



CMFG Life Insurance Company

Home Office:
2000 Heritage Way • Waverly, IA 50677
Administrative Office:
5910 Mineral Point Road • Madison, WI 53705
Phone: 800.356.2644

SCHEDULE

Form with fields: Credit Union Name, Group Policy Number, Account Number, Borrower #1 Name and Address, Borrower #2 Name (may apply for joint coverage only) and Address, Insurance Applied For: Net Life, Monthly Cost Per \$100, Effective Date of Insurance, Maximum Life Benefit, Maximum Issue Age, Termination Age, Borrower #1 Secondary Beneficiary, Borrower #2 Secondary Beneficiary.

APPLICATION FOR GROUP CREDIT INSURANCE

“You” or “Your” means a person who is borrowing from the Credit Union. A business entity, partnership, corporation, association, cosigner or guarantor is not eligible for coverage.

Credit insurance is voluntary and not required in order to obtain credit. You may select any insurer of Your choice. You are applying to CMFG Life Insurance Company for credit insurance on Your account. You can get this insurance only if You are eligible for the coverage and check the appropriate boxes above to select coverage and sign Your name and write in the date below. The rate You are charged for the insurance is subject to change. You will receive written notice before any change goes into effect. You have the right to stop this insurance by notifying Your Credit Union in writing.

NOTICES:

IF THE AMOUNT OF YOUR OUTSTANDING BALANCE IS GREATER THAN THE MAXIMUM LIFE BENEFIT, THIS INSURANCE WILL NOT BE ENOUGH TO COMPLETELY PAY OFF YOUR ACCOUNT.

THIS CERTIFICATE OF INSURANCE CONTAINS A PRE-EXISTING CONDITIONS EXCLUSION THAT IS APPLIED FROM THE EFFECTIVE DATE OF INSURANCE. THIS EXCLUSION MAY PREVENT A BENEFIT FROM BEING PAYABLE. REFER TO THE CERTIFICATE FOR FURTHER DETAILS.

YOU ARE NOT ELIGIBLE FOR INSURANCE COVERAGE IF YOU ARE OVER THE MAXIMUM ISSUE AGE SHOWN IN THE SCHEDULE AS OF THE DATE YOU SIGN THIS APPLICATION.

LIFE INSURANCE WILL TERMINATE WHEN YOU REACH AGE .

ELIGIBILITY - PLEASE ANSWER THE FOLLOWING QUESTION.

1. What is Your Date of Birth?

Borrower #1

Borrower #2

DO NOT SIGN THIS APPLICATION IF ANY SPACES APPLICABLE TO THE BORROWER ELECTING THE COVERAGE AND TO THE COVERAGE BEING ELECTED HAVE NOT BEEN COMPLETED. THE APPLICATION WILL NOT BE USED IN A CONTEST IF THE BORROWER(S) HAVE NOT ANSWERED THE QUESTIONS APPLICABLE TO THE COVERAGE BEING APPLIED FOR AND/OR IF THE BORROWER(S) HAVE NOT SIGNED AND DATED THE APPLICATION.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Your signature below means:

You authorize the Credit Union to add the charges for insurance to Your account each month. • You understand that the rate You are charged for the insurance is subject to change. • You understand that You will be insured only for Advances actually received by You, not for any unused credit which may be available. • You understand that each Advance is subject to the terms and conditions contained within the Group Policy. • You understand that the insurance coverage is subject to the Maximum Life Benefit and the Termination Age shown in the Schedule. • You want the coverage(s) selected, even if the insurance will terminate because You reach the Termination Age before Your account is paid off. • You have received the Certificate of Insurance for the coverage(s) selected. • The statements contained in this Application are representations and are true and correct to the best of Your knowledge and belief.

Signature of Borrower #1	Date
X	

Signature of Borrower #2	Date
X	

Signature of Witness	Date
X	