

Important Notice Regarding Credit Insurance

This notice is intended to inform you that the credit insurance coverage on your loans and credit cards is being provided by a new carrier: Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota 55101.

To show your acceptance of the Minnesota Life plan, simply continue making your loan payment, which includes your credit insurance premium. The Minnesota Life plan is optional, and you may terminate your coverage at any time.

If you previously elected, and are currently paying premium for credit insurance, please review the attached certificate carefully as claims will be administered according to the provisions stated in the certificate.

Application/Certificate Group Credit Insurance Outstanding Balance

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Borrower (first, middle, last)			Date of birth	Social Security No.	Loan number
Co-borrower (first, middle, last)			Date of birth	Loan term	Loan effective date
Type of coverage <input type="checkbox"/> Closed-End <input type="checkbox"/> Open-end			Interest rate	Amount financed	Payment amount
Creditor beneficiary (policyholder)			Loan officer		
Energy Plus Credit Union					
CREDIT LIFE INSURANCE			CREDIT DISABILITY INSURANCE		
Group policy number	Insurance maximum (per indebtedness)	Group policy number	Maximum monthly disability benefit	Waiting period	
523078	\$50,000	523079	\$750	14 days	
Maximum loan repayment period		Maximum loan repayment period	Maximum aggregate disability benefit (per indebtedness)	Benefit	
120 months		120 months	\$50,000	<input checked="" type="checkbox"/> Retroactive <input type="checkbox"/> Non-retroactive	
Term of insurance	Termination date of insurance	Term of insurance	Termination date of insurance		

CREDIT INSURANCE APPLIED FOR – (APPLICATION MUST BE SIGNED AND DATED)		CLOSED-END: Estimated Total Premium	OPEN-END: Monthly Rate Per \$1000 of Insured Amount
DECREASING LIFE INSURANCE	Must Check One Box <input type="checkbox"/> Single (Borrower) <input type="checkbox"/> Single (Co-borrower) <input type="checkbox"/> Joint (Borrower and Co-borrower) <input type="checkbox"/> No Coverage	\$	\$0.58
SINGLE DISABILITY INSURANCE	Must Check One Box <input type="checkbox"/> Borrower <input type="checkbox"/> Co-borrower <input type="checkbox"/> No Coverage	\$	\$1.59

YOU ARE COVERED ONLY FOR THE COVERAGE FOR WHICH A SELECTION IS INDICATED ON THIS APPLICATION.

NOTICE TO BORROWER(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. I (we) also agree that:

- I am eligible for life insurance if I am presently under age 66 and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age 66. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older borrower is presently under age 66 and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age 66. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age 66 and my loan is repayable within the maximum loan repayment period shown above. **In no event is disability insurance coverage to remain in force beyond the date you reach age 66. Please read the "When does your insurance terminate?" provision.**

The following **Actively at Work** question must be answered for disability insurance:

BORROWER
Yes No
☐ ☐

CO-BORROWER
Yes No
☐ ☐

Are you presently working outside the home for wages or profit for 30 hours or more per week and been so working for 30 days or more immediately prior to this date?

If you are applying for disability insurance and have answered "No" to the **Actively at Work** question, you are not eligible for disability insurance.

If applying for more than \$15,000 of insurance, the following question must be answered to determine my (our) eligibility for insurance:

BORROWER
Yes No
☐ ☐

CO-BORROWER
Yes No
☐ ☐

During the last two years, have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-borrower or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

Borrower's signature X	Date	Co-borrower's signature X	Date
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NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE

This certificate is issued in consideration of your application and the payment of the required premium. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours.

As a certificateholder, your satisfaction is very important to us. If you have a question about your certificate, or if you have a claim, you should first contact your creditor or us at (651) 665-3500. Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion. However, should you feel that you are not being treated fairly, we want you to know you may contact the Indiana Department of Insurance with your complaint and seek assistance at the following address or telephone number:

Customer Services Division
Indiana Department of Insurance

Consumer Hotline: 1-800-622-4461
In the Indianapolis Area: 1-317-232-2395

311 West Washington Street, Suite 300
Indianapolis, IN 46204-2787

Notice of your right to examine this certificate for 30 days. It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us or to your insurance representative within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation.

IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN – YOUR INSURANCE WILL TERMINATE ON THE DATE INDICATED IN YOUR APPLICATION. THE DEATH BENEFIT WILL ONLY BE PAYABLE IF DEATH OCCURS DURING THE TERM OF THE INSURANCE. DISABILITY INSURANCE, IF IN FORCE, WILL NOT COVER YOUR ENTIRE INDEBTEDNESS AND THE DISABILITY INSURANCE BENEFITS AVAILABLE WILL BE LESS THAN THE AMOUNT NECESSARY TO PAY OFF YOUR LOAN. TOTAL DISABILITY WILL NOT BE PAID FOR ANY PERIOD OF TOTAL DISABILITY COMMENCING OR CONTINUING AFTER THE TERMINATION DATE OF INSURANCE SHOWN IN THE SCHEDULE.

LIFE INSURANCE

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of your loan on the date of your death; or (2) the maximum amount of insurance specified on your application.

The unpaid balance will include scheduled payments that are no more than two months in default (as defined in the loan note).

If you are jointly insured and you co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

Are there limitations/exclusions affecting the amount of the death benefit? As to each advance on your loan, we will not pay a claim on that advance if death occurs within 6 months after the date of the advance and is caused by or substantially contributed to by a pre-existing medical condition as defined below.

A pre-existing medical condition is a condition for which you received medical advice or treatment either for that same condition or a related condition within the 6-month period immediately prior to the date of the advance. This pre-existing condition exclusion applies to the total insured indebtedness amount in excess of \$1,000.

As to each advance on your loan, we will not pay a claim, but we will refund premium paid for insurance on that advance if death occurs within 6 months after the date of the advance and is caused by suicide, whether sane or insane.

If you applied for joint life insurance, these limitations/exclusions also apply to your co-debtor.

DISABILITY INSURANCE

What is the amount of your monthly disability benefit? Your monthly disability benefit will be an amount equal to the lesser of: (1) your minimum scheduled installment payment as specified in your loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the maximum monthly disability benefit specified in your application.

If your minimum scheduled installment payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided: (1) the date of scheduled installment payment increase is after total disability commences; and (2) the maximum monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

In no event will any other increase (or decrease) in your minimum scheduled installment payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

What is the definition of total disability? During the first 12 months of disability, your complete and continuous inability, due to sickness or injury, to perform the essential duties of your regular occupation. Thereafter, your complete and continuous inability, due to either sickness or injury, to perform the essential duties of any occupation for which you are reasonably suited by age, education, training or experience.

For how long will monthly disability benefits be paid? We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the maximum aggregate disability benefit specified in your application has been paid; or (3) your loan reaches its initial scheduled maturity date or; if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in your application is reached; or (5) your loan is discharged through payment or prepayment; or (6) you reach age 66.

What if you suffer recurrent periods of total disability? If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of three months or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability. However, if the period during which you engage in any occupation is less than three months, any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

What disabilities are not covered? We will not insure any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on your loan; a condition for which you received medical advice, consultation or treatment either for that same condition or a related condition within the 6 month period immediately prior to the date of the advance and which results in total disability commencing within 6 months after the date of the advance.

GENERAL PROVISIONS

To whom will benefits be payable? Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be made to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

When will benefits be payable? Subject to any limitations/exclusions, the death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder.

Subject to any limitations/exclusions, disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your 66th birthday. Also, you must be under the regular care of a physician, when medically necessary, for the sickness or injury.

If the non-retroactive benefit is effective, the monthly disability benefit will be payable as follows –

14 Day non-retroactive benefit

Upon the expiration of the 14-day waiting period and continued total disability, the initial monthly disability benefit will be payable on the 15th day. Thereafter, the monthly disability benefit will be payable on the benefit eligible date of each subsequent month provided you continue to be totally disabled on that date.

For purposes of this provision, "benefit eligible date" is the numeric date of the month coinciding with the date the initial monthly disability benefit is payable. Where this numeric date is such that a subsequent month has less than that number of days, the monthly disability benefit will be payable on the last day of that month.

30 Day non-retroactive benefit

Upon the expiration of the 30-day waiting period and continued total disability, the initial monthly disability benefit will be payable on the 31st day. Thereafter, the monthly disability benefit will be payable on the anniversary date of each subsequent month provided you continue to be totally disabled on that date.

If the retroactive benefit is effective, the initial monthly disability benefit will be payable upon the expiration of the waiting period and continued total disability. Thereafter, the monthly disability benefit will be payable on the anniversary date of each subsequent month provided you continue to be totally disabled on that date.

For purposes of this provision, "anniversary date" is the numeric date of the month on which you became totally disabled. Where this numeric date is such that a subsequent month has less than that number of days, the monthly disability benefit will be payable on the last day of that month.

In the event of a claim, you may be asked to provide information regarding your past medical history and sign a medical release form to determine your eligibility for benefits under the terms of this certificate.

When must notice of a disability claim be given? You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

How are premiums calculated? Premiums for your insurance are calculated each month on the remaining insured outstanding balance of your loan using the premium rate in effect under the group policy. The premium rate is subject to change not more than once each year upon 30 days prior written notice to you.

How are refunds calculated? If your insurance terminates before the termination date of insurance or the premium you were charged is greater than the premium required for your age and amount of insurance, you are entitled to a refund of the unearned premium. The refund will be issued within 30 days of our receipt of written notice of termination. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.

If 16 days or more of a loan month have been earned, the refund will be computed from the end of the loan month; if 15 days or less of a loan month have been earned, the refund will be computed from the beginning of the loan month.

When does your insurance terminate? Your insurance will terminate on the date any of the following events occurs: (1) your loan is discharged through payment, prepayment, renewal or refinancing; or (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in your application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the policyholder transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes your insurance premium is more than 90 days overdue; or (7) you request in writing that your insurance be terminated; or (8) the group policy terminates provided you receive 30 days written notice; or (9) you die. If joint insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor die and a life benefit is paid; or (10) you reach age 66 and have disability insurance; or (11) you reach age 66 and have life insurance. If joint life insurance is in force and insurance terminates on one of you due to attainment of age 66, insurance will continue on the other insured under single life coverage if that person is under age 66.

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

What if your age is misstated? If you stated you were under age 66 and you applied for disability coverage or you stated you were under age 66 and you applied for life coverage, but you were not, we will refund your premium when we discover this and no benefits will be paid. If you stated your correct age as exceeding the maximum eligibility age and we do not return the premium charges paid by you within 75 days from the effective date of coverage, you will remain insured.

If you applied for joint insurance, these also apply to your co-debtor.

Can we contest your insurance? After your insurance has been in force during your lifetime for two years from the effective date of your insurance (excluding any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the effective date, except for the nonpayment of premium.

What if joint insurance is terminated because of suicide, contestability, or eligibility? In the case of joint insurance, if coverage is terminated with respect to one of the joint insureds in accordance with the provisions on suicide, contestability or age eligibility contained in this certificate, a refund will be made which is equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and insurance will continue on the other insured under a single coverage basis.

Important Notice

Minnesota Life Insurance Company - a Securian Financial company
400 Robert Street North, St. Paul, MN 55101-2098

NOTICE OF PROTECTION PROVIDED BY THE INDIANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Indiana Life and Health Insurance Guaranty Association ("ILHIGA") and the protection it provides for policyholders. This safety net was created under Indiana law, which determines who and what is covered and the amounts of coverage. ILHIGA was established to provide protection to policyholders in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, ILHIGA will typically arrange to continue coverage and pay claims, in accordance with Indiana law, with funding from assessments paid by other insurance companies. (For the purposes of this Notice, the terms "insurance company" and "insurer" mean and include health maintenance organizations ("HMOs")).

Basic Protections Currently Provided by ILHIGA

Generally, an individual is covered by ILHIGA if the insurer was a member of ILHIGA and the individual lives in Indiana at the time the insurer is ordered into liquidation with a finding of insolvency. The coverage limits below apply only to companies placed in rehabilitation or liquidation on or after July 1, 2018.

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in net cash surrender or net cash withdrawal values
- Health Insurance
 - \$500,000 in health benefit plans (see definition below)
 - \$300,000 in disability income and long term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in present value of annuity benefits (including net cash surrender and net cash withdrawal values)

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to health benefit plans and covered unallocated annuities.

"Health benefit plan" is defined in IC 27-8-8-2(o), and generally includes hospital or medical expense policies, certificates, HMO subscriber contracts or certificates or other similar health contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as accident-only, credit, dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance.

The protections listed above apply only to the extent that benefits are payable under covered policy(s). In no event will the ILHIGA provide benefits greater than the contractual obligations in the life, annuity, or health insurance policy or contract. The statutory limits on ILHIGA coverage have changed over the years and coverage in prior years may not be the same as that set forth in this notice.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity to which it relates.

To learn more about the protections provided by ILHIGA, please visit the ILHIGA website at www.inlifega.org or contact:

**Indiana Life and Health Insurance
Guaranty Association**
3502 Woodview Trace, Suite 100
Indianapolis, IN 46268
317-636-8204

Indiana Department of Insurance
311 West Washington Street, Suite 103
Indianapolis, IN 46204
317-232-2385

The policy or contract that this notice accompanies might not be fully covered by ILHIGA and even if coverage is currently provided, coverage is (a) subject to substantial limitations and exclusions (some of which are described above), (b) generally conditioned on continued residence in Indiana, and (c) subject to possible change as a result of future amendments to Indiana law and court decisions.

Complaints to allege a violation of any provision of the Indiana Life and Health Insurance Guaranty Association Act must be filed with the Indiana Department of Insurance, 311 West Washington Street, Suite 103, Indianapolis, IN 46204; (telephone) 317-232-2385.

Insurance companies and agents are not allowed by Indiana law to use the existence of ILHIGA or its coverage to encourage you to purchase any form of insurance. (IC 27-8-8-18(a)). When selecting an insurance company, you should not rely on ILHIGA coverage. If there is any inconsistency between this notice and Indiana law, Indiana law will control.

Questions regarding the financial condition of a company or your life, health insurance policy or annuity should be directed to your insurance company or agent.