

MONUMENTAL LIFE INSURANCE COMPANY

Home Office: Baltimore, Maryland

- This Mortgage Life and Disability insurance is optional and is being offered to you apart from the loan application.
- The purchase of the insurance is not required to obtain approval of your loan.
- You are not required to decide whether or not to apply for the insurance until after your loan is approved and you have been notified of the approval.
- The financial institution, or its affiliate, making this insurance available to you will receive an administration fee paid by the insurance company for the transaction.

MONUMENTAL LIFE INSURANCE COMPANY
Home Office: Baltimore, Maryland
GROUP MORTGAGE INSURANCE APPLICATION

Financial Institution DFCU FINANCIAL CU Account # 30880

Mortgage Loan No. _____ Term of Loan _____ Loan Balance _____

Select Coverage and Complete Information Below:

Mortgage Life Single Coverage* or Joint Coverage
*Choose one only. Mortgagor or Co-Mortgagor

Disability Single Coverage** or 50/50 Coverage
**Choose one only. Mortgagor or Co-Mortgagor

Initial Amt of Ins _____

Elimination Period: 30 Days 90 Days

Monthly Premium _____

\$yuityui _____ Current Monthly Mortgage Payment (\$200 Minimum)

+ _____ Monthly Premium

Beneficiary **Beneficiary**
Mortgagor: _____ Co-Mortgagor: _____

= _____ Monthly Benefit (equals present payment plus Premium)

Please Print

MORTGAGOR

Please Print

CO-MORTGAGOR (IF APPLYING)

Name and Address _____

Name and Address _____

Birth Date ____/____/____ Work Phone _____

Birth Date ____/____/____ Work Phone _____

Height _____ Weight _____ Occupation _____

Height _____ Weight _____ Occupation _____

Personal Physician's Name, Address and Phone _____

Personal Physician's Name, Address & Phone _____

Answer Question 1, 2, 3 and 4 for Life Coverage; Answer all Questions for Disability Coverage:

	MORTGAGOR		CO-MORTGAGOR	
	YES	NO	YES	NO
1. Have you ever been diagnosed with or treated for: any disease or disorder of the heart, blood, lungs, liver, kidneys; any mental, nervous, circulatory, digestive, muscular, spinal, bone, joint, back or eye disorder, high blood pressure, cancer or tumor, diabetes, drug or alcohol abuse?	_____	_____	_____	_____
2. In the past 10 years have you been treated for or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS)?.....	_____	_____	_____	_____
3. Other than those conditions covered in Question 1 or 2, during the last three years have you had an examination that was caused by an illness, injury, or abnormal physical condition, or a follow-up of a diagnosed condition?	_____	_____	_____	_____
4. Have you used any tobacco products in the last twelve months?	_____	_____	_____	_____
5. For Disability Coverage: Have you ever been disabled (unable to work) for a period longer than 15 days within the last three years, or are you presently working less than 30 hours a week?.....	_____	_____	_____	_____

If your answer to any question is yes, give exact condition and full details below. Include name/address of attending physician. Use separate sheet if needed.

QUES. NO.	NAME	REASON OR CONDITION	DATE(S)	RESULTS	NAME AND COMPLETE ADDRESS OF DOCTORS AND MEDICAL FACILITIES

Is this insurance intended, in whole or in part, to replace, discontinue, or change any existing life insurance or annuity now in effect with this or any other company? Yes No

I represent that each of the above statements is true and complete to the best of my knowledge. To determine my insurability or for claims purposes, I authorize any medical practitioner, institution, VA Hospital, insurance company or person having knowledge of my health, or the Medical Information Bureau to give any information about my physical or mental health to Monumental Life Insurance Company, Baltimore, MD 21202, or its reinsurer(s). The authorization, original or copy, is valid for two years from the effective date of coverage. I have read this authorization and have received a copy. I have also received copies of the "Notice Regarding MIB", and the "Notice Under the Fair Credit Reporting Act", and NOTICE of information practices of Monumental Life Insurance Company. I/We understand that no insurance is in effect unless the application is approved by the Insurance Company, and the first premium paid. I acknowledge that I have read the disclosures below. All payments will be made to the mortgagee to the extent of their interest.

In signing this application, I/We authorize the Financial Institution to withdraw funds to pay premium payments to Monumental Life Insurance Company from the account number below. I/We also authorize Monumental Life Insurance Company to receive premium payments from the Financial Institution. **If pre-authorized checks are to be used for premium payments, I/We further authorize Monumental Life Insurance Company to draw checks for premium payments against the account designated below and I/We submit a sample check marked "VOID" with the application.**

Withdraw from:	
Savings Account <input type="checkbox"/>	Checking Account <input type="checkbox"/>
Transit Number	Account Number
Loan Officer's Name and Telephone Number	

Mortgagor Signature _____ Date _____

Co-Mortgagor Signature (If applying) _____ Date _____

Licensed Resident agent (License Number.)
MLD 1000 GAM.MI

This insurance product is not a deposit; not FDIC insured; not insured by any federal government agency and is not guaranteed by the financial institution/affiliate.

NOTICE TO APPLICANT- PLEASE READ

Insurance regulations require that we provide you with this statement using the following wording:

"Information regarding your insurability will be treated as confidential. Monumental Life Insurance Company or its reinsurer (s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file."

"Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660."

"Monumental Life Insurance Company or its reinsurer(s) may also release Information in its file to any other life insurance company to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted."

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SUMMARY NOTICE OF INFORMATION PRACTICES

As part of the underwriting and processing of your application for insurance coverage, Monumental Life Insurance Company will rely heavily on information provided by you. Monumental Life Insurance Company also seeks information about you from others, such as physicians who have treated you or family members in some situations, and in compliance with applicable laws, we may disclose certain of the information collected to third parties without your specific authorization.

You have a right of access and correction with respect to all personal information collected about you which is contained in our files. You also have the right to seek correction of information you believe to be inaccurate.

The above is a general description of Monumental Life Insurance Company's Information practices. If you would like to receive a more detailed explanation of those practices, please contact our Underwriting Department: Monumental Life Insurance Company, Administrative Office: 1100 Johnson Ferry Road NE, Suite 300, Atlanta, GA 30342-1799.

<p>Here's how to apply:</p> <ul style="list-style-type: none"> ▪ Indicate the type of insurance you desire, the amount of coverage, and calculate your premium. ▪ For Disability Insurance either you or your co-mortgager may apply for 100% coverage. Or if you wish, you can apply for 50% coverage and your co-mortgagor can apply for 50% coverage (Total coverage <u>must</u> equal 100%) 	<p>How to submit your application:</p> <ul style="list-style-type: none"> ▪ Attach a "void" check to the completed application. ▪ Mail the completed application to: Monumental Life Insurance Company, 1100 Johnson Ferry Road NE, Atlanta, GA 30342. ▪ When your application is approved, your certificate of insurance will be issued and your premium will automatically be deducted from your checking or savings account.
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Thirty – Day Right to Examine
 If you are not satisfied for any reason, you may return your Certificate within 30 days after receipt. Your premium will be refunded. When so returned, the Certificate will be void from the beginning. Return the Certificate to us at our Home Office or to our authorized agent.

Eligibility:

You must have a mortgage loan with the financial institution. Our company must approve you for coverage. For disability insurance you must also be employed full time and under age 60. For life insurance you must be:

- Under age 60 for amounts of \$10,000 to \$49,999.99.
- Under age 65 for amounts of \$50,000 to \$300,000.

Misstatement of Age:

If your age (or your co-mortgagor's age) is misstated on this application, our payment of benefits will be limited to those that the premium paid would have purchased based on your correct age. If your correct age would not meet the eligibility requirements, our liability will be limited to the premiums you have paid.

Benefits - Life:

In the event of your death this life insurance coverage will provide a benefit that can help pay your insured loan balance, up to a maximum of \$300,000. Should the financial institution listed on the front of the application not be the creditor on the date of loss, the benefit will follow the amortization schedule included in your certificate of insurance, and all benefits will be paid the beneficiary you name.

Benefits - Disability:

Should you choose the 30 day elimination period for disability coverage, and are totally disabled while insured for more than 30 days, you are eligible to receive a monthly benefit up to your insured mortgage payment not to exceed the monthly maximum of \$1250, beginning with the 31st day of total disability.

Should you choose the 90 day elimination period for disability coverage, and are totally disabled while insured for more than 90 days, you are eligible to receive a monthly benefit up to your insured mortgage payment not to exceed the monthly maximum of \$2000, beginning with the 91st day of total disability.

Disability Benefit Schedule

Age at the time of disability:	Payments will be made up to:
Under age 50	24 months during the continued total disability
50-64	12 months during the continued total disability.
<ul style="list-style-type: none"> ▪ Total disability is defined for the first 12 months as being totally disabled from your own occupation, and after that, from working at any occupation up to the maximum benefit period. During the disability period, you must be under the regular care of a physician. ▪ You may be eligible for a new period of benefits if your new disability period begins more than six months after your first period ends, or if the new disability is from an unrelated cause. 	

Termination of Coverage:

Your insurance automatically ends on the first of the following dates:

- a. The date the Group Policy ends;
- b. The end of the period for which any required premium payment has not been made, subject to the Grace Period;
- c. The premium due date next following the date you reach the Termination Age:*
 - 65 for disability insurance
 - for life insurance:
 - Age 70 for initial amounts of \$10,000 to \$49,999.99.
 - Age 75 for initial amounts of \$50,000 to \$300,000.
- d. The date we receive your written request to terminate insurance.
- e. Disability insurance will end the date you cease to be employed full-time, other than as a result of a covered disability.

*If you or your co-mortgagor’s coverage ends because you reach the Termination Age above, the other insured person may continue their coverage. The life insurance premium rate will be reduced to two-thirds of the current joint premium, and the coverage will end according to the conditions listed above.

Conversion Provision for Life Insurance

Within 31 days of the cancellation or termination of your life insurance, you may have the right to convert your cancelled life insurance to one of the individual policies we offer at that time without Evidence of Insurability. Your certificate of insurance outlines the exact circumstances under which conversion is allowed.

Exclusions:

Life: If you commit suicide within the first two years of insurance coverage, the benefit will be limited to the return of premiums paid.

Disability: Insurance does not cover disability caused by or resulting from:

- a. Suicide, attempted suicide or intentionally self-inflicted injury;
- b. Participating in a riot, assault, or felony;
- c. Alcohol intoxication, as defined in the state where the accident occurred;
- d. Taking of any drug or medication, except as prescribed by a Physician;
- e. Operating or riding in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial flight;
- f. Taking of alcohol in combination with any drug or medication;
- g. Gas inhalation or poison voluntarily taken or administered;
- h. Out patient mental and nervous disorders and pre-existing conditions*

*A pre-existing condition is defined as an injury or sickness for which you received treatment or advice during the 24-month period immediately prior to your Effective Date of Insurance. After you have been covered for 24 consecutive months, any Total Disability starting thereafter will be covered unless otherwise excluded.

This form is for Michigan residents only. Your certificate will provide exact details of your coverage.
Complete details of your coverage can be found in master policies ML1000GPM and MD 1000GPM