



NSWC FEDERAL CREDIT UNION
 P.O. Box 519
 Dahlgren, VA 22448
 Telephone: (540) 663-2181



CUNA MUTUAL GROUP

CUNA Mutual Insurance Society

P.O. Box 391 ■ 5910 Mineral Point Road ■ Madison, WI 53701-0391
 Phone: 800/937-2644

MEMBER'S APPLICATION FOR CREDIT DISABILITY AND/OR CREDIT LIFE INSURANCE

COVERAGE SELECTED	YES	NO	INITIAL PREMIUM RATE SCHEDULE Rate Specified x Monthly Outstanding Loan Balance on the Premium Charge Date Per \$100	INSURANCE MAXIMUMS		
				DISABILITY	LIFE	
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.22	MAX. MONTHLY TOTAL DISABILITY BENEFIT	750.00	N/A
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.079	MAX. INSURABLE BALANCE PER LOAN ACCOUNT	50,000.00	50,000.00
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.130	MAX. AGE FOR INSURANCE	66	70

Do you want to protect your credit card balance with single credit life? Yes No
 or joint credit life? Yes No
 and/or single credit disability coverage? Yes No

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 1st day of disability.

GROUP POLICY NUMBER MEMBER'S ACCOUNT NUMBER DATE OF ISSUE OF THIS CERTIFICATE RATE OF INTEREST USED ON THIS LOAN
 045-0311-8-000-00

MEMBER'S NAME MEMBER'S DATE OF BIRTH JOINT INSURED'S NAME JOINT INSURED'S DATE OF BIRTH

MEMBER'S ADDRESS SECONDARY BENEFICIARY (if you desired to name one)

SIGNATURE OF MEMBER DATE AGE SIGNATURE OF JOINT INSURED (Only required if JOINT CL is selected) DATE AGE

X

X

NAME OF LOAN OFFICER DATE SIGNATURE OF LOAN OFFICER

X

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if You check "yes" under Coverage Selected and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You authorize the credit union to add the charges for your insurance to your loan each month. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. The following statements made by you are representations and are true to the best of your knowledge and belief:

For Credit Disability Insurance

On this date, are you physically working for salary or wages a minimum of 25 hours a week?

Member Yes No

If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

Are you under age 66?

Member Yes No

For Credit Life Insurance

Are you under age 70?

Member Yes No
 Joint Insured Yes No

NOTE: THIS INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. THIS INSURANCE ALSO CONTAINS CERTAIN BENEFIT MAXIMUMS THAT MAY LIMIT YOUR BENEFIT. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

APP. 825-0992VA



NSWC FEDERAL CREDIT UNION
 P.O. Box 519
 Dahlgren, VA 22448
 Telephone: (540) 663-2181



CUNA MUTUAL GROUP

CUNA Mutual Insurance Society

P.O. Box 391 ■ 5910 Mineral Point Road ■ Madison, WI 53701-0391
 Phone: 800/937-2644

MEMBER'S APPLICATION FOR CREDIT DISABILITY AND/OR CREDIT LIFE INSURANCE

COVERAGE SELECTED	YES	NO	INITIAL PREMIUM RATE SCHEDULE Rate Specified x Monthly Outstanding Loan Balance on the Premium Charge Date Per \$100	INSURANCE MAXIMUMS		
				DISABILITY	LIFE	
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.22	MAX. MONTHLY TOTAL DISABILITY BENEFIT	750.00	N/A
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.079	MAX. INSURABLE BALANCE PER LOAN ACCOUNT	50,000.00	50,000.00
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.130	MAX. AGE FOR INSURANCE	66	70

Do you want to protect your credit card balance with single credit life? Yes No
 or joint credit life? Yes No
 and/or single credit disability coverage? Yes No

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 1st day of disability.

GROUP POLICY NUMBER MEMBER'S ACCOUNT NUMBER DATE OF ISSUE OF THIS CERTIFICATE RATE OF INTEREST USED ON THIS LOAN
 045-0311-8-000-00

MEMBER'S NAME MEMBER'S DATE OF BIRTH JOINT INSURED'S NAME JOINT INSURED'S DATE OF BIRTH

MEMBER'S ADDRESS SECONDARY BENEFICIARY (if you desired to name one)

SIGNATURE OF MEMBER DATE AGE SIGNATURE OF JOINT INSURED (Only required if JOINT CL is selected) DATE AGE

X

X

NAME OF LOAN OFFICER DATE SIGNATURE OF LOAN OFFICER

X

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if You check "yes" under Coverage Selected and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You authorize the credit union to add the charges for your insurance to your loan each month. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. The following statements made by you are representations and are true to the best of your knowledge and belief:

For Credit Disability Insurance

On this date, are you physically working for salary or wages a minimum of 25 hours a week?

Member Yes No

If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

Are you under age 66?

Member Yes No

For Credit Life Insurance

Are you under age 70?

Member Yes No
 Joint Insured Yes No

NOTE: THIS INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. THIS INSURANCE ALSO CONTAINS CERTAIN BENEFIT MAXIMUMS THAT MAY LIMIT YOUR BENEFIT. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

APP. 825-0992VA



NSWC FEDERAL CREDIT UNION
 P.O. Box 519
 Dahlgren, VA 22448
 Telephone: (540) 663-2181



CUNA MUTUAL GROUP

CUNA Mutual Insurance Society

P.O. Box 391 ■ 5910 Mineral Point Road ■ Madison, WI 53701-0391
 Phone: 800/937-2644

MEMBER'S APPLICATION FOR CREDIT DISABILITY AND/OR CREDIT LIFE INSURANCE

COVERAGE SELECTED	YES	NO	INITIAL PREMIUM RATE SCHEDULE Rate Specified x Monthly Outstanding Loan Balance on the Premium Charge Date Per \$100	INSURANCE MAXIMUMS		
				DISABILITY	LIFE	
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.22	MAX. MONTHLY TOTAL DISABILITY BENEFIT	750.00	N/A
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.079	MAX. INSURABLE BALANCE PER LOAN ACCOUNT	50,000.00	50,000.00
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.130	MAX. AGE FOR INSURANCE	66	70

Do you want to protect your credit card balance with single credit life? Yes No
 or joint credit life? Yes No
 and/or single credit disability coverage? Yes No

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 1st day of disability.

GROUP POLICY NUMBER	MEMBER'S ACCOUNT NUMBER	DATE OF ISSUE OF THIS CERTIFICATE	RATE OF INTEREST USED ON THIS LOAN
045-0311-8-000-00			
MEMBER'S NAME	MEMBER'S DATE OF BIRTH	JOINT INSURED'S NAME	JOINT INSURED'S DATE OF BIRTH
MEMBER'S ADDRESS	SECONDARY BENEFICIARY (if you desired to name one)		

CERTIFICATE OF INSURANCE

CREDIT LIFE/CREDIT DISABILITY

By state law, the Maximum Insurable Loan Duration is 10 years and the Maximum Amount of Loan Insurable cannot exceed \$70,000.

IF THE AMOUNT OF YOUR LOAN IS OVER THE MAXIMUM AMOUNT OF LIFE INSURANCE, YOUR BENEFIT WILL BE LESS THAN THE AMOUNT OF YOUR LOAN. IF YOUR MONTHLY LOAN PAYMENT IS OVER THE MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT, YOUR BENEFIT PAYMENT WILL BE LESS THAN YOUR MONTHLY LOAN PAYMENT.

Within 10 days after you receive this Certificate, you have the right to return the Certificate to the credit union or CUNA Mutual Insurance Society for cancellation and any premium paid by you will be immediately returned.

We certify that while we are paid the premiums for the Group Policy by the credit union as they become due, you are insured for the coverage marked in the Schedule, subject to the terms of the Group Policy issued to the credit union.

WHEN INSURANCE STARTS

Each advance on a loan will be treated as a separate loan. Insurance will start on the date of each advance only if you are eligible for insurance at the time of the advance.

If you renew or refinance an insured loan, the effective date of insurance, as it affects any provisions of the Policy, will be the first day on which you become insured under the Policy covering the loan at least to the extent of the amount and term of the loan outstanding at the time you renewed or refinanced your loan.

MONTHLY PREMIUM CHARGES

The initial Monthly Premium Insurance Charges will be determined by the premium rates as stated in the Schedule, which are applied to the monthly outstanding loan balance on the Premium Charge Date.

BENEFITS

Benefits are paid to your credit union to pay off or reduce your loan. 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 Beneficiary named by you, if any, or to your estate. Our payment will completely discharge our liability to the extent of the payment.