

Application

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

<input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (Including ATM/Debit Card Access to the Account if Available)	<input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (See Disclosure Table or Agreement for Terms)
Amount Requested \$ _____	Credit Limit Requested \$ _____
Purpose/Collateral: _____	If Authorized User, Name: _____
Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment	

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

APPLICANT	
NAME _____	
PASSWORD _____	ACCOUNT NUMBER _____
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____
BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____	
PRESENT ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
PREVIOUS ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER _____	
TITLE/GRADE _____	START DATE _____ HOURS AT WORK _____
SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____	STARTING DATE _____ ENDING DATE _____
REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	
	RELATIONSHIP _____ HOME PHONE _____

OTHER		<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER
NAME _____		
PASSWORD _____	ACCOUNT NUMBER _____	
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____	
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____	
BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____		
PRESENT ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
PREVIOUS ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
EMPLOYMENT/INCOME		
NAME AND ADDRESS OF EMPLOYER _____		
TITLE/GRADE _____	START DATE _____	HOURS AT WORK _____
SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____	STARTING DATE _____	ENDING DATE _____
REFERENCE		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____		
	RELATIONSHIP _____	HOME PHONE _____

WHAT YOU OWE	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)			\$	\$		
2nd MORTGAGE			\$	\$		
1st AUTO LOAN			\$	\$		
2nd AUTO LOAN			\$	\$		
CHILD-CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

WHAT YOU OWN	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	APPLICANT	OTHER
HOME		\$				
AUTO		\$	YES	NO		
SAVINGS		\$	YES	NO		
CHECKING		\$	YES	NO		
OTHER (Describe)		\$	YES	NO		

OTHER INFORMATION ABOUT YOU	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?		<input type="checkbox"/>	<input type="checkbox"/>
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?		<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan):	TO WHOM (Name of Creditor):	<input type="checkbox"/>	<input type="checkbox"/>

STATE LAW NOTICES **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

X
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

1. You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

X (SEAL)
APPLICANT'S SIGNATURE DATE

X (SEAL)
OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY

DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
			\$	\$	\$	\$	

LOAN OFFICER COMMENTS:
SIGNATURES:
X DATE **X** DATE

BORROWER 1 NAME	BORROWER 2 NAME	ACCOUNT NUMBER
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GE CREDIT UNION PAYMENT PROTECTION CONTRACT ("Contract")

PROTECTED LOAN(S)

LOAN NUMBER: _____

If the Loan is an open-end credit plan, check only one box below to indicate which Loan/subaccount(s) You want protected.

- | | |
|--|--|
| <input type="checkbox"/> this Loan/subaccount only
<input type="checkbox"/> this Loan/subaccount and all future Loans/subaccounts
<input type="checkbox"/> this Loan/subaccount and all existing Loans/subaccounts | <input type="checkbox"/> this Loan/subaccount and all existing and future Loans/subaccounts
<input type="checkbox"/> all existing Loans/subaccounts
<input type="checkbox"/> all existing and future Loans/subaccounts |
|--|--|

OPTIONS

YOU ELECT THE FOLLOWING OPTION: (check only one box)	LifePlus Disability & Unemployment	LifePlus Disability	LifePlus	No Protection
	<input type="checkbox"/> Life Plus <input type="checkbox"/> Disability <input type="checkbox"/> Involuntary Unemployment	<input type="checkbox"/> Life Plus <input type="checkbox"/> Disability	<input type="checkbox"/> Life Plus	
Program Fee: Rate per \$100 of the Monthly Outstanding Loan Balance*	Single Joint	Single Joint	Single Joint	

Estimated Total Fees for Option chosen (Closed-End Only)	\$ _____
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For the Option elected above, You choose (check only one box): Joint Protection Single Protection for Borrower 1 Single Protection for Borrower 2
 This Contract protects the Borrower(s) listed above who elected protection.

ELIGIBILITY QUESTIONS:

Subject to the terms, conditions and exclusions, You are eligible for protection under this Contract if You are a Borrower on the Loan on the Effective Date of Protection and meet the eligibility requirements below.

If electing an option with Disability or Involuntary Unemployment, You must answer Question 1.

1. Are You actively working, for wages or profit, for 25 hours or more per week on the date You sign this Contract?

You will be considered actively working if You are absent from work due to sabbatical, strike, or vacation, but will soon return to work. You will not be considered actively working if You are on an Annual, Regularly Scheduled or Seasonal Layoff, medical or Disability leave.

Borrower 1	Borrower 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If You answered "No" to Question 1, You are not eligible for options that include Involuntary Unemployment protection. For Joint Protection, if at least one Borrower answered "Yes" to Question 1, both Borrowers are eligible for Disability protection.

Important Notices: Please read this Contract in its entirety. You are bound by the terms and conditions of this Contract.

- We reserve the right to refuse Your purchase of the protection.
- In this Contract, the term "You" or "Your" mean the Borrower(s) and "We", "Us", or "Our" mean the Creditor.
- Protection is voluntary and not required to obtain credit. We will not consider whether or not You elect protection in making a credit decision.
- This Contract contains terms and conditions which may limit or exclude benefits.
- You may not qualify for all benefits.
- Protection is limited to a maximum of \$75,000. You will not be charged a Program Fee on any amount greater than this maximum.
- Protection for Life Plus protection will be reduced at the end of the month during which You reach Your 70th birthday.
- This Contract contains the conditions upon which We will cancel all or a portion of the Protected Balance and/or cancel the Protected Payment and the Program Fee. The terms and conditions which explain how We will cancel all or a part of Your Protected Balance are provided in this Contract.
- This Contract replaces all credit insurance policies and/or certificates, similar payment protection plans, and program contracts You previously entered into with respect to the Loan.

Subsequent Election

If the election above represents a replacement of credit insurance, similar payment protection or a change in the program for an existing Loan, and the cost of the newly elected protection results in an increased Program Fee, You agree to:

- make additional Loan payments of the same amount until what You owe has been repaid.
- increase Your Loan payment to \$ _____ per _____.
- make _____ additional Loan payments **and** increase Your Loan payment to \$ _____ per _____.
- increase Your monthly payment according to the terms of Your Loan.

CONTRACT

Your signature or authentication below means: (a) that You meet the eligibility requirements shown above; (b) that Your election above will remain in effect, according to the terms of the Contract, unless subsequently modified; (c) that You agree that You have received and thoroughly read the Contract; (d) that You agree to pay for and, where applicable, let Us add the Program Fee to Your Loan balance each month, which would subject the Program Fee to finance charges like the rest of Your Outstanding Balance; (e) that the fee You are charged for this protection is subject to change; and (f) if the "No Protection" checkbox is marked or if no checkbox is marked in the Options section, You do not have protection.

BORROWER 1 SIGNATURE DATE X	BORROWER 2 SIGNATURE DATE X
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For Creditor Use Only: By phone conversation, I hereby represent that the above referenced Borrower has authorized election of the specified option(s) indicated above.

SIGNATURE OF CREDITOR EMPLOYEE X	_____ DATE	_____ TIME
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DEFINITIONS

ACCIDENTAL INJURY means bodily harm that is unforeseen, unexpected, involuntary and due to an external cause.

ACTIVE EMPLOYMENT means that You are employed for wages or profit 25 hours or more per week.

ADMINISTRATOR means CUNA Mutual Insurance Agency, Inc., 5910 Mineral Point Road, Madison, Wisconsin 53705, one of its affiliates or a contracted third party.

ADVANCE means each extension of credit We provide to You under a Loan.

ANNUAL, REGULARLY SCHEDULED OR SEASONAL LAYOFF means unemployment due to expected lack of work during certain times of the year.

BORROWER means a natural person who is obligated to repay the Advance to Us, either solely, principally or jointly and severally.

EFFECTIVE DATE OF PROTECTION means the later of: (a) the date You purchased protection under this program option; (b) the date We reinstate Your protection under this Contract if applicable; or (c) the date of an Advance under a protected Loan.

LOAN means a closed-end note or an open-end credit plan as set forth in the protected Loans section on this Contract.

NON-PROTECTED ADVANCE means any Advance not protected according to the Non-Protected Events & Advances section of this Contract.

OUTSTANDING BALANCE means the outstanding Loan balance under a protected Loan.

PROGRAM FEE means the amount You pay monthly for protection under the Contract. The amount You pay is applied in arrears. This means the monthly amount You pay is for the previous month of protection. The rate used to determine the Program Fee is subject to change. You will receive notice before any increase goes into effect.

PROTECTED BALANCE means the principal, interest, the Program Fee and any amounts which the Creditor and the Borrower agreed to finance as part of the Loan. It does not include any other fees, or any Non-Protected Advances. Additionally, any Advance taken during any period of Life Plus, Disability or Involuntary Unemployment will not be protected and the payment for that Advance will not be cancelled. You are responsible for re-paying any amounts that are not cancelled.

PROTECTED PAYMENT means the minimum payment amount, including principal, interest, and the Program Fee, due on the Protected Balance on the date Protection Activation begins. It does not include the amount of any payment that represents a past-due payment. A scheduled lump-sum balloon payment will be protected for the amount of the minimum payment due for the period immediately preceding the scheduled balloon payment. For interest cancellation options, the Protected Payment will be the interest and Program Fee due on the Protected Balance. The Protected Payment will remain equal to the Protected Payment as of the first day of the Protected Event. Additionally, any Advance taken during any period of Life Plus, Disability or Involuntary Unemployment will not be protected and the payment for that Advance will not be cancelled. You are responsible for re-paying any amounts that are not cancelled.

PROTECTION ACTIVATION means the cancellation of Your Protected Payment in accordance with the terms and provisions of the Contract.

SICKNESS means a disease, illness or condition that affects the body and causes bodily malfunction or discomfort.

TEMPORARY EMPLOYEE means an employee of a single employer working in a limited-term employment assignment or an employee working in a contingent or temporary employment assignment with a different entity than the employee's employer and is not paid by the entity where such employee actually performs work.

WILLFUL OR CRIMINAL MISCONDUCT means an act of willful disregard of the employer's interests, a deliberate violation of the employer's rules, a disregard of the standards of behavior which the employer has a right to expect of an employee, or negligence indicating an intentional disregard of the employer's interests or of the employee's duties and obligations to the employer, or any unlawful behavior as determined by local, state or federal law.

PROTECTED EVENTS

We will protect the Loan(s) according to the terms of this Contract if You purchased protection and You pay the applicable Program Fee. Throughout the life of the Loan, You must qualify for protection at the time of Protection Activation. It is Your responsibility to notify Us if Your circumstances change.

LIFE PLUS (Included with LifePlus Disability & Unemployment, LifePlus Disability, and LifePlus)

If Your death occurs:

- before the end of the month during which You reach Your 70th birthday, We will cancel 100% of Your Protected Balance as of the date of death, up to a maximum of \$75,000.
- after the end of the month during which You reach Your 70th birthday, We will cancel 25% of Your Protected Balance as of the date of death, up to a maximum of \$18,750.

If two protected Borrowers die, We will cancel the lesser of the Life Plus amount for each protected Borrower or the Protected Balance.

Life Plus protection includes the following Protected Events. To qualify for:

- **Accidental Dismemberment:** You must have an injury caused only by external, violent and accidental means and results in the total irrecoverable loss of sight in one or both eyes, the loss of one or both feet by actual severance or amputation at or above the ankle, or the loss of one or both entire hands by actual severance or amputation at or above the wrist. Dismemberment must occur within 90 days of the injury which caused it.
- **Terminal Illness:** You must have received a certified diagnosis from a licensed physician, other than You or an immediate family member, of a Terminal Illness with a life expectancy of 12 months or less. Protection Activation will begin on the date Your Terminal Illness is certified.
- **Hospitalization:** You must be admitted to a hospital for at least 48 consecutive hours.
- **Family Medical Leave:** You, with Your employer's written approval, take an unpaid leave of absence from Your Active Employment for at least 14 consecutive days to attend to the needs of Your newborn, newly adopted or foster child, or to care for Your spouse, child or parent with a serious health condition (as defined

CONTRACT

by the Federal Family and Medical Leave Act). For purposes of this protection, a spouse includes Your spouse, common law spouse or a legally recognized same-sex domestic partner. **This protection will not protect You during a leave of absence that occurs while You are a Temporary Employee, an independent contractor, self-employed, or employed by a joint Borrower.**

- **Loss of Life of a Non-Protected Dependent:** The death of a non-protected dependent, which in the past 2 years was a dependency exemption on Your tax return.

If You qualify for Protection Activation under Hospitalization, Family Medical Leave, or Loss of Life of a Non-Protected Dependent, We will cancel 3 Protected Payments or up to \$3,000, whichever occurs first, one time per a 12 month period beginning with the Protected Event.

If You qualify for Protection Activation under Terminal Illness or Accidental Dismemberment:

- before the end of the month during which You reach Your 70th birthday, We will cancel 100% of Your Protected Balance up to a maximum of \$75,000.
- after the end of the month during which You reach Your 70th birthday, We will cancel 25% of Your Protected Balance up to a maximum of \$18,750.

NOTE: Protection Activation will not be provided for LIFE PLUS if You no longer have a Protected Balance. If more than one Protected Event occurs for Hospitalization, Family Medical Leave, or Loss of Life of a Non-Protected Dependent within a 12 month period, Protection Activation will only occur once. Additionally, if Protection Activation is occurring for Disability or Involuntary Unemployment, We will cancel 3 Protected Payments or up to \$3,000, whichever occurs first, for Hospitalization, Family Medical Leave or Loss of Life of a Non-Protected Dependent after Protection Activation has stopped for Disability or Involuntary Unemployment. However, if You incur a Terminal Illness or an Accidental Dismemberment, We will cancel according to the terms under **"If You qualify for Protection Activation under Terminal Illness or Accidental Dismemberment"** provision.

DISABILITY (Included with LifePlus Disability & Unemployment and LifePlus Disability)

Disability always means You are unable, because of a medically determined Accidental Injury or Sickness, to perform all of the essential functions of Your occupation at the time Your Disability begins, and You are under the regular care and treatment of a licensed physician, other than You or a family member. If You are not employed when Your Disability begins, Disability always means You are unable, because of a medically determined Accidental Injury or Sickness, to perform the essential functions required of any occupation for which You are reasonably qualified by training, education or experience.

To qualify for Disability protection, You must: (a) meet the definition of Disability for at least 30 consecutive days; and (b) not be actively working at any job or combination of jobs paying You an income equal to or exceeding 80% of the income You were earning from Your Active Employment immediately preceding the date You qualified for Disability.

After You have satisfied the waiting period and beginning with the 31st day of Your Disability, We will cancel a minimum of 1 scheduled monthly payment(s). Thereafter, We will continue to cancel Your scheduled monthly payment for each 30 days, consecutive or non-consecutive, that You are Disabled, up to a maximum of (a) 12 months or (b) \$12,000. We will never cancel more than 12 monthly Protected Payments during a 12 month period. The calculation of the 12 month period begins on the date Your benefits begin.

Cancellation of Your Protected Payment will stop the earliest of: (a) 12 months of Protected Payments have been cancelled; (b) \$12,000 maximum per period of Disability has been reached; (c) You no longer have a Protected Balance, Your Loan is paid-off or discharged for any reason; (d) the date You return to actively working at any job or combination of jobs paying You an income equal to or exceeding 80% of the income You were earning from Your Active Employment immediately preceding the date You qualified for Disability; (e) You no longer qualify for Disability protection; or (f) You are deceased.

INVOLUNTARY UNEMPLOYMENT (Included with LifePlus Disability & Unemployment)

Involuntary Unemployment means that You involuntarily lost Your Active Employment.

To qualify for Involuntary Unemployment protection, You must meet the following requirements at the time of Protection Activation and throughout the protected period: (a) You meet the definition of Involuntary Unemployment for at least 30 consecutive days; (b) You are receiving or have received state unemployment benefits for the period of unemployment for which You are requesting Protection Activation; (c) You are seeking Active Employment; and (d) You provide Us or Our Administrator with proof of qualification for Involuntary Unemployment protection at the time of Protection Activation and throughout the protected period.

NOTE: An award for unemployment benefits from Your state agency does not guarantee cancellation of Your Protected Payment under this Contract.

After You have satisfied the waiting period and beginning with the 31st day of Your Involuntary Unemployment, We will cancel a minimum of 1 scheduled monthly payment(s). Thereafter, We will continue to cancel Your scheduled monthly payment for each 30 days, consecutive or non-consecutive, that You are Involuntary Unemployed, up to a maximum of (a) 6 months or (b) \$6,000. We will never cancel more than 12 monthly Protected Payments during a 12 month period. The calculation of the 12 month period begins on the date Your benefits begin.

Protection Activation will not be provided for Involuntary Unemployment resulting from: (a) any Annual, Regularly Scheduled or Seasonal Layoff; (b) any period of unemployment that occurs while You are a Temporary Employee, independent contractor, self-employed or employed by a joint Borrower; (c) retirement; (d) vacation; (e) strike; (f) unionized labor dispute; (g) lockout; (h) termination due to Your Willful or Criminal Misconduct; (i) voluntary unemployment; (j) voluntary loss of wages; or (k) spousal relocation.

NON-PROTECTED EVENTS & ADVANCES

An event will not be protected under this Contract if it:

- is the result of a felony committed by You;
- is caused by or results from an atomic explosion or any other release of nuclear energy (except when used solely for medical treatment);
- is the result of an elective cosmetic surgery;
- is the result of an intentionally self-inflicted injury;
- is the result of an assisted suicide or an attempted assisted suicide; or
- occurs prior to the Effective Date of Protection.

A death event (other than death of a non-protected dependent) will not be protected by **Life Plus** protection if it:

- occurs within the 6 months immediately following the Effective Date of Protection for the Advance, and is related to a pre-existing condition for which You received advice, diagnosis, or treatment (including medication) within the 6 months immediately preceding the Effective Date of Protection for the Advance; or
- is the result of a suicide that occurs within the 12 months immediately following the Effective Date of Protection for the Advance.

An event (other than Your death) will not be protected under **Life Plus** protection if the event:

- occurs within the 6 months immediately following the Effective Date of Protection for the Advance.

An event will not be protected by **Disability** protection if it:

- occurs within the 6 months immediately following the Effective Date of Protection for the Advance, and is related to a pre-existing condition for which You received advice, diagnosis, or treatment (including medication) within the 6 months immediately preceding the Effective Date of Protection for the Advance; or
- is related to a normal pregnancy; however, complications due to pregnancy or childbirth may be protected if the complications themselves are the cause of the Disability.

CONTRACT

An event will not be protected by **Involuntary Unemployment** protection if it:

- occurs within the 6 months immediately following the Effective Date of Protection for the Advance.

GENERAL PROVISIONS

CHANGING YOUR OPTIONS. You must provide Us written notice of any request to change Your options. If You add a Protected Event, the Effective Date of Protection for the additional Protected Event is the date You purchased protection for that Protected Event. This will not change the Effective Date of Protection for any previously elected Protected Event(s). If You remove a Protected Event, the termination date is the date You removed protection for that Protected Event, which can never precede the date of Your written notice.

CHANGING THE TERMS OF THIS CONTRACT. We reserve the right to change the terms of this Contract and apply those changes to the protection You purchased under this Contract. You will receive notice before any change goes into effect. Your continued payment of the Program Fee will constitute Your acceptance of the change in terms.

CONCURRENT PROTECTED EVENTS. For each protected Borrower, the amount cancelled will be applied to the dollar and term limitations for each Protected Event. We will never cancel more than the Protected Payment. If You qualify for Disability (original Protected Event) and sustain an additional Sickness or Accidental Injury, which would be in and of itself disabling, the additional Sickness or Accidental Injury will not be considered a new Disability Protected Event, but rather will be considered the same Protected Event. This means that You will receive benefits only if You did not exhaust Your maximum Protected Event benefits in connection with the original Protected Event. **In the event a Life Plus, Disability or Involuntary Unemployment event occurs while Protection Activation is occurring for Life Plus, We will not provide Protection Activation for these events until Protection Activation has stopped for Life Plus.**

CONTINUED EFFECTIVENESS. If any part of this Contract is determined to be unenforceable, it does not affect the validity of the rest of the Contract.

ERRORS AND ADJUSTMENTS. If We have inadvertently deviated from the terms of this Contract, We will make the necessary adjustments when the error is discovered. If We cancel more benefits than You are entitled to under this Contract, You will remain obligated to pay these amounts to Us within 30 days of receipt of written notification from Us as if no cancellation occurred.

LOAN MODIFICATION OR REFINANCE WITH US. If Your Loan is modified or refinanced with Us, We will continue to protect the modified or refinanced Loan according to the terms of this Contract. If the balance of the Loan is increased, the Effective Date of Protection for the increased amount will be the date the Loan is modified or refinanced and such amount will be treated as a new Advance. If Your Loan is modified or refinanced during a period of Protection Activation, the modification or refinancing will not change Your Protection Activation, and We will continue to cancel the Protected Payment based on the Protected Balance prior to modification or refinancing.

LOAN OBLIGATION. Protection under this Contract does not affect, alter, or otherwise relieve Your obligations under Your Loan with Us. Whether or not You have made a request for Protection Activation, You remain obligated to make payments to Us and to comply with the terms of Your Loan.

LOAN OBLIGATION AFTER A PROTECTED EVENT. During the time it takes to process Your Protection Activation, You remain responsible for making at least the minimum required Loan payment due on the Loan by the payment due date. If the minimum required Loan payment due is greater than the Protected Payment, You are responsible for paying the difference to Us. Upon approval of Your Protection Activation, We will refund to You or credit to Your account any Loan payments You made during the processing period that were eligible for cancellation.

MISSTATEMENT OF MATERIAL FACT. If We find that You provided false or inaccurate information We reserve the right to terminate Your protection. If a Protection Activation has been filed, the Protection Activation will be denied.

PAST EVENTS. This Contract does not protect You from events that occurred before You purchased protection.

PROOF OF A PROTECTED EVENT. You must notify Us or Our Administrator of a Protected Event as soon as possible. You are responsible for providing, and continuing to provide, all the information required by Us to determine qualification for Protection Activation for the Protected Event. If You fail to provide all the information required by Us to verify Your continued qualification for Protection Activation We will not cancel all or a portion of the interest, Protected Payment, Program Fee, or Protected Balance. All information must verify the Protected Event to Our satisfaction. We will only make cancellations if You have a Protected Balance at the time of the Protected Event.

RECURRENCE OF SAME OR RELATED PROTECTED EVENTS. If the same type of Protected Event occurs again within 1 year after You have recovered or returned to Active Employment, We will treat this as one Protected Event subject to the initial Protected Event's terms and conditions, including, but not limited to the maximum number of cancellations for the initial Protected Event. No additional benefits will be activated once You have reached any of the initial Protected Event's maximums. For Disability, this only applies if You suffer a Disability due to the same condition.

If the same type of Protected Event (for Disability the same condition) occurs again more than 1 year after You have recovered or returned to Active Employment, We will consider it a new Protected Event and You will need to satisfy all requirements to qualify for Protection Activation. This provision applies whether You return to Active Employment with the same or a different employer.

TAX IMPLICATIONS. You may be subject to federal, state, and local taxes on the amount of Your cancelled Protected Payment or Protected Balance. You should consult Your tax advisor. We or Our Administrator will not provide You with guidance on the tax implications, if any, of a cancelled debt.

TERMINATION OF PROTECTION. You may terminate protection on Your account(s) at any time by providing Us with written notice at least 5 business days prior to the requested termination date. If You do so within 30 days of purchasing protection, We will credit You for any Program Fees charged for the protected account(s). We will credit You for any Program Fees You paid for the period after Your protection terminates. Termination will not affect benefits for a Protected Event that occurred prior to the termination date as long as an Outstanding Balance remains on the protected account(s).

Your protection will automatically terminate:

- on the last day of the month during which Your Loan and/or Program Fee is 3 months delinquent or past due. If You bring Your protected account current, Your protection will not be reinstated automatically. You must re-purchase protection and meet all requirements to qualify for protection;
- if Your Loan is paid-off, refinanced with a Creditor other than Us, or discharged for any reason; or
- if We give You written notice at least 30 days in advance of the termination (or as required by law).

Contact Us with any questions on this Contract.