLICY
- REGISTRATION RENEWAL

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

THE PROPERTY:

Vehicle Identification Number: WUA1CBF28MN904884

License Plate Number: _____

Year: 2021

Make: AUDI

Model: RS 6

I/we, the undersigned do hereby promise to deliver to Provident Credit Union (PCU) the **Certificate of Ownership** (title) on the property described above. Should I/we, fail to deliver the Certificate of Ownership (title) **within 30 days** of receiving it, I/we understand that the entire auto loan balance (plus interest) which the above property secures, will become due and payable immediately.

I/we, the undersigned do agree to obtain an **auto insurance policy** fully covering the property which is listed above, for comprehensive, collision and liability, **within 15 days** from the loan date. The auto insurance policy will protect PCU from financial loss as the result of damage to or destruction of the property. Furthermore, the deductible for Comprehensive and Collision shall be no greater than \$1,000.00. If I/we fail to obtain the required insurance, PCU has the right to purchase an insurance policy to protect its interest, and I/we shall be responsible for reimbursing PCU the cost of said insurance.

I/we, the undersigned do hereby acknowledge that the above vehicle's annual **auto registration renewal** will be my/our responsibility.

Vehicle Registration Expires: _____

14599983
Account Number

DocuSigned by:
ANDREW B SHARP | September 28, 2023 | 5:29:19 PM PDT
Primary Borrower Signature Date

Co-Borrower Signature Date

Co-Signer Signature Date

Co-Signer Signature Date

Seller Signature Date

Co-Seller Signature Date



PAYOFF AND RELEASE OF LIEN

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

AUTHORIZATION FOR PAYOFF AND RELEASE OF LIEN INFORMATION

AUDI FINANCIAL

↑ Lender

8141220422

(Area Code) Institution's Phone Number Account Number

Institution's Mailing Address

City State Zip

Vehicle Identification Number: **WUA1CBF28MN904884**

License Plate Number: _____

Loan Number: **242007**

SHARP, ANDREW B

↑ Borrower

212 THOMSOM SQ

Address

MOUNTAIN VIEW **CA** **94043**

City State Zip

I hereby authorize and direct you to accept from, Provident Credit Union the ten day payoff due you on my account in the amount of \$ **67,838.27** and surrender to them, or order, the properly endorsed Certificate of Ownership to the above described vehicle.

It is imperative to release the above title to legal owner exactly as follows:

PROVIDENT CRDT UN
PO BX 8007
REDWOOD CITY, CA 94063

DocuSigned by: **ANDREW B SHARP** **September 28, 2023 | 5:29:19 PM PDT**

ANDREW B SHARP _____ Date

7144DB3408B94BB... _____

Co-Borrower Signature Date

PROVIDENT CREDIT UNION is participating in the Electronic Lien Title.

ELT numbers are as follows:

- California: N33
- Arizona: E00386422
- Florida: 0235395599
- Georgia: 100816137216
- Nebraska: 40469456
- Nevada: PR0018
- North Carolina: 20190136
- Pennsylvania: FEID Number: 94148295701
- DMV ACCT # 235395599
- Texas: 94148295700
- Virginia: FA75PCCPCC01



AUTOMATIC LOAN PAYMENT SET-UP

PO Box 8007, Redwood City, CA 94063 -0903 (800) 632-4600 (650) 508-0619 fax providentcu.org

Use this form to set-up your loan/credit payments. You have two options: 1) From your Provident account or 2) From an outside institution. For any questions, please contact (800) 632-4600.

Mail to the address above (attention: Account Services), fax* to (650) 508-0619, or stop by any Provident Community Branch. Please allow 10 business days to process after receipt.

MEMBER INFORMATION

		<u>14599983</u>	
		Member Number	
<u>SHARP</u>	<u>ANDREW</u>	<u>B</u>	
↑ Last Name	First Name	M.I.	
<u>212 THOMSOM SQ</u>	<u>MOUNTAIN VIEW</u>	<u>CA</u>	<u>94043</u>
Home Address	City	State	Zip
<u>(650) 906-9448</u>	<u>(650) 906-9448</u>		
Home Phone	Cell Phone	Work Phone	
<u>ANDY@ABSHARP.COM</u>			
E-mail Address			

PAYMENT TO:

Auto/Personal/Line of Credit or Mortgage

A-Loan Account #: 005000543245 Amount due

B-Loan Account #: _____ Amount due

C-Loan Account #: _____ Amount due

Start Date: 11/15/2023

TRANSFER FROM:

Option 1: Provident Credit Union

001000586022 Savings Checking Money Market

PCU Share Account Number

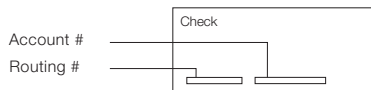
Option 2: _____ (Not available for Visa Credit Cards)

External Financial Institution (see required documents)

Address _____ City _____ State _____ Zip _____

Routing Number _____ External Account Number _____ Savings Checking

Check with your financial institution for your local routing number. If you have checks, the routing number is located at the bottom between the **⦿** symbols.



SIGNATURE

By signing below, I authorize Provident Credit Union to transfer funds from my account at Provident or at the financial institution indicated above, and send credit entries to my account at Provident. I agree to the terms and conditions as disclosed on the right. This transfer will be completed electronically and takes approximately 10 business days for the initial transfer to complete. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. Law.

* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

DocuSigned by:
X ANDREW B SHARP
Signature
7144DB3408B94BB...

September 28, 2023 | 5:29:19 PM PDT
Date

Select One:

New Revision Cancel

External Account

Required Documents:

If transferring from checking: Provide a copy of a voided check or statement from the external institution.

If transferring from savings: Provide a copy of your savings deposit slip or statement from the external institution.

Terms and Conditions:

Funds availability: Funds must be available two (2) business days prior to actual transfer date. Please ensure that sufficient funds are available in your account to complete this transfer request. If the requested amount is not available, the transfer will not be completed. Provident will attempt this transfer again on the next business day

There may be a fee assessed for any returned ACH (Automated Clearing House) transaction. Please review the Service Charge Schedule for details.

For recurring transfers: If funds are still not available after the second attempt, a transfer will take place on your next scheduled transfer date.

This authorization will remain in effect until you notify Provident in writing to cancel. Please allow at least three (3) business days prior to your scheduled transfer date as to allow Provident or the external financial institution time to act on your request.

ACH transactions might be discontinued after two consecutive NSF (Non-Sufficient Funds) transactions. Returned items will not be resubmitted.

Payment Timing

** Start date must be within grace period.

If your payment due date falls within ten (10) business days of submitting this application, please continue to make normal payments until your next payment due date. If you sign up for Automatic Transfer to make a payment to a loan which is currently being paid by Automatic Transfer from another Provident account, your existing Automatic Transfer will be cancelled, and all new payments will be made using this request. Please schedule your transfer for at least five (5) days before your payment due date to allow time for the funds to arrive from external accounts.

If the transfer date falls on a holiday or weekend, the funds will post on the business day after your scheduled day.

Credit Union Use Only:

Reference ID _____ Completion Date _____



Provident Credit Union
 P.O. Box 8007
 Redwood Shores, CA 94063-0907
 (800) 632-4600

APPLICATION, DISCLOSURES, AND PROGRAM AGREEMENT for PAYMENT PROTECTION PLAN

BORROWER NAME ANDREW B SHARP	CO-BORROWER NAME	LOAN NUMBER 005000543245	ACCOUNT NUMBER 14599983	DATE OF LOAN 9/28/2023
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This Product is Optional. Your purchase of the Payment Protection Plan ("Plan") is optional. Whether or not you purchase this protection will not affect your application for credit or the terms of any existing credit agreement you have with Provident Credit Union ("us" or "we").

Termination of the Plan. You have the right to terminate the Plan at any time. If you terminate within 30 days, we will refund any fees paid. We have the right to terminate the Plan by giving you written notice at least 30 days in advance of the termination. See the "Termination of the Plan and Change in Terms" section for other ways the Plan may terminate.

Benefits May Be Denied. Even if you are eligible to purchase this Plan, there are eligibility requirements, conditions, and exclusions that could prevent you from receiving cancellations under the Plan. This agreement will provide you with a complete explanation of all eligibility requirements, conditions, and exclusions for the Plan. **Example:** If you received medical treatment within the 6 months before enrolling, and you become disabled for that condition within the 6 months after enrolling, you will not qualify for Disability cancellations (this is called a "pre-existing condition").

Eligible Loans: <i>closed-end consumer loans; consumer lines of credit</i>		Cost:	
		<i>Lines of Credit:</i> monthly cost per \$1,000 of outstanding loan balance	Closed-End Loans: estimated total fee
I Elect: <i>(Check only one box)</i>			
PLAN A: Plan #522635 Disability: Cancels up to \$1,000 per month for up to 12 payments Involuntary Unemployment: Cancels up to \$1,000 per month for up to 6 payments	<input type="checkbox"/> Borrower (single) <input type="checkbox"/> Co-Borrower (single) <input type="checkbox"/> Both Borrowers (joint)	\$2.90	\$ _____
PLAN B: Plan #522636 Death: Cancels loan balance up to \$100,000 Terminal Condition: Cancels up to \$1,000 per month for up to 6 payments Disability: Cancels up to \$1,000 per month for up to 12 payments	<input type="checkbox"/> Borrower (single) <input type="checkbox"/> Co-Borrower (single) <input type="checkbox"/> Both Borrowers (joint)	\$2.20	\$ _____
PLAN C: Plan #522637 Death: Cancels loan balance up to \$100,000 Terminal Condition: Cancels up to \$1,000 per month for up to 6 payments	<input type="checkbox"/> Borrower (single) <input type="checkbox"/> Co-Borrower (single) <input type="checkbox"/> Both Borrowers (joint)	\$0.90	\$ _____
PLAN D: Plan #712697 Death: Cancels loan balance up to \$100,000 Terminal Condition: Cancels up to \$1,000 per month for up to 6 payments Disability: Cancels up to \$1,000 per month for up to 12 payments Involuntary Unemployment: Cancels up to \$1,000 per month for up to 6 payments	<input type="checkbox"/> Borrower (single) <input type="checkbox"/> Co-Borrower (single) <input type="checkbox"/> Both Borrowers (joint)	\$3.50	\$ _____
Cancellation Maximums			
Monthly cancellations listed are per occurrence for each protected borrower.			
<input checked="" type="checkbox"/> No, I do not wish to apply for the voluntary Plan at this time. <u>ABS</u> (Borrower initials) _____ (Co-Borrower initials)			

Application Eligibility:

Eligible borrowers may apply for coverage any time up to 180 days after the date of (a) your closed-end loan or (b) an advance under a line of credit. Only one Borrower and one Co-Borrower may apply for the Plan. Co-signers, guarantors, and non-borrower owners of collateral are not eligible to apply.

To be eligible to apply, I must meet the following conditions. By signing this Application, I am stating that:

- I am under age 70;
- If applying for Disability or Involuntary Unemployment protection: I am presently working 24 or more hours per week;
- If applying for Involuntary Unemployment protection: I am not self-employed.

Seasonal Workers: whether you qualify for Involuntary Unemployment Benefits at the end of your seasonal employment will depend on whether you qualify for your state's unemployment benefits.

90-Day Waiting Period: *Involuntary unemployment that occurs within the first 90 days after your Effective Date will not be covered.*

Email Communication: *By signing this application, you acknowledge and agree that our administrator can (1) send you claims forms or other administrative forms to the email address that you provide to us and (2) otherwise communicate to you via email in order to administer your coverage if you activate your protection. Our administrator does not sell your information and will not use your email address for any purpose other than as outlined herein.*

Borrowers' Signatures

Yes, I want to purchase the Plan. I have received a copy of this Application, Disclosures, and Program Agreement ("*agreement*"), and agree to follow the terms of this agreement. I authorize the Plan fees to be added to my loan payment each month. This document is a part of my loan or line of credit agreement. *Each borrower applying for protection must sign (both borrowers must sign if applying for joint protection). You should carefully review all of the terms and conditions of the agreement before signing.*

Borrower Signature	Date
Co-Borrower Signature	Date

BENEFIT CHART - REQUIREMENTS, CONDITIONS, AND EXCLUSIONS

The following describes the types of Protected Events, the amounts cancelled, and the exclusions and conditions that apply:

Protected Event	To qualify for cancellations:	Number of cancellations and amount*:	You will not receive cancellations if:
Death	If you die during the term of this agreement, you will be eligible for cancellation.	We will cancel the outstanding balance, up to \$100,000. Only one cancellation will be made, even if you have joint protection. If you have joint protection and both borrowers die at the same time, no more than \$100,000 will be cancelled.	<ol style="list-style-type: none"> 1. Your death is due to: <ol style="list-style-type: none"> a. suicide committed within the first 12 months of protection; b. an intentionally self-inflicted injury; c. a Pre-existing Condition (see Definition section); d. Caused by or results from an atomic explosion or any other release of nuclear energy (except when used solely for medical treatment); or 2. Your death occurs on or after your 70th birthday; or 3. Within the first 2 years after you apply, we find you were not eligible when you applied.
Terminal Condition	During the term of this agreement, you must be diagnosed with a Terminal Condition. A "Terminal Condition" is a condition, as diagnosed by a licensed physician, which is caused by sickness or accident that directly results in a life expectancy of 6 months or less.	<ol style="list-style-type: none"> 1. We will cancel up to 6 consecutive payments as of the date of diagnosis of terminal illness. Example: Suppose you are diagnosed with a Terminal Condition on April 4. We will cancel one monthly payment as of April 4, an additional monthly payment on May 4, and each additional monthly payment thereafter on your Monthly Anniversary. 2. If you die after being diagnosed with a Terminal Condition, monthly payment cancellations will cease, and the remaining outstanding balance will be cancelled in accordance with the Death protected event section above. 3. Maximum monthly cancellation: \$1,000. 	<ol style="list-style-type: none"> 1. Death or the Terminal Condition is due to: <ol style="list-style-type: none"> a. an intentionally self-inflicted injury; b. a Pre-existing Condition (see Definition section); c. Caused by or results from an atomic explosion or any other release of nuclear energy (except when used solely for medical treatment); or 2. The Terminal Condition is diagnosed on or after your 70th birthday; or 3. Within the first 2 years after you apply, we find you were not eligible when you applied.
Disability	During the term of this agreement, you must: <ol style="list-style-type: none"> 1. Be continuously unable, due to sickness or injury, to perform the substantial and material duties of your regular occupation; and 2. Be under the regular care and treatment of a licensed physician or licensed health care provider; and 3. Be disabled for at least 30 consecutive days. 	<ol style="list-style-type: none"> 1. Once you are disabled for 30 days, we will cancel one payment as of your Monthly Anniversary Date. Thereafter, we will cancel one monthly payment for each month that you remain disabled on your Monthly Anniversary Date for up to 12 total payment cancellations. Your Monthly Anniversary Date is the numerical date of the month on which you become disabled. Example: Suppose you become disabled on April 4. If you are still disabled on the Monthly Anniversary Date of May 4, we will cancel one monthly payment, and each additional monthly payment thereafter for each month you remain disabled on your Monthly Anniversary Date. 2. Cancellations will immediately stop if: <ol style="list-style-type: none"> a. you recover or return to work; or b. the loan is paid off, refinanced with a different lender, or discharged. 3. Maximum monthly cancellation: \$1,000. 	<ol style="list-style-type: none"> 1. Your disability is due to: <ol style="list-style-type: none"> a. an intentionally self-inflicted injury; b. a normal pregnancy, normal childbirth, or elective abortions. Complications due to pregnancy or childbirth will only be protected if the complications themselves are the cause of the disability; c. a Pre-existing Condition (see Definition section); d. Caused by or results from an atomic explosion or any other release of nuclear energy (except when used solely for medical treatment); or 2. Your disability occurs on or after your 70th birthday; or 3. Within the first 2 years after you apply, we find you were not eligible when you applied.

<p>Involuntary Unemployment</p>	<p>During the term of this agreement, you must:</p> <ol style="list-style-type: none"> 1. Involuntarily lose your employment in which you were actively working for income for 24 hours or more per week; and 2. Be involuntarily unemployed for 30 consecutive days; and 3. Be receiving state or railroad unemployment benefits.* <p>*If you are still unemployed after reaching your maximum state or railroad benefits, you must be registered with a state employment office or otherwise recognized employment agency to continue having payments cancelled.</p> <p>*If you reside in a state or territory without unemployment benefits, you must be registered with a recognized employment agency in order to continue having payments cancelled.</p>	<ol style="list-style-type: none"> 1. Once you are involuntarily unemployed for 30 days, we will cancel one payment as of your Monthly Anniversary Date. Thereafter, we will cancel one monthly payment for each month that you remain unemployed on your Monthly Anniversary Date for up to 6 total payment cancellations. <p>Your Monthly Anniversary Date is the numerical date of the month on which you become unemployed.</p> <p>Example: Suppose you become involuntarily unemployed on April 4. If you are still unemployed on the Monthly Anniversary Date of May 4, we will cancel one monthly payment, and each monthly payment thereafter for each month you remain unemployed on your Monthly Anniversary Date.</p> <ol style="list-style-type: none"> 2. Cancellations will immediately stop if: <ol style="list-style-type: none"> a. your unemployment benefits are discontinued for any reason other than reaching the maximum benefit allowed; b. you regain employment; or c. the loan is paid off, refinanced with a different lender, or discharged. 3. Maximum monthly cancellation: \$1,000. 	<ol style="list-style-type: none"> 1. Your unemployment occurs on or after your 70th birthday; 2. Your unemployment occurs within the first 90 days after the Effective Date. 3. Your unemployment was voluntary (e.g., you retired, quit, or resigned); or 4. Within the first 2 years after you apply, we find you were not eligible when you applied.
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***Additional Conditions:**

- Monthly cancellations listed above are per occurrence and per each protected borrower.
- If the Monthly Anniversary Date is the 29th, 30th, or 31st, the Monthly Anniversary Date will be the last day of the month in months in which there is no 29th, 30th, or 31st day.
- Cancellations will not be provided under one Protected Event if you are currently receiving cancellations under another Protected Event.
- Additional Disability cancellations will not be provided if you suffer another disability while you are already receiving Disability cancellations.

OTHER IMPORTANT TERMS

Fees and Cancellations

What amounts will be cancelled? For Death protection, we will cancel the outstanding balance as of the date of death, up to the maximum listed on the Benefit Chart. For any other Protected Event, we will cancel the minimum regularly scheduled monthly loan payment due as of the month in which your Protected Event occurs, up to the maximum listed on your Benefit Chart. The amounts cancelled will include principal, interest, the monthly Plan fee and any amounts originally financed as part of the loan. We will not cancel late fees or other fees, real estate taxes or property insurance premiums; or any past due amounts. If you have a balloon loan, the balloon payment will only be covered for a Protected Event that cancels the outstanding balance.

How is my Plan Fee calculated and collected? The Plan Fee is calculated by applying the rate per \$1,000 (or any fraction thereof) to your monthly outstanding balance and will be charged and collected monthly. The fee is added to your outstanding balance and becomes part of your monthly loan payment. If you purchase the Plan after your loan has closed, we may increase your minimum monthly payment or extend the term of your loan.

What are the tax implications? You may be subject to federal, state and local taxes on the amount of your cancelled loan payment or balance. You should consult your tax advisor. We do not provide you with guidance on the tax implications, if any, of a cancelled debt.

Filing a Claim

How do I file a claim? Contact us at 800-632-4600. You must be able to verify the Protected Event to our satisfaction. If your delay in filing a claim prevents us from determining eligibility under the Plan, we will not make any cancellations.

In the event of a claim, we may ask you to sign a medical release and provide your past medical history.

Can you dispute my coverage? Yes. If within the first 2 years of this Plan, we find that you did not meet the eligibility requirements at the time of your application, your protection under the Plan will be removed, you will receive a refund of fees paid, and an otherwise valid claim will be denied. We can also deny a claim for the reasons listed in the Benefit Chart.

Do I have to make payments while my claim is being processed? Yes. While we are processing your claim, you must make your monthly payment on your loan or line of credit by the due date. Once cancellations begin, you are responsible for any amounts that are not cancelled.

What if I become disabled again or lose my job again? If you become disabled again with the same condition within 6 months of having recovered, or you become involuntarily unemployed again within 6 months of returning to full-time work, this will be a continuation of the first event. This means that if the maximum number of cancellations was already reached, we will not make any additional cancellations. But if you become disabled again with the same condition more than 6 months after your recovery, or you become involuntarily unemployed again more than 6 months after you return to full-time work, this will be a new event. It will also be a new event if you become disabled again with a different condition. This means you start a new set of cancellations, up to the maximums listed in your Benefit Chart.

What if I have an unrelated injury or sickness while I am disabled? If you are disabled ("original occurrence") and sustain another sickness or injury which would also be disabling, the second sickness or injury will not be considered a new occurrence of Disability. This means that you will receive cancellations for the second sickness or injury only if you did not reach your maximum per-occurrence cancellations for the original occurrence.

Termination of the Plan and Change in Terms

How can the Plan be terminated? (a) You may terminate this Plan at any time by writing us at Provident Credit Union, P.O. Box 8007, Redwood Shores, CA 94063-0907. If you do so within 30 days of the first time we bill you, we will credit your loan account for any fees charged. (b) We can terminate this Plan by giving you written notice at least 30 days in advance of the termination. Termination will be effective on the first of the month after you receive notice of termination. Fees for the month in which notice of termination is received will still be due and collected from the loan payment. (c) Your Plan will be terminated immediately and without notice: (1) If your loan is paid off, refinanced with us or another lender, sold, transferred, or discharged. (2) If your loan or line of credit payments are past due 90 days or more (if you bring your loan current after your Plan has been terminated for delinquency, you must reapply for the Plan). (3) You fail to pay the Plan fee. (4) When you reach age 70 or die. For joint protection, when the oldest borrower reaches age 70, the oldest borrower's protection terminates. Protection will automatically convert to Single Protection for the younger borrower (and the monthly fee will be adjusted accordingly). Once the younger borrower reaches age 70, all protection will terminate. If either borrower dies, any available cancellation for death will be made, subject to the terms of this agreement, and the protection for that borrower will terminate. or (5) When the protected balance is paid off under the Plan or all maximum cancellations are reached.

Can you change the fee and terms of this Plan? Yes. We can change the terms of this Plan, including the fee, at any time. If we do, we will give you prior notice and a chance to terminate the Plan without penalty.

What if I refinance or modify my loan? If you refinance your loan with another lender, this Plan will terminate; if we are making cancellations when you refinance, cancellations will cease. If you refinance the loan with us so that you have a new loan with us, this Plan will terminate and you will need to complete a new debt protection application and requalify for protection if you wish to have debt protection on the new loan. However, if we are making cancellations at the time you refinance your loan with us, those cancellations will continue on the new loan in accordance with this agreement. If you modify the terms of your loan, coverage will continue.

What if my loan ends while I am receiving cancellations under the Plan? Cancellations will stop if the loan is paid off, refinanced with a different lender, sold, transferred, or discharged, even if you haven't received all of your cancellations.

Definitions

Actively working 24 or more hours per week and full-time employment: This means that you are actively working for income for 24 hours or more per week. Working means actually performing your job duties and not off of work due to leave of absence; layoff; routine or seasonal work interruption; or any other reason.

Effective Date: This means the date your Plan becomes effective, which is the later of: (1) the date you sign the Plan application; or (2) the date the loan funds are disbursed; or (3) the date of your first advance under a protected line of credit.

Pre-existing condition: This means a condition for which you received medical treatment or advice or had diagnostic tests for the same or related condition in the 6 month period prior to the Effective Date or an advance under a line of credit. This exclusion only applies if the Protected Event begins within the 6 months after the Effective Date or within the 6 months after an advance under a line of credit.

Example: if you break your leg within the 6 months before the Effective Date or an advance under a line of credit, and you become disabled because of that broken leg within 6 months after the Effective Date or advance, we will not make any cancellations. However, if you become disabled 7 months after the Effective Date or advance, we will make cancellations as described in the Benefit Chart.

Who to Contact with Questions or Concerns About this Plan

Call us at 800-632-4600 or write us at Provident Credit Union, P.O. Box 8007, Redwood Shores, CA 94063-0907.

This is Not an Insurance Policy

This agreement is not a policy of insurance and you will not receive cash benefits. This agreement is between you and us as your creditor. Under this agreement, we will cancel your loan balance or payments if you qualify for such cancellation(s) under the terms of this agreement. If your claim is approved by us, we will cancel your balance or loan payments in accordance with this agreement. We have hired Minnesota Life Insurance Company to administer claims on our behalf, but they are not a party to this agreement.



DEPRECIATION PROTECTION ACKNOWLEDGEMENT

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

Choose one of the following:

Yes, I elect the Depreciation Protection Waiver Addendum.

I understand that in consideration for the purchase of the Depreciation Protection Waiver Addendum for my Installment Loan, the Lender will cancel, in the event of a Total Loss, Constructive Total Loss or Unrecovered Theft, the Depreciation Protection Amount, subject to the provisions and exclusions identified beginning on page 2 of the Depreciation Protection Waiver Addendum. I will remain liable for all loan amounts not waived under this Depreciation Protection Waiver Addendum.

I understand the purchase of this Depreciation Protection Waiver Addendum with Accidental Death Protected Event ("Addendum") is voluntary. Whether or not I purchase the Addendum will not affect my application for credit or the terms of any existing credit agreement I have with the Lender.

I understand this Addendum is not an offer of insurance coverage. This Addendum is not a substitute for collision or property damage insurance, does not provide general liability coverage, nor does it fulfill the requirements of state laws requiring motorists to maintain insurance coverage.

I understand there are eligibility requirements, conditions, and exclusions that could prevent me from receiving benefits under the Addendum which are explained in the Depreciation Protection Waiver Addendum.

I understand this Depreciation Protection Waiver Addendum forms a part of my Installment Loan. I may choose to pay the cost of the Addendum by (1) adding the total Depreciation Protection Waiver Fee to my Installment Loan on which interest will accrue at the rate disclosed on my Installment Loan agreement or (2) pay the total Depreciation Protection Waiver Fee separately from my loan.

Coverage Declined

I hereby acknowledge that the benefits of the Depreciation Protection Waiver program have been explained to me. I decline to purchase the protection.

ANDREW B SHARP | **14599983**
↑ Borrower Printed Name | Loan Number

DocuSigned by:
ANDREW B SHARP | _____
Borrower Signature | Date
7144DB3408B94BB...

Co-Borrower Signature | Date

Co-Signer Signature | Date

Co-Signer Signature | Date



GAP ACKNOWLEDGEMENT

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

Choose one of the following:

Coverage Accepted

I understand that in consideration for the purchase of the GAP Waiver Addendum for my Installment Loan, the Lender will cancel, in the event of a Total Loss, Constructive Total Loss or Unrecovered Theft, the GAP Amount, subject to the provisions and exclusions identified beginning on page 2 of the GAP Waiver Addendum. I will be liable for all loan amounts not cancelled under the GAP Waiver Addendum.

I understand the purchase of the GAP Waiver Addendum is voluntary. Whether or not I purchase the GAP Waiver Addendum will not affect my application for credit or the terms of any existing credit agreement I have with the Lender.

I understand the GAP Waiver Addendum is not an offer of insurance coverage. The GAP Waiver Addendum is not a substitute for collision or property damage insurance, does not provide general liability coverage, nor does it fulfill the requirements of state laws requiring motorists to maintain insurance coverage.

I understand that I may cancel the GAP Waiver Addendum at any time during the first 60 days for a full refund of the GAP Waiver Fee. If I provide notice of cancellation more than 60 days following the GAP Effective Date, the GAP Waiver Fee will be nonrefundable.

I understand there are eligibility requirements, conditions, and exclusions that could prevent me from receiving benefits under the GAP Waiver Addendum, which are explained In the GAP Waiver Addendum.

I understand the GAP Waiver Addendum forms a part of my Installment Loan. The cost of the GAP Waiver Addendum may be added to my Installment Loan on which interest may accrue at the rate disclosed on my Installment Loan agreement The Lender or third party servicers may receive a portion of the cost of the GAP Waiver Addendum.

Coverage Declined

I hereby acknowledge that the benefits of the guaranteed auto protection (GAP) program have been explained to me. I decline to purchase the protection.

ANDREW B SHARP | **14599983**
↑ Borrower Printed Name | Loan Number

DocuSigned by:
ANDREW B SHARP | **September 28, 2023 | 5:29:19 PM PDT**
Borrower Signature | Date
7144DB3408B94BB...

Co-Borrower Signature | Date

Co-Signer Signature | Date

Co-Signer Signature | Date



AGREEMENT TO FURNISH AUTO INSURANCE

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

Please give these instructions to your insurance agent.

This is to advise you that on 9/28/2023

I, ANDREW B SHARP

financed a 2021 AUDI RS 6 WUA1CBF28MN904884
Year Make Model Vehicle identification Number

with Provident Credit Union and promised to insure my loan without lapse of coverage, for its entire term. Please send a binder and/or Loss Payable Endorsement to my Credit Union listing the following:

1. Insurance against loss by fire, theft, and collision. ("All Risks" Hull Insurance, in case of aircraft or boats)
2. A deductible clause not to exceed \$1,000.00.
3. An insurance effective date to be the same date or predating the date of my loan. (Any difference between the two dates may cause charges to be added to my loan.)
4. The "Loss Payee/Lienholder" description should read:

**Provident Credit Union
Attn: Insurance Center
PO Box 5302
Redwood City, CA 94063-0903**

Please forward this information to the Insurance Center immediately.

If written notification of insurance is not received within 15 days from my loan date, the Credit Union may, at its election, procure a policy which protects their interest. The premium cost for such a policy will be added to my loan balance.

DocuSigned by:
ANDREW B SHARP | September 28, 2023 | 5:29:19 PM PDT
Primary Borrower Signature Date

Co-Borrower Signature Date

Co-Signer Signature Date

Co-Signer Signature Date



INSURANCE: FREE QUOTE REQUEST

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

Provident Credit Union is pleased to announce we can now offer you home, auto and commercial insurance through our very own insurance agency – **Provident Plus Insurance Agency**. There is no cost or obligation – it's just one more convenient and potentially money-saving option we provide our valued members.

Yes, I would like to receive a free, no obligation insurance quote from Provident Plus Insurance Agency.

I currently hold home/auto/commercial (circle all for which you desire a quote) insurance at

_____ expiring on _____

No, I am not interested in receiving a free quote.

Anti-Tying Disclosure Regarding Sale of Insurance

Provident Plus Insurance Agency is a wholly-owned subsidiary of Provident Credit Union, offering a wide range of insurance products and services. You may choose to request a quote for your insurance coverage from Provident Plus at your convenience. You may be contacted by an employee of Provident Plus Insurance Agency, who will offer you a free, no obligation quote to provide insurance coverage in connection with your loan.

YOUR DECISION TO PURCHASE INSURANCE FROM PROVIDENT PLUS INSURANCE AGENCY WILL NOT AFFECT THE APPROVAL OF YOUR LOAN. YOU MAY PURCHASE ANY REQUIRED INSURANCE FROM AN AGENT OR INSURANCE COMPANY OF YOUR CHOICE.

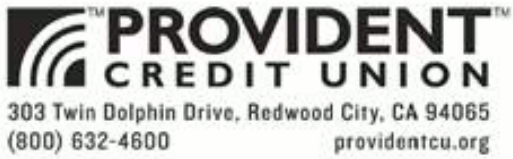
If you have any concerns, questions, or complaints regarding this business relationship, send correspondence to:

**ATTN: Provident Plus Insurance Agency
Provident Credit Union
P.O. Box 8007
Redwood City, CA 94063-0903**

The undersigned hereby acknowledges that he/she has read and received a copy of this disclosure.

DocuSigned by:
ANDREW B SHARP | September 28, 2023 | 5:29:19 PM PDT
Borrower Signature Date
7144DB3408B94BB...

Co-Borrower Signature Date



LOAN AGREEMENT AND CONSUMER CREDIT DISCLOSURE STATEMENT ("Agreement")

Borrower(s): ANDREW B SHARP 212 THOMSOM SQ MOUNTAIN VIEW, CA 94043	Lender: Provident Credit Union 303 Twin Dolphin Drive Redwood City, CA 94065 800-632-4600
--	--

ANNUAL PERCENTAGE RATE <small>The cost of Your credit as a yearly rate.</small>	FINANCE CHARGE <small>The dollar amount the credit will cost You.</small>	AMOUNT FINANCED <small>The amount of credit provided to You or on Your behalf.</small>	TOTAL OF PAYMENTS <small>The amount You will have paid when You have made all scheduled payments.</small>	Date	Member Number
6.500%	14,534.26	67,853.27	82,387.53	9/28/2023	14599983

Your payment schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
71	\$1,144.28	MONTHLY
1	\$1,143.65	BEGINNING ON 11/15/2023 10/15/2029

UNPERFECTED COLLATERAL PENALTY RATE. If, for any reason, the Credit Union's Security Interest in the Collateral designated in this Agreement (or in any separate document such as a Security Agreement, Assignment, Pledge or similar document) is not perfected (with the Credit Union named as first or senior lienholder) within one-hundred-twenty (120) days from the date of this Agreement, as shown above, then the simple interest rate applicable to Your entire balance existing at that time and in the future will be immediately increased to 18.00 %. Such increase will result in an increase in the amount of Your regularly scheduled payment, and will remain in effect until Our security interest in the Collateral is perfected, at which time Your Interest Rate will return to the simple Variable Rate shown elsewhere in this Agreement. In addition to this increase in Your Interest Rate, We will also add an Unperfected Collateral Penalty Fee FINANCE CHARGE of \$25.00 to the increased payment amount each month thereafter while Our security interest in the Collateral remains unperfected. For example, if You have a loan for \$10,000 for 60 months with an initial variable simple Interest Rate of 5.75%, and Your Interest Rate increased to 18.00% after one-hundred-twenty (120) days, Your regularly scheduled payment would increase from \$192.16 in the first (1st) month to \$249.80 in the fifth (5th) month, to which We would add the \$25.00 Unperfected Collateral Penalty Fee FINANCE CHARGE, for a total monthly payment of \$274.80 beginning in the fifth (5th) month.

You may obtain property insurance from anyone You want that is acceptable to the Credit Union.

Prepayment: If You pay off early, You will not have to pay a penalty.

Required Deposit: The Annual Percentage Rate does not reflect Your required deposit.

Late Charge: If Your payment is more than 10 days late, You will be charged the greater of \$10.00 or 5.00% of the payment due.

Assumability: Your loan is not assumable.

Security: You are giving a security interest in:

Filing Fee \$ 15.00 **Non-Filing Insurance \$** _____

The goods or property being purchased.

Personal property (other than household goods or any dwelling) securing other loans with Us.

See Your contract documents for any additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

Your present and future shares or deposits in the Credit Union.

Other See Security Interest Section on Page 3

This is a fixed-rate loan with a simple Interest Rate of 6.500% % This is a variable-rate loan with a present simple Interest Rate of _____ %

Itemization of Amount Financed of	Amount Given to You Directly	Amount Paid on Your Account	Prepaid Finance Charge
\$ 67,853.27	\$ 0.00	\$ 0.00	\$ 0.00
Amount Paid to Others on Your Behalf:	To: AUDI FINANCIAL <u>\$67,838.27</u>	To: DMV FEE	<u>\$15.00</u>
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____
	To: _____	To: _____	\$ _____

Borrower's Initials DS
ABS

ADDITIONAL PROVISIONS OF LOAN AGREEMENT

1. **PROMISE TO PAY.** You promise to pay the amount borrowed, plus interest, other permitted charges and fees to the order of the Provident Credit Union ("Lender") or assignee, according to the terms of this Agreement (including those set forth in the Federal Truth-in-Lending Disclosure). Numbers, phrases or words preceded by a are applicable only if the is marked, e.g. . In this Agreement, the use of the words "Credit Union," "We," "Us" and "Our" mean the Provident Credit Union. The Borrower(s) and any Co-Signer(s) of the Agreement, individually and collectively, are sometimes referred to as "You" or "Your." (e) means estimate, (n/a) means not applicable.
2. **LIABILITY OF PARTIES.** Each person who signs this Agreement as a Borrower or Co-Signer or who endorses or negotiates the loan proceeds check related to this Agreement (other than a Dealer/Payee) and whose name appears in this Agreement as Borrower or Co-Borrower agrees to be individually and jointly obligated to pay Your loan in accordance with the terms and conditions of this Agreement. Any person who signs this Agreement or the loan proceeds check related to this Agreement and checks the box preceding "Owner of Collateral (other than Borrower)" does so voluntarily and solely to give a security interest in the Collateral shown in the Security Interest section in this Agreement, but is not personally liable for any indebtedness created by this Agreement.
3. **INTEREST.** Interest will be charged on the unpaid balance of Your loan at the Simple Interest Rate (or at a rate computed according to the Unperfected Collateral Penalty Rate provision) designated in this Agreement until Your balance is paid in full. Any payment may be made early without penalty, and any early payments will have the result of reducing the total amount of interest paid. Any payment made after the due date will have the result of increasing the total amount of interest paid.
4. **PAYMENTS.** Your payments are to be made in lawful money of the United States according to the Payment Schedule (adjustable to correlate to interest rate changes as computed according to the Unperfected Collateral Penalty Rate provision) in this Agreement. Any partial prepayment of Your loan will not delay Your next scheduled payment. If, when You pay Your last scheduled payment, the amount You pay exceeds Your loan balance, then You give the Credit Union permission to deposit the excess to Your share account.
5. **COLLATERAL.** The Credit Union has been granted a security interest or lien in or upon the Collateral designated in this Agreement or in a separate document such as a Security Agreement, Assignment, Pledge or similar document (the subject matter of such a security interest or lien is referred to as "Collateral" in this Agreement). Except for the Credit Union's security interest or lien, the Collateral is owned free and clear from any adverse claim, security interest or encumbrance other than as now disclosed to the Credit Union. Without the express written consent of the Credit Union, no other liens, security interests or encumbrances will be allowed to attach to the Collateral. You agree to inform the Credit Union immediately if the Collateral is to be moved from Your address shown in this Agreement or at such other address at which You have informed the Credit Union the Collateral is now located. The Collateral shall not be sold or ownership otherwise transferred and at all times the Collateral shall be kept in good repair. The Collateral shall not be used for any unlawful purpose. The Credit Union shall receive the full cooperation of the Borrower, Co-Signer or Owner in obtaining everything that We require to place and/or maintain Our security interest in and/or lien on the Collateral. The Credit Union may examine and inspect the Collateral at any time wherever located. All taxes or assessments, including without limitation any fees required or assessed by any County or State offices, on the Collateral shall be paid as they come due, and if not paid, the Credit Union may pay them and shall be entitled to reimbursement or, alternatively, to add any amount so paid to the unpaid balance of Your loan subject to the applicable interest rate.

Collateral (other than household goods or any dwelling) given as security under this Agreement or for any other loan You may have with Us will secure all amounts You owe Us now and in the future if that status is reflected in the "Truth-in-Lending Disclosure" in any particular Agreement evidencing such debt.

6. **LIEN ON SHARES.** If shares or deposits are pledged as Collateral for this loan, You understand that the balance in Your account(s) on deposit with the Credit Union must be kept at least equal to the balance of Your loan until Your loan is repaid in full. We may, however, permit You to maintain or reduce Your account balances below Your loan balance. If You are in default, the Credit Union may apply all shares (except Keogh accounts and IRA accounts) then on deposit to Your loan up to an amount sufficient to repay Your loan.
7. **PROPERTY INSURANCE.** You promise to maintain property insurance in an amount necessary to protect Our security interest in the Collateral (subject to a deductible not exceeding \$1,000.00), with Us named as loss payee for Our protection. Such insurance shall protect against loss by fire, theft and collision and will provide "all risks" hull insurance in the case of aircraft or boats and accessories thereto, if any. You may provide the required property insurance through an existing policy or by a policy You independently obtain and pay for from a person of Your own choosing, providing such person is reasonably acceptable to Us. You agree to deliver satisfactory evidence of the insurance policy to Us within any time period specified in any notice from Us or on Our behalf. If You do not get or keep this insurance, We may, at Our sole option, obtain insurance to protect Our interest and add its costs to Your loan and You agree to pay for it (by such means as increasing Your payment or increasing Your loan term). We are under no obligation to obtain insurance on Your behalf. If We do obtain insurance, the cost of obtaining that insurance may be added to Your loan balance, subject to the applicable interest rate. We have the authority to obtain, adjust, settle or cancel insurance and may endorse any party's name on any draft.

Unless You provide evidence of the insurance coverage required by Your Agreement with Us, We may purchase insurance at Your expense to protect Our interests in the Collateral. This insurance may, but need not, protect Your interests. The coverage that We purchase may not pay any claim that You make or any claim that is made against You in connection with the Collateral. You may later cancel any insurance purchased by Us, but only after providing evidence that You have obtained insurance as required by this Agreement. If We purchase insurance for the Collateral, You will be responsible for the costs of that insurance, including the insurance premiums, interest and any other charges We may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The cost of the insurance may be added to Your total outstanding balance or obligation. The costs of the insurance may be more than the costs of insurance You may be able to obtain on Your own.

8. **DEFAULT.** Your loan shall be in default if any of the following occurs: (a) You do not make any payment or perform any obligation under this Agreement (including without limitation, payment of any County or State fees necessary for naming the Credit Union as the sole lien holder), or any other agreement that You may have with the Credit Union; or (b) You have made a false or misleading statement in Your credit application and/or in Your representations to the Credit Union while You owe money on this loan; or (c) You should die, or be involved in any insolvency, receivership or custodial proceeding brought by or against You; or (d) a judgment or tax lien should be filed against You or any attachment or garnishment should be issued against any of Your property or rights, specifically including anyone starting an action or proceeding to seize any of Your funds on deposit with the Credit Union; and/or (e) the Credit Union should, in good faith, believe Your ability to repay Your indebtedness hereunder is or soon will be impaired, time being of the very essence.

Upon any occurrence of default, and to the extent permitted by law, We may declare the entire balance of Your loan immediately due and payable, without prior notice or demand. If the entire balance is not then paid immediately upon default, and if permitted by law, the Collateral shall be voluntarily surrendered to the Credit Union at a time and place acceptable to it. If this is not done, to the extent permitted by law, the Credit Union may enter the premises where the Collateral is located and take possession of it and the Credit Union may assert the defense of a superior right of possession as the holder of a security interest to any offense of alleged wrongful taking and conversion. The Credit Union may sell or dispose of the Collateral in any manner permitted by law, and any resulting deficiency on Your loan shall be immediately paid to the Credit Union. In the event collection efforts are required to obtain payment on this account, You agree to pay all court costs, private process server fees, investigation fees or other costs incurred in collection and reasonable attorneys' fees incurred in the course of collecting any amounts owed under this Agreement or in the recovery of any Collateral.

As permitted by law, We have the right to impress and enforce a statutory lien against Your shares on deposit with Us (other than those deposits established under a governmental approved tax deferral plan such as an IRA or Keogh account), and any dividends due or to become due to You from Us to the extent that You owe on any unpaid balance on Your Account and We may enforce Our right to do so without further notice to You. Additionally, You agree that We may set-off any mutual indebtedness.

9. **ASSUMABILITY.** Your loan is not assumable.
10. **DELAY IN ENFORCEMENT.** We do not lose Our rights under this or any related agreement if We delay enforcing them. We can accept late payments, partial payments, or any other payments, even if they are marked "paid in full" without losing any of Our rights under this Agreement. If any provision of this or any related agreement is determined to be unenforceable or invalid, all other provisions remain in full force and effect.
11. **UPDATING AND DISCLOSING FINANCIAL INFORMATION.** You will provide facts to update information contained in Your original Account application or other financial information related to You upon Our request. You also agree that We may, from time to time, as We deem necessary, make inquiries pertaining to Your employment, credit standing and financial responsibility in accordance with applicable laws and regulations. You further agree that We may give information about the status and payment history of Your Account to consumer credit reporting agencies, a prospective employer or insurer, or a state or federal licensing agency having any apparent legitimate business need for such information.

DS
Borrower's Initials ABS

ADDITIONAL PROVISIONS OF LOAN AGREEMENT (continued)

12. WRITTEN NOTIFICATIONS. Except as otherwise provided in this Agreement and subject to applicable law, notices are to be given in writing. All notices furnished by Us to You shall be deemed given when placed in an envelope addressed to You at Your last known address and deposited in the United States mail, postage prepaid. Similarly, all notices furnished by You to Us shall be deemed given when placed in an envelope addressed to Us at P.O. Box 8007, Redwood City, CA 94063-0907 and deposited in the United States mail, postage prepaid.

13. SKIP PAYMENT. If Your loan is in good standing, We may allow You to skip certain payments each year. You will be notified in advance when You will have the option to skip a Scheduled Payment. You will not be charged a Late Charge for any Scheduled Payments that We allow You to skip. However, Finance Charges will continue to accrue on Your unpaid balance as set forth in this Agreement. You may continue to make Your regular Scheduled Payments during any Skip Payment period, and if You do, You will reduce the total amount of Finance Charges that You will have to pay. The notice sent to You immediately following the Skip Payment period will indicate when Your next Scheduled Payment is due. At that time, Your Scheduled Payments will return to their regularly scheduled amounts and due dates as specified in this Agreement. In the event that You skip any Scheduled Payment as provided in this Section 13, the term of Your loan will be extended, and You will be required to continue making payments as specified in this Agreement until You have repaid the entire outstanding balance of Your loan. You may opt out of this program by contacting Us.

If You have obtained optional Guaranteed Asset Protection ("GAP") coverage on Your loan under the terms of any separate GAP coverage agreement, You understand that skipping or otherwise deferring any regularly scheduled payment(s) will not affect the terms and conditions of the GAP coverage agreement. Further, You understand that any payment skipped means that a payment is not paid in accordance with the terms of the GAP coverage agreement, and that the GAP coverage does not cover the amount of any payments that may be skipped during the term of Your loan. In event of a GAP coverage claim, an amount equal to any payments You have elected to skip may be deducted from any GAP benefit that would otherwise be payable. Consult Your original GAP contract for additional information.

14. DEBT PROTECTION. Debt protection is not required for any extension of credit under this Agreement. However, You may purchase any debt protection available through Us. If You elect to do so, You will be given the necessary disclosures and documents separately.

15. GOVERNING LAW. You understand and agree that this Agreement will be governed by the laws of the State of California, except to the extent that federal law controls.

Security Interest. To secure all obligations of Borrower(s) hereunder to the Credit Union, You give a security interest and lien in and upon the following property, including any and all accessions, related insurance proceeds or insurance premium refunds.

Year	Make	Model	V.I.N./Serial No.	Key/Lic. No.
2021	AUDI	RS 6	WUA1CBF28MN904884	

Other
PURPOSE_DESCRIPTION

Borrower's Initials DS
ABS

NOTICE TO BORROWER AND ANY CO-BORROWER

By endorsing or negotiating the loan proceeds check related to this Agreement, or authorizing Us to deposit Your loan proceeds directly in Your deposit account with Us, or (in the case of a loan containing only disbursements to third parties) disbursing funds to the designated third parties: (1) You accept and agree to the terms of this Agreement; (2) You grant Us a security interest or lien in or upon any Collateral designated in this Agreement; and (3) You promise to obtain and maintain property insurance (if applicable) according to the Property Insurance provision above and any "Agreement to Provide Insurance" given to You along with this Agreement.

If You do not agree to any of the terms of this Agreement, do not endorse the loan proceeds check and return this Agreement and check to Us immediately at the address shown on the front of the check.

Further paragraphs of this Agreement are set forth on pages 1, 2 and 3 and You agree to be bound by all of the provisions of this Agreement.

NOTICE: You understand and agree that by endorsing or negotiating check number _____, that You acknowledge receiving a copy of this Agreement (and Exhibits, if any) that You have read it in its entirety and that You accept and agree to all of the terms thereof including the provisions set forth on the separate Pages titled "Additional Provisions of Agreement".

Signatures: You have signed this Agreement on 9/28/2023 and You acknowledge that You have read it, that You understand it, and that You have received a completely filled-in copy of it.

DocuSigned by:
X ANDREW B SHARP September 28, 2023 | 5:29:19 PM PDT
Signature of Borrower Owner of Collateral (other than Borrower)
7144DB3408B94BB...

X _____ X _____
Signature of Borrower Owner of Collateral (other than Borrower) Witness

Co-Signer: You understand that You are fully liable to pay any amounts due under this Agreement. The Credit Union does not have to make any demand on any other person obligated under this Agreement, nor take any steps to repossess any Collateral before demanding that You pay any amount. You have read this entire Agreement, You understand it, and You agree to be bound by all of the terms.

Name of Co-Signer (Please Print) X _____
Signature of Co-Signer _____ Date

Street Address _____ City _____ County _____ State _____ Zip

Name of Co-Signer (Please Print) X _____
Signature of Co-Signer _____ Date

Street Address _____ City _____ County _____ State _____ Zip



MBI ACKNOWLEDGEMENT

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

Choose one of the following:

Coverage Accepted

I hereby acknowledge that the benefits of the mechanical breakdown insurance program have been explained to me. I have elected to purchase the protection. I also represent that the vehicle that will be covered by the mechanical breakdown insurance has no known defects and all covered components are working properly.

Coverage Declined

I hereby acknowledge that the benefits of the mechanical breakdown insurance program have been explained to me. I decline to purchase the protection.

ANDREW B SHARP | 14599983
↑ Borrower Printed Name | Loan Number

DocuSigned by:
ANDREW B SHARP | September 28, 2023 | 5:29:19 PM PDT
Borrower Signature | Date
7144DB3408B945B...

Co-Borrower Signature | Date

Co-Signer Signature | Date

Co-Signer Signature | Date



NOTE OF INSURANCE REQUIREMENT

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

Important Note of Insurance Requirement on Your New Loan

This first notice is to remind you that one of the requirements of your loan, is to carry a Policy of Insurance which protects Provident Credit Union from financial loss as the result of damage to or destruction of the collateral. Such Policy must provide and include:

1. Collision, Fire, Theft and Comprehensive Coverage in the case of a motor vehicle
2. Broad Form Physical Damage Coverage in the case of other chattels
3. **Maximum Deductible of \$1,000.00 for all Coverages & Coverage Period**
4. Loss Payable Endorsement naming Provident Credit Union as Loss Payee or Lienholder
5. Member Name, Vehicle Description and Vehicle Identification Number (VIN)

In addition, the Policy is to be obtained from an admitted insurance carrier that is a member of the California Insurance Guarantee Association and regulated by the Department of Insurance.

Please make sure proper proof of coverage is sent to us at the address listed below in Redwood City within 15 days of the loan funding. The Policy Declarations Page must contain the above referenced items and may be submitted as proof of insurance by you or your agent. **Insurance Identification Cards and Evidence of Insurance Cards are unacceptable proof of coverage.**

If you fail to obtain the required insurance, we have the right to purchase a policy to protect our interest, according to the following conditions:

1. The insurance placed by the Credit Union affords collision and comprehensive coverage and is intended for the sole protection of the Credit Union. It protects you for damage occurring to the collateral described above **ONLY IN THE EVENT** you pay the deductible **AND** coverage is limited to **THE LESSER OF** the cost of repairs, the current value of the collateral, or the loan balance.
2. The premium for such insurance plus the Credit Union's interest will be added to the balance of your loan and your monthly payment will be adjusted accordingly.
3. Insurance placed by the Credit Union under the Master Policy will **NOT** provide bodily injury and property damage liability and will **NOT** comply with any financial responsibility law.
4. In the event the Credit Union has placed such insurance and determines subsequently that you have obtained insurance as required, the premium for insurance placed by the Credit Union shall be refunded to your loan; however, any interest charged for amounts advanced shall be retained by the Credit Union.

INSURANCE MUST REMAIN IN EFFECT DURING THE ENTIRE TERM OF YOUR LOAN.

PLEASE DIRECT YOUR PROOF OF INSURANCE AND FURTHER INQUIRIES TO:

Provident Credit Union
Attn: Insurance Center
P.O. Box 5302
Redwood City, CA 94063-0302
Telephone: (877) 550-5905



CREDIT PROTECTION ACKNOWLEDGEMENT

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-7290 fax providentcu.org

As a service of the Credit Union, I have been informed of the opportunity to apply for Payment Protection coverage on this loan. Payment Protection coverage is credit protection that is directly tied to my loan. The features and benefits of this plan have been fully explained to me and I choose to:

- Include** the protection at this time with the right to cancel any time.
- Decline** the opportunity to apply for the protection today. I understand that if I decide to apply at a later date, evidence of insurability may be required.

ANDREW B SHARP	242007
<small>↑ Borrower Printed Name</small>	<small>Loan Number</small>

<small>DocuSigned by:</small>	
ANDREW B SHARP	September 28, 2023 5:29:19 PM PDT
<small>Borrower Signature 7144DB3408B94BB...</small>	<small>Date</small>

<small>Co-Borrower Signature</small>	<small>Date</small>

<small>Co-Signer Signature</small>	<small>Date</small>

<small>Co-Signer Signature</small>	<small>Date</small>



Your Credit Score and the Price You Pay for Credit

09/22/23

ANDREW B SHARP
212 THOMSOM SQ
MOUNTAIN VIEW, CA 94043

Risk Based Pricing Notice – Exception form for loans not secured by Residential Real Property

App ID#: 242007

Lender: Provident Credit Union

Borrower: ANDREW B SHARP

Your Credit Score: 719

Source: EXPERIAN

Understanding Your Credit Score

WHAT YOU SHOULD KNOW ABOUT CREDIT SCORES

Your credit score is a number that reflects the information in your credit report. It is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe to creditors. Your credit score can change, depending on how your credit history changes.

HOW WE USE YOUR CREDIT SCORE

Your credit score can affect whether you can get a loan and how much you will have to pay for that loan.

THE RANGE OF SCORES

Scores range from a low of 320 to a high of 844. Generally, the higher your score, the more likely you are to be offered better credit terms.

HOW YOUR SCORE COMPARES TO THE OTHER SCORES OF OTHER CONSUMERS

Your credit score ranks higher than 42 % of U.S. Consumers

Checking Your Credit Report

WHAT IF THERE ARE MISTAKES IN YOUR CREDIT REPORT?

You have a right to dispute any inaccurate information in your credit report. If you find any mistakes on your credit report, contact the consumer reporting agency. It is a good idea to check your credit report to make sure the information it contains is accurate.

HOW CAN YOU OBTAIN A COPY?

Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year. To order your free annual credit report –

By telephone: Call toll-free 1-877-322-8228

On the web: Visit www.annualcreditreport.com

By mail: Mail your completed Annual Credit Report Request Form, which you can obtain the Federal Trade Commission's web site at <http://www.ftc.gov/bcp/online/include/requestformfinal.pdf>, to:

Annual Credit Report Request Service

P.O. Box 105281

Atlanta, GA 30348-5281

HOW CAN YOU GET MORE INFORMATION?

For more information about credit reports and your rights under Federal law, visit the Consumer Financial Protection Bureau's web site at www.consumerfinance.gov/learnmore/.