

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary Midwest Members Credit Union		Group Policy Contract No. 012-0148-4	
Borrower 1 Name and Address		Email Address	
		Birth Date	
Borrower 2 Name and Address		Email Address	
		Birth Date	
Account No./Loan No.		Secondary Beneficiary	
<input type="checkbox"/> Closed-End	Estimated Insurance Charge Life \$ Disability \$	Term of Loan months If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan.	
<input type="checkbox"/> Open-End	Rate(s) per \$1000 of Your monthly Loan balance Single Life \$0.55 Joint Life \$0.88 Single Disability \$2.26 Joint Disability \$ N/A		
Insurance Applied For		Applicable Maximums	
Life Insurance Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Life Disability	
Disability Insurance Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input checked="" type="checkbox"/> N/A Both borrowers (joint) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Maximum Monthly Disability Benefit N/A \$850.00	
Waiting Period 14 days		Total Benefit Maximum \$50,000.00 \$50,000.00	
Benefits Begin Retroactive		Maximum Issue Age 70 66	
		Termination Age 70 66	
		Maximum Eligible Loan Term*(in months) Unlimited Unlimited	
		Maximum Term of Insurance*(in months) Unlimited Unlimited	
		*Closed-End Only	

CI-MP-SCH-OECE-S2

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - Only answer this Question if:

- You are applying for disability insurance.

Are You actively at work, for wages or profit, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

EVIDENCE OF INSURABILITY QUESTION(S)

Health Question 1 - Only answer this Question if:

- You are applying for life or disability insurance more than 30 days after the date of a Loan/Advance.

In the past 3 year(s), have You been diagnosed or treated by a licensed physician for cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2 - Only answer this Question if:

- You are applying for disability insurance more than 30 days after the date of a Loan/Advance.

In the past 3 year(s), have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- **Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.**
- **You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.**
- **This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.**
- **The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.**
- **If Your Loan includes a balloon payment (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.**
- **Receipt of a terminal illness or accidental dismemberment benefit may be taxable. Assistance should be sought from a personal tax advisor.**
- **In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.**
- **There is a charge for this insurance. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct to the best of Your knowledge and belief; You meet the eligibility requirements shown above; and You have received both Part A and Part B of the certificate.

Be sure that the insurance applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.

Borrower 1 Signature	Date
X	

Borrower 2 Signature	Date
X	

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary Midwest Members Credit Union		Group Policy Contract No. 012-0148-4	
Borrower 1 Name and Address		Email Address	
		Birth Date	
Borrower 2 Name and Address		Email Address	
		Birth Date	
Account No./Loan No.		Secondary Beneficiary	
<input type="checkbox"/> Closed-End	Estimated Insurance Charge Life \$ Disability \$	Term of Loan months	If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan.
<input type="checkbox"/> Open-End	Rate(s) per \$1000 of Your monthly Loan balance Single Life \$ 0.55 Joint Life \$ 0.88	Single Disability \$ 2.26 Joint Disability \$ N/A	
Insurance Applied For		Applicable Maximums	
Life Insurance		Life Disability	
Who do You want covered by life insurance? Check only one:		Maximum Monthly Disability Benefit N/A \$850.00	
<input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint)		Total Benefit Maximum \$50,000.00 \$50,000.00	
<input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Maximum Issue Age 70 66	
Disability Insurance		Termination Age 70 66	
Who do You want covered by disability insurance? Check only one:		Maximum Eligible Loan Term*(in months) Unlimited Unlimited	
<input type="checkbox"/> Only borrower 1 (single) <input checked="" type="checkbox"/> N/A Both borrowers (joint)		Maximum Term of Insurance*(in months) Unlimited Unlimited	
<input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		*Closed-End Only	
Waiting Period 14 days	Benefits Begin Retroactive		

CI-MP-SCH-OECE-S2

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - Only answer this Question if:

- You are applying for disability insurance.

Are You actively at work, for wages or profit, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

EVIDENCE OF INSURABILITY QUESTION(S)

Health Question 1 - Only answer this Question if:

- You are applying for life or disability insurance more than 30 days after the date of a Loan/Advance.

In the past 3 year(s), have You been diagnosed or treated by a licensed physician for cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2 - Only answer this Question if:

- You are applying for disability insurance more than 30 days after the date of a Loan/Advance.

In the past 3 year(s), have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- **Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.**
- **You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.**
- **This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.**
- **The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.**
- **If Your Loan includes a balloon payment (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.**
- **Receipt of a terminal illness or accidental dismemberment benefit may be taxable. Assistance should be sought from a personal tax advisor.**
- **In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.**
- **There is a charge for this insurance. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct to the best of Your knowledge and belief; You meet the eligibility requirements shown above; and You have received both Part A and Part B of the certificate.

Be sure that the insurance applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.

Borrower 1 Signature	Date
X	

Borrower 2 Signature	Date
X	

Borrower 1 Name	Account No./Loan No.
Borrower 2 Name	

**RECEIPT OF A TERMINAL ILLNESS OR ACCIDENTAL DISMEMBERMENT BENEFIT MAY BE TAXABLE.
 ASSISTANCE SHOULD BE SOUGHT FROM A PERSONAL TAX ADVISOR.**

This certificate explains the terms and conditions of coverage for credit life insurance ("life insurance") and credit disability insurance ("disability insurance") as provided in the group credit insurance policy ("group policy") issued to the Credit Union, which is available for Your review at the Credit Union's main office location. This certificate is subject to that group policy in every respect. If You meet the eligibility requirements provided on the Credit Insurance Application and Certificate (Part A), You apply for this insurance, and You agree to pay the insurance charges, You are insured for the coverage marked in the Schedule, subject to the terms of the group policy and this certificate. This certificate does not provide coverage for You unless You are insured. Words that are capitalized in this certificate are either defined terms that always have the meanings explained in the Credit Insurance Application and Certificate (Part A) or the Definitions section below or they are references to terms provided in the Schedule and have the meanings or values stated in the Schedule.

GENERAL PROVISIONS

What is the insurance contract? The group policy issued to the Credit Union, the application on which it is based, Your individual application, Your certificate, the Schedule, and any endorsements, riders and amendments to the group policy make up the entire contract. The contract may be amended at any time.

When and to whom are benefit payments made? We will pay any benefits You are owed under Your life or disability insurance to the Credit Union to be applied to Your outstanding Loan balance. A benefit will be paid after We determine that You are owed a benefit according to the terms and conditions of this insurance. If You are owed disability benefits under the terms of this insurance for a continuous period of Total Disability that lasts longer than one month, benefit payments will be paid monthly. If the benefits are more than the balance of Your Loan, the difference will be paid to You if You are living or to the secondary beneficiary named by You, if any, or to Your estate.

Does this insurance affect or change Your Loan obligation? This insurance does not relieve Your obligations under Your Loan agreement with the Credit Union. This insurance and Your Loan are separate agreements. Whether or not You have made a claim for benefits, You remain obligated to the Credit Union to comply with the terms of Your Loan agreement.

How are insurance charges calculated? Your insurance charge is determined each month by applying the appropriate insurance rate to Your Loan balance up to the Total Benefit Maximum for life insurance or for disability insurance, depending on the coverage You elected. The insurance charge may change while Your insurance is in effect if the insurance rate changes or if Your coverage changes. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.

What if Your Loan is refinanced? If Your Loan is refinanced or converted from an open-end Loan to a closed-end Loan, the Effective Date of Insurance with respect to the Loan amount that existed at the time of the refinancing or conversion will remain the original Effective Date of Insurance. However, the Effective Date of Insurance for any new amount added to the Loan balance will be the date that new Loan amount is funded or disbursed. If Your Loan is refinanced or converted during a period of Total Disability, the refinancing or conversion will not change Our benefit obligations.

What if You are issued insurance when You are over the Maximum Issue Age? If Your age was stated correctly on the application and You had already attained the Maximum Issue Age and insurance was therefore issued in error, We have the right, within 60 days from the date We receive Your application, to terminate this insurance and return any insurance charges. If Your age was misstated on the application and insurance would not have been issued at Your correct age, We may terminate this insurance at any time and return all insurance charges less any benefits paid. If joint coverage is in effect and We terminate this insurance for only one borrower, insurance will continue on the eligible living borrower and We will return the difference in insurance charges between joint and single coverage.

What if We overpay benefits? If We pay more benefits than You are owed, You are obligated to return the overpayment to Us within 30 days of receipt of written notification of the overpayment from Us. We may seek to have the Credit Union return such overpayment on Your behalf.

Can Your insurance coverage be contested? We may contest the validity of this coverage at any time based on a failure to pay insurance charges. After Your certificate has been in force for two years during Your lifetime, no statement relating to insurability, except a fraudulent statement, that is made by You in a written application can be used to contest coverage or deny a claim. All statements made by You shall be deemed representations and not warranties. No statement shall be used in any contest unless a signed copy of the instrument containing the statement is or has been furnished to You, or in the case of death to Your beneficiary or personal representative. If insurance is cancelled as a result of contestability, Our liability is limited to a return of any insurance charges paid.

When does Your insurance terminate? This insurance will automatically terminate for all borrowers on the earliest of: (a) the date Your Loan is paid off by any means (for closed-end Loans only); (b) the date the Maximum Term of Insurance, as stated in the Schedule, has elapsed (for closed-end Loans only); (c) the last day of the month in which Your Loan or the insurance charge is 90 days delinquent or past due; (d) the date You are no longer obligated to repay the Loan to the Credit Union; or (e) the last day of the month during which the group policy is terminated. This insurance will automatically terminate for each borrower individually on the earliest of: (1) the date We or the Credit Union receive Your written request to terminate the insurance or on a date that You select that is after the date on which We or the Credit Union receive Your written request; (2) the date of Your death; (3) the last day of the month during which You reach the Termination Age stated in the Schedule; or (4) the date a life insurance benefit is paid. If joint coverage is in effect and insurance terminates for only one borrower, insurance will continue for the other eligible borrower until that borrower's insurance terminates as provided in this section. However, if joint coverage is in effect and a life insurance benefit is paid, life insurance terminates for both borrowers even if a balance remains on the Loan; disability insurance, if elected, will continue for the borrower who did not incur a covered life event until that borrower's insurance terminates as provided in this section. We will return any insurance charges paid after the date insurance terminates (if You have joint coverage and only one borrower's insurance terminates, We will return only the difference in paid insurance charges between joint and single coverage). Life and disability insurance may have different Termination Ages or Maximum Terms of Insurance which means one may terminate but the other continues.

When do You get a return of insurance charges? When You pay Your monthly insurance charge, it is applied in arrears. This means the monthly insurance charge You pay is for the previous month of coverage. If Your insurance stops for any reason, We will return any insurance charge You paid for the period after Your insurance stopped.

What if the group policy terminates? If the group policy is terminated for any reason, Your insurance will terminate on the last day of the month during which the group policy is terminated. You will receive written notice at least 31 days prior to insurance terminating.

What if this certificate does not conform to state law? Any provisions of this certificate which, on the Effective Date of Insurance, are in conflict with the laws of the state in which it has been issued are changed to conform to the minimum standards of those laws.

What are the deadlines for legal action against Us or the Credit Union? You cannot start any legal action against Us or the Credit Union until 60 days after We receive proof of Your Total Disability or proof to support a claim for life insurance benefits, and You cannot start any legal action against Us or the Credit Union more than 3 year(s) from the date Your claim is first denied or Your benefits are discontinued, whichever is later.

LIFE INSURANCE

What is the life insurance benefit? The life insurance benefit is the lesser of: (a) the Total Benefit Maximum for life insurance as shown in the Schedule; or (b) the unpaid balance of Your Loan as of the date of Your covered life event and up to 180 days of unpaid accrued interest after the date of Your covered life event, less any Advances excluded from benefit payments under the terms of this insurance. If You have joint life coverage, We will pay a life insurance benefit for either insured borrower that qualifies for a life insurance benefit, but We will pay only one life insurance benefit even if both borrowers qualify for a life insurance benefit. We have the right to deduct the amount of past-due insurance charges from the life insurance benefit.

What is an accelerated benefit? An accelerated benefit provides for an early (accelerated) payment of the life insurance benefit described above for the diagnosis of a terminal illness or the occurrence of an accidental dismemberment as defined in this certificate. The accelerated benefit will be paid as explained in "**When and to whom are benefit payments made?**" provision located under the General Provisions section in this certificate. Only one covered life benefit is payable under this certificate. All life insurance under this certificate will automatically terminate when an accelerated benefit is paid.

What does life insurance cover? We will pay a life insurance benefit if You incur a covered life event while You are insured with this coverage and all other terms and conditions of this insurance are satisfied.

What is a covered life event? A covered life event is Your death, accidental dismemberment or certified diagnosis of a terminal illness.

What is an accidental dismemberment? If You incur an accidental dismemberment, We will pay You an accelerated benefit. An accidental dismemberment is 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.

What is a certified diagnosis of a terminal illness? If You have a certified diagnosis of a terminal illness, We will pay You an accelerated benefit. A certified diagnosis of a terminal illness means that a licensed physician other than You or an immediate family member certifies that You have been diagnosed with a terminal illness with a life expectancy of 24 months or less. The date of Your covered life event for a terminal illness claim will be the date Your terminal illness diagnosis is certified.

What events or Advances are excluded from benefit payments? We will not pay benefits to cover an Advance if Your covered life event: is a result of suicide, whether sane or insane, within 12 months after the Effective Date of Insurance on the Advance; or occurs within 6 months after the Effective Date of Insurance on the Advance and results from a Pre-Existing Condition. If Your covered life event occurs more than 6 months after the Effective Date of Insurance it will not be excluded from benefit payments based on the Pre-Existing Condition exclusion. If an Advance is excluded from benefit payments based on this section because Your death is a result of suicide, We will return any life insurance charges paid that are attributable to that Advance (if You have joint coverage, We will return only the difference in paid insurance charges between joint and single coverage).

What proof is required to make a claim for a life insurance benefit? For a claim related to a death, We must receive a certified copy of the death certificate (or other lawful evidence). For a claim related to an accidental dismemberment, We must receive medical proof satisfactory to Us that demonstrates the nature and cause of the dismemberment. For a claim related to a terminal illness, We must receive proof certified by a licensed physician other than You or an immediate family member that You have been diagnosed with a terminal illness with a life expectancy of 24 months or less. If necessary for the review of Your claim, We may also request relevant medical records, a copy of Your application for this insurance, and a copy of Your Loan records.

DISABILITY INSURANCE

How do You qualify for disability benefits? You qualify for disability benefits if: (a) You first meet the definition of Total Disability while You are insured; (b) Your Total Disability lasts longer than the Waiting Period shown in the Schedule; (c) You are under the regular care and treatment of a licensed physician other than You or an immediate family member; (d) You are not earning an average monthly income from any work (including a combination of jobs) that is equal to 80% or more of the average monthly income You were receiving from work (including a combination of jobs) in the 12 months just prior to Your Total Disability; and (e) all other terms and conditions of this insurance are satisfied. If You have joint disability coverage, each borrower must qualify for benefits independently of the other borrower.

What if Your disabling condition recurs? If Your disabling condition recurs within 7 calendar days after You have recovered from Your most recent period of Total Disability, We will consider it a continuation of that period of Total Disability and no new Waiting Period will apply. If the disabling condition recurs more than 7 calendar days after You have recovered, We will consider it a new period of Total Disability and You will have to qualify for disability benefits again. If Your Total Disability is based on a new disabling condition, We will consider it a new period of Total Disability. You have "recovered" for purposes of this insurance if either: (a) You are capable of performing all of the essential functions of the occupation You had at the time Your most recent period of Total Disability started; or (b) if unemployed at the start of Your Total Disability, You are able to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience.

What disabilities or Advances are excluded from benefit payments? We will not pay benefits for a Total Disability that results from a normal pregnancy. We will not pay benefits to cover an Advance if Your Total Disability results from a Pre-Existing Condition and Your Total Disability starts within 6 months after the Effective Date of Insurance on the Advance. An Advance will not be excluded from benefit payments under the Pre-Existing Condition exclusion if Your Total Disability starts more than 6 months after the Effective Date of Insurance on that Advance.

What do We pay? For each full month during which You qualify for benefits, We will pay as a monthly disability benefit the lesser of: (a) the minimum monthly Loan payment required for Your Loan as of the date Your Total Disability started (less any amount of that Loan payment attributable to Advances excluded from benefit payments under the terms of this insurance); or (b) the Maximum Monthly Disability Benefit shown in the Schedule. For periods less than a full month, We will pay an amount equal to 1/30th of the monthly disability benefit for each day You qualify for benefits. If Your Loan is not scheduled for monthly Loan payments, We will calculate Your monthly disability benefit by converting Your scheduled Loan payments to a monthly Loan payment equivalent. If Your monthly disability benefit payment, as determined under this section, is less than Your required monthly Loan payment, or monthly Loan payment equivalent, You are responsible to pay the difference owed to the Credit Union. Your monthly disability benefit is determined at the start of Your Total Disability and will not change during that period of Total Disability even if the required monthly Loan payment changes. If You have joint disability insurance, We will pay only one monthly disability benefit even if both of You are disabled. We have the right to deduct the amount of past-due insurance charges from any disability insurance benefit.

What do We not pay? We will not pay benefits to cover late fees, unscheduled or additional finance charges, balloon payments, Advances excluded from benefit payments under the terms of this insurance, or any money added to the principal balance of Your Loan after the date Your Total Disability starts, even if any of those amounts are incurred while a claim is being reviewed. Payment of those amounts will always remain solely Your responsibility.

How do We calculate the start date for Your benefit payments? If the Schedule states that Your benefits begin retroactively, Your benefits will be calculated from the first day of Your Total Disability. If the Schedule states that Your benefits begin non-

retroactively, Your benefits will be calculated from the day after the Waiting Period stated in the Schedule. In any case, You must meet the definition of Total Disability for longer than the Waiting Period to qualify for benefits.

When do Your benefit payments stop? Your disability benefit payments will stop when any of the following conditions are met: (a) You no longer meet the definition of Total Disability; (b) Your Loan balance (as of the date Your Total Disability started, less any Advances excluded from benefit payments under the terms of this insurance) has been paid in full by any means; (c) the date is reached when Your Loan balance (as of the date Your Total Disability started, less any Advances excluded from benefit payments under the terms of this insurance) should have been paid in full had the required Loan payments been made on time and in accordance with the terms of the Loan agreement, and the interest rate and Loan payment requirements in place on the date Your Total Disability started; (d) this insurance terminates because the Maximum Term of Insurance has elapsed (for closed-end Loans only); (e) You are no longer obligated to repay the Loan to the Credit Union; (f) disability benefits have been paid equal to the Total Benefit Maximum for disability insurance as provided on the Schedule; (g) You fail to provide the required proof of Your Total Disability; (h) You are deceased; or (i) a life insurance benefit is paid to the borrower receiving disability benefits.

What proof do You need to provide to make a claim for disability benefits? You must provide Us proof of Your Total Disability. If necessary for the review of Your claim, We may also request relevant medical records, a copy of Your application for this insurance, a copy of Your Loan records, and relevant employment and income records. Your proof of Total Disability must contain the date and the cause of Your Total Disability, a statement about the seriousness of the disability and a signature of a treating physician other than You or an immediate family member. Claim forms will be available from the Credit Union or, upon request, will be provided by Us. Upon request, You will be required to provide proof of continued Total Disability from time to time, including additional medical proof signed by a treating physician other than You or an immediate family member.

Can We require a physical examination? We may require You to participate in an independent medical examination as often as reasonably necessary in order to obtain the proof We require to determine if You qualify for disability benefits. We will pay the cost of any such examination.

What are the deadlines for providing proof of Total Disability? You are required to provide Us proof of Total Disability as soon as possible and no later than 15 months from the date Your Total Disability begins. If We request proof of continued Total Disability, You will be required to provide such proof as soon as possible and no later than 15 months from the date of Our first request for such proof. We will not accept proof of Total Disability that is provided after the period in which it is required to be provided, unless You were legally incapable of providing the proof. Regardless of the deadlines for providing proof, if We do not receive requested proof of continued Total Disability, We may suspend or stop benefit payments until the required proof is received.

DEFINITIONS

Advance. Under an open-end lending agreement, an "Advance" means each disbursement of money on a Loan by the Credit Union to You at Your direction or request. Under a closed-end agreement, an "Advance" means the disbursement that funds Your Loan.

The Credit Union. The "Credit Union" means the creditor that issued the Loan as shown in the Schedule and that is the group policyholder of this insurance.

Effective Date of Insurance. The "Effective Date of Insurance" is the later of: (a) the date of an Advance; or (b) the date the application for this insurance is signed (if joint coverage is in effect, the date of the last signing). Each Advance will have its own Effective Date of Insurance.

Loan. A "Loan" means the money lent to You by the Credit Union under a lending agreement, for which You have elected this insurance and have agreed to pay insurance charges.

Pre-Existing Condition. A "Pre-Existing Condition" is an illness, disease, or medical condition for which You received medical advice, consultation, or treatment within the 6 month period immediately prior to the Effective Date of Insurance.

Schedule. The "Schedule" means the "Schedule of Credit Insurance" that is attached to or part of Your "Credit Insurance Application and Certificate (Part A)." The terms and provisions in the Schedule have the same meaning when used in the Schedule or in this certificate.

Total Disability. During the first 12 consecutive months of disability, "Total Disability" means You are unable, because of a medically determined sickness or accidental injury, to perform all of the essential functions of Your occupation at the time Your disability starts. After the first 12 consecutive months of disability, the definition of "Total Disability" changes to mean You are unable, because of a medically determined sickness or accidental injury, to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience. If You are no longer employed when Your disability starts, "Total Disability" always means You are unable, because of a medically determined sickness or accidental injury, to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience.

We, Us and Our. "We", "Us", and "Our" mean CMFG Life Insurance Company.

You and Your. "You" and "Your" mean the borrower, and, if joint coverage is elected, "You" and "Your" also mean both borrowers on the Loan.

NOTICE TO CERTIFICATEHOLDERS

If You have any questions regarding Your insurance, please contact Your Credit Union.

If any complaints arise regarding this insurance, You may contact either of the following:

CMFG Life Insurance Company
Administrative Office
5910 Mineral Point Road
Madison, WI 53705
Phone: 800.356.2644

OR

Illinois Department of Insurance
Consumer Services Division
320 West Washington
Springfield, IL 62767
Phone: 217.782.4515