FedEx Employees Credit Association

☐ 92111 Express

☐ 92113 Ground

☐ 92114 Freight

Check for your card design preference

Credit Limit Requested $_____ Member No _____

APPLICATION FOR CREDIT CARD

NOTICE: The information below and on the reverse will be used to evaluate your credit request. If this will be a joint account the co-applicant must sign where indicated. Married persons may apply for an individual account. This account will be: ☐ SECURED ☐ UNSECURED

☐ INDIVIDUAL ACCOUNT ☐ JOINT ACCOUNT ☐ CO-APPLICANT ☐ INDIVIDUAL ACCOUNT WITH AUTHORIZED USER

Applicant (Member

Full Name	Social Security No.	Date of Birth	Mobile Phone
Street Address City/State Zip	Years There	☐ Own $ ☐ Rent $	Home Phone
Previous Address - If less than two years at present address	Years There	☐ Own $ ☐ Rent $	Driver's License No.
Mailing Address – If different from above		E-mail Address	
Present Employer	Position	Starting Date	Business Phone
Previous Employer Address	Position	Starting Date	Date of Separation
Name and Address of Nearest Relative Not Living With You	Gross Monthly Income $	For Security Purposes – What Is Your Mother's Maiden Name?	

(To be completed if you reside in a community property state – AK, AZ, CA, ID, LA, NM, NV, PR, TX, WA, WI – or if you are applying for joint credit)
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

Income from Alimony, Child Support or Separate Maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income	Source	Monthly Income $

Complete this section if this will be a joint account, authorized user account, or if you are relying on income of another person in order to repay the credit.

Spouse/Joint Applicant

Full Name	Social Security No.	Date of Birth	Mobile Phone
Street Address City/State Zip	Years There	☐ Own $ ☐ Rent $	Home Phone
Previous Address - If less than two years at present address	Years There	☐ Own $ ☐ Rent $	Driver's License No.
Mailing Address – If different from above		E-mail Address	
Present Employer	Position	Starting Date	Business Phone
Previous Employer Address	Position	Starting Date	Date of Separation
Name and Address of Nearest Relative Not Living With You	Gross Monthly Income $	For Security Purposes – What Is Your Mother's Maiden Name?	

(To be completed if you reside in a community property state – AK, AZ, CA, ID, LA, NM, NV, PR, TX, WA, WI – or if you are applying for joint credit)
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

Income from Alimony, Child Support or Separate Maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income	Source	Monthly Income $

TotaLoan™

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Other Information About You	If You Answer "Yes" To Any Question Other #1, Explain On An Attached Sheet	Applicant		Other	
		YES	NO	YES	NO
1. Are You A U.S. Citizen Or Permanent Resident Alien?					
2. Do You Currently Have Any Outstanding Judgments Or Have You Ever Filed For Bankruptcy, Had A Debt Adjustment Plan Confirmed Under Chapter 13. Had Property Foreclosed Upon Or Repossessed In The Last 7 Years, Or Been A Party In A Lawsuit?					
3. Are You A Co-Maker, Co-Signer Or Guarantor On Any Loan Not Listed Above? For Whom (Names Of Others Obligated On Loan): To Whom (Names Of Creditor):					

INTEREST RATES AND INTEREST CHARGES	
ANNUAL PERCENTAGE RATE for Purchases	VISA Classic **8.90% - 18.00%**** VISA Secured **6.50%**
ANNUAL PERCENTAGE RATE for Balance Transfers	VISA Classic **2.90%** Promotional APR for 12 months. After that, your APR will be between **8.90% - 18.00%**** VISA Secured **2.90%** Promotional APR for 12 months. After that, your APR will be **6.50%**
ANNUAL PERCENTAGE RATE for Cash Advances	VISA Classic **8.90% - 18.00%**** VISA Secured **6.50%**
How To Avoid Paying Interest on Payments	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than $.50
For Credit Card Tips From the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at: **www.consumerfinance.gov/learnmore.**
FEES	
Set-up And Maintenance Fees **Annual Fee**	**None**
Transaction Fees **Balance Transfer Fee** **Foreign Transaction Fee**	**None** **1% of transaction amount/foreign**
Penalty Fees **Late Payment** **Returned Payment**	**Up to $25.00** **Up to $30.00**

How We Will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)". See your account agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your Account agreement.

****ANNUAL PERCENTAGE RATE** is based on individual Credit History. The information about the costs of the card as described in the application is accurate as of May, 2014. The information may have changed after that date. For changes since printed call or write to us at the number or location shown on the reverse.

THIS SECTION FOR SECURED CARDS ONLY

READ THESE STATEMENTS BEFORE YOU SIGN

AS A CONDITION FOR THE APPROVAL OF (A SECURED) CREDIT CARD ACCOUNT, YOU GIVE US A SPECIFIC PLEDGE OF YOUR CREDIT UNION SHARE ACCOUNT AS SHOWN BELOW AS SECURITY FOR THE ACCOUNT. YOU ARE NOT GIVING US A SECURITY INTEREST IN ANY DEPOSIT ACCOUNT THAT WOULD HAVE ADVERSE TAX CONSEQUENCES IF PLEDGED AS SECURITY. YOU UNDERSTAND THAT YOU WILL NOT HAVE ACCESS TO PLEDGED AMOUNTS FOR AS LONG AS YOUR CREDIT ACCOUNT IS OPEN.

Share Account No. _____ **Amount Pledged $**_____

X

SIGNATURE OF APPLICANT DATE

X

SIGNATURE OF CO-APPLICANT DATE

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The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

All information that you have stated in this Application for Credit Card is correct to the best of your knowledge. FedEx Employees Credit Association is authorized to check your credit, employment history, obtain a credit report and to answer questions about your credit experience with us. You authorize us to disclose information regarding your account as permitted and/or required by law or to effect, administer or enforce a transaction. You agree that once this Application for Credit Card is submitted, it will become the property of FedEx Employees Credit Association whether or not the loan is approved. You understand that it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make false statements concerning any of the above facts as stated under the provisions of the United States Criminal Code. You shall be liable and agree to pay issuer for Card Purchases made by, or for Loans extended to, you or anyone else using such card unless the use of such card is by a person other than you (a) who does not have actual, implied or apparent authority for such use; and (b) from which you received no benefit. Additionally, you shall be jointly and severally liable and agree to pay for all Credit Purchases and Loans obtained through the use of any other Card bearing your account number that has been issued to another person by reason of such person being a member of your family, or otherwise issued upon Cardholder's request (all such Cards bearing the same credit card account number.) You acknowledge and agree that the VISA Department may terminate the agreement under the following conditions: 1. Under adverse re-evaluation of your credit worthiness; 2. Upon your failure to satisfy the terms of the agreement; 3. At your option or FedEx Employees Credit Association option if it has good cause. If line of credit is to be terminated by FedEx Employees Credit Association, you shall receive written notice of such termination. However, you understand and acknowledge that such termination shall not affect your obligation to pay any outstanding balance.

AUTHORIZED USERS: State the name and relationship to you of every person who will be authorized to use your card account. These individuals are authorized to make charges on your account but are not liable for payment.

Authorized User S.S.# _ Relationship:

Date of Birth: Phone Number:

ADDITIONAL CARD FOR AUTHORIZED USER ☐

X _____ X _____

AUTHORIZED USER NAME TO APPEAR ON THE CARD AUTHORIZED USER SIGNATURE

Consensual Security Interest: To secure repayment of amounts you owe on your account, you give the credit union a consensual security interest in all other shares you have in any individual or joint accounts you have with the credit union, now and in the future (other than those accounts that would have an adverse tax consequence if pledged as collateral). These other shares may be withdrawn unless you are default under the credit card agreement. You authorized the Credit Union to apply the balance in your individual or joint share accounts to pay any amount due on your account if you should default.

By signing the Application for Credit Card, you realize that you are bound by the terms and conditions as set forth in FedEx Employees Credit Association terms and conditions in effect, which will be furnished to you with your card.

X

SIGNATURE OF APPLICANT DATE

X

SIGNATURE OF CO-APPLICANT DATE

For FedEx Employees Credit Association Use Only

☐ APPROVED NO. OF CARDS _____ CREDIT LIMIT $_____ CREDIT CARD NUMBER _____

☐ DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE X_____

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THIS IS NOT A CONTRACT FOR INSURANCE
Credit Card

BORROWER 1 NAME	BORROWER 2 NAME	ACCOUNT NUMBER

MEMBER DEBT SECURITY CONTRACT ("Contract")

PROTECTED LOAN(S)

ACCOUNT NUMBER:_____

OPTIONS

YOU ELECT THE FOLLOWING OPTION: (check only one box)	☐ Life Disability & Unemployment - Loss of Life - Disability - Involuntary Unemployment	☐ Life Disability - Loss of Life - Disability	☐ Disability - Disability	☐ Life - Loss of Life	☐ No Protection
Program Fee: Cost per $100 of the Monthly Outstanding Loan Balance*	Single Joint	Single Joint	Single Joint	Single Joint	

For the Option elected above, You choose (check only one box): ☐ Joint Protection ☐ Single Protection for Borrower 1 ☐ Single Protection for Borrower 2
This Contract protects the Borrower(s) listed above who elected protection.
The protected Borrower(s) may not qualify for all benefits.

NOTICES:
*If the Outstanding Balance is greater than $50,000, the rate will not be applied to the amount that exceeds $50,000.

The Contract contains certain terms, conditions and exclusions. Subject to those terms, conditions and exclusions, You are eligible for protection under this Contract if You are a Borrower on the Loan on the Effective Date of Protection and meet the eligibility requirements below.

ELIGIBILITY QUESTIONS:
If electing Disability or Involuntary Unemployment, You must answer Question 1.
1. Are You working twenty-five (25) hours or more per week?

Borrower 1 ☐ Yes ☐ No Borrower 2 ☐ Yes ☐ No

If You answered "No" to Question 1, You are not eligible for Involuntary Unemployment protection. If at least one Borrower answered "Yes" to Question 1, both Borrowers are eligible for Disability.

Please read this Contract in its entirety. You are bound by the terms and conditions. This Contract is voluntary and not required to obtain credit. We will not consider whether or not You elect protection in making a credit decision. We reserve the right to refuse Your purchase of the protection. This Contract explains the terms that both the Borrower(s), herein referred to as "You" or "Your" and the Creditor, herein referred to as "We", "Us", or "Our", agree to follow. This Contract contains the conditions upon which We will cancel all or a portion of the Protected Balance and/or cancel the Daily Payment and/or interest only and the Program Fee. This contract replaces all credit insurance policies and/or certificates, similar payment protection plans, and program contracts You previously entered into with respect to the Loan.

☐ Subsequent Election
If the election above represents a replacement of credit insurance, similar payment protection or a change in the program for an existing Loan, and the cost of the newly elected protection results in increased Program Fees, You agree to increase Your monthly payment according to the terms of Your credit card account agreement.

Your signature or authentication below means: (a) that You meet the eligibility requirements shown above; (b) that Your election above will remain in effect, according to the terms of the Contract, unless subsequently modified; (c) that You agree that You have received and thoroughly read the Contract; (d) that You agree to pay for and, where applicable, let Us add the Program Fee to Your Loan balance each month, which would subject the Program Fee to finance charges like the rest of Your Outstanding Balance; (e) that the fee You are charged for this protection is subject to change; and (f) if the "No Protection" checkbox is marked or if no checkbox is marked in the Options section, You do not have protection.

BORROWER 1 SIGNATURE DATE	BORROWER 2 SIGNATURE DATE
X	X

For Creditor Use Only

By phone conversation, I hereby represent that the above referenced member has authorized election of the specified option(s) indicated above.

DATE TIME	SIGNATURE OF CREDITOR EMPLOYEE
	X

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DEFINITIONS

ACCIDENTAL INJURY means bodily harm that is unforeseen, unexpected, involuntary and due to an external cause.
ACTIVE EMPLOYMENT OR ACTIVELY EMPLOYED means that You are employed for income twenty-five (25) hours or more per week.
ACTIVELY WORKING means You are at work and actually performing a job.
ADMINISTRATOR means CUNA Mutual Insurance Agency, Inc., 5910 Mineral Point Road, Madison, Wisconsin 53705, one of its affiliates or a contracted third party.
ADVANCE means each extension of credit We provide to You under a Loan.
BORROWER means a person who is obligated to repay the Advance to Us, either solely, principally or jointly and severally. A Borrower does not include guarantors.
DAILY PAYMENT means one-thirtieth (1/30th) of the monthly Protected Payment.
EFFECTIVE DATE OF PROTECTION means the later of: (1) the date You purchased protection under this program option; or (2) the date We reinstate Your protection under this Contract if applicable.
LOAN means a closed-end note or an open-end credit plan as set forth in the protected Loans section on this Contract.
NON-PROTECTED ADVANCE means any Advance not protected according to the Non-Protected Events section of this Contract.
OUTSTANDING BALANCE means the outstanding Loan balance under a protected Loan.
PROGRAM FEE means the amount You pay for protection under the Contract. The rate used to determine the Program Fee is subject to change. You will receive notice before any increase goes into effect.
PROTECTED BALANCE means the principal, interest, the Program Fee and any amounts which the Creditor and the Borrower agreed to finance as part of the Loan. It does not include any other fees, any Non-Protected Advances, the amount of any payment that represents past due payments or amounts that exceed any credit limit for the Loan. A scheduled lump-sum balloon payment will be protected for the amount of the minimum payment due for the period immediately preceding the scheduled balloon payment. For interest cancellation options, the Protected Payment will be the interest and Program Fee due on the Protected Balance. For variable rate and/or variable payment Loans, the Protected Payment will remain equal to the protected Payment as of the first day of the protected event. Additionally, any Advance taken during any period of Disability or Involuntary Unemployment will not be protected and the payment for that Advance will not be cancelled. You are responsible for re-paying any amounts that are not cancelled.
PROTECTED PAYMENT means the greater of: (a) the minimum payment required on Your Protected Balance; or (b) $200.00. The amount We cancel will never be greater than the amount You owe on the Protected Balance.
PROTECTION ACTIVATION means the cancellation of Your Daily Payment in accordance with the terms and provisions of the Contract.
SICKNESS means a disease, illness or condition that affects the body and causes bodily malfunction or discomfort.
TEMPORARY EMPLOYEE means an employee of a single employer working in a limited-term employment assignment or an employee working in a contingent or temporary employment assignment with a different entity than the employee's employer and is not paid by the entity where such employee actually performs work.

PROTECTED EVENTS

We will protect the Loan(s) according to the terms of this Contract if You purchased protection and You have paid the applicable Program Fee. Throughout the life of the Loan, You must qualify for protection at the time of Protection Activation. It is Your responsibility to notify Us if Your circumstances change.

LOSS OF LIFE (Included with Life Disability & Unemployment, Life Disability, and Life)

If Your death occurs:

- before the end of the month during which You reach Your 70th birthday, We will cancel 100% of Your Protected Balance as of the date of death, up to a maximum of $50,000.
- after the end of the month during which You reach Your 70th birthday, We will cancel 25% of Your Protected Balance as of the date of death, up to a maximum of $12,500.

If two protected Borrowers die, We will cancel the lesser of the Loss of Life amount for each protected Borrower or the Protected Balance.

DISABILITY (Included with Life Disability & Unemployment, Life Disability, and Disability)

During the first twelve (12) consecutive months of Disability, Disability means You are unable because of a medically determined Accidental Injury or Sickness, to perform all of the essential functions of Your occupation, and You are under the regular care and treatment of a licensed physician. After the first twelve (12) consecutive months of Disability, the definition of Disability changes to mean that You are unable, because of a medically determined Accidental Injury or Sickness, to perform the essential functions required of any occupation for which You are reasonably qualified by training, education or experience. You must be under the regular care and treatment of a licensed physician. If You are not employed when Your Disability starts, Disability always means You are unable, because of a medically determined Accidental Injury or Sickness, to perform the essential functions required of any occupation for which You are reasonably qualified by training, education or experience.

To qualify for Disability protection, You must: (1) meet the definition of Disability for at least fourteen (14) consecutive days; and (2) not be Actively Working at any job or combination of jobs paying You an income equal to or exceeding 80% of the income You were earning from Your Active Employment immediately preceding the date You qualified for Disability.

For each period of Disability, We will cancel the Daily Payment for each day that You are disabled beginning with the fifteenth (15th) day of Disability and continuing for up to twenty-four (24) months.

Cancellation of Your Protected Payment will stop the earliest of: (1) twenty-four (24) months of Daily Payments have been cancelled; (2) $24,000 maximum per period of Disability has been reached; (3) You no longer have a Protected Balance, Your Loan is paid-off or discharged for any reason; (4) the date You return to Actively Working at any job or combination of jobs paying You an income equal to or exceeding 80% of the income You were earning from Your Active Employment immediately preceding the date You qualified for Disability; (5) You no longer qualify for Disability protection; or (6) You are deceased.

INVOLUNTARY UNEMPLOYMENT (Included with Life Disability & Unemployment)

Involuntary Unemployment means that You involuntarily lost Your Active Employment.

To qualify for Involuntary Unemployment protection, You must meet the following requirements at the time of Protection Activation and throughout the protected period: (1) You meet the definition of Involuntary Unemployment for at least fourteen (14) consecutive days; (2) You are receiving or have received state unemployment benefits for the period of unemployment for which You are requesting Protection Activation; (3) You are seeking Active Employment; and (4) You provide Us or Our Administrator with proof of qualification for Involuntary Unemployment protection at the time of Protection Activation and throughout the protected period.

NOTE: An award for unemployment benefits from Your state agency does not guarantee cancellation of Your Protected Payment under this Contract.

We will cancel the Daily Payment for each day that You qualify for Involuntary Unemployment, beginning with the later of the fifteenth (15th) day of Involuntary Unemployment or the first day after any severance pay has ceased and continuing until the earliest of: (1) We have cancelled six (6) months of payment per period of Involuntary Unemployment; (2) We have cancelled $6,000 of payment per period of Involuntary Unemployment; or (3) Your entire Protected Balance has been cancelled.

Protection Activation will not be provided for Involuntary Unemployment resulting from: (1) any annual, regularly scheduled or seasonal layoff; (2) any period of unemployment that occurs while You are a Temporary Employee, independent contractor, self-employed or employed by a joint Borrower; (3) retirement; (4) vacation;

(5) strike; (6) unionized labor dispute; (7) lockout; (8) sabbatical; (9) Family Leave; (10) Disability; (11) termination due to Your willful or criminal misconduct; (12) resignation by agreement with Your employer; (13) voluntary furlough; (14) voluntary unemployment; (15) voluntary loss of wages; or (16) spousal relocation.

NON-PROTECTED EVENTS

An otherwise Protected Event will not be protected under this Contract if it:

- is due to the commission of a felony;
- is caused by or results from an atomic explosion or any other release of nuclear energy (except when used solely for medical treatment);
- is the result of cosmetic surgery;
- is the result of an assisted suicide or an attempted assisted suicide; or
- occurs prior to the Effective Date of Protection.

An otherwise protected event will not be protected by Loss of Life protection if it:

- occurs within the six (6) months immediately following the Effective Date of Protection, and is related to a pre-existing condition for which You received advice, diagnosis, or treatment (including medication) within the six (6) months immediately preceding the Effective Date of Protection; or
- is the result of a suicide or an intentionally self-inflicted injury that occurs within the twelve (12) months immediately following the Effective Date of Protection.

An otherwise protected event will not be protected by Disability protection if it:

- occurs within the six (6) months immediately following the Effective Date of Protection, and is related to a pre-existing condition for which You received advice, diagnosis, or treatment (including medication) within the six (6) months immediately preceding the Effective Date of Protection;
- is related to a normal pregnancy; or
- is due to an intentionally self-inflicted injury.

An otherwise protected event will not be protected by Involuntary Unemployment protection if it:

- occurs within the three (3) months immediately following the Effective Date of Protection; or
- is due to an intentionally self-inflicted injury.

GENERAL PROVISIONS

CHANGING YOUR OPTIONS. You must provide Us written notice of any request to change Your options. If You add a protected event, the effective date for the additional protected event is the date You purchased protection for that protected event. (This will not change the effective date for any previously elected protected event(s).) If You remove a protected event, the termination date is the date You removed protection for that protected event, which can never precede the date of Your written notice.

CHANGING THE TERMS OF THIS CONTRACT. We reserve the right to change the terms of this Contract and apply those changes to the protection You purchased under this Contract. You will receive notice before any change goes into effect. Your continued payment of the Program Fee will constitute Your acceptance of the change in terms.

CONCURRENT PROTECTED EVENTS. For each protected Borrower, the amount cancelled will be applied to the dollar and term limitations for each protected event. We will never cancel more than the Daily Payment for any one day. If You qualify for Disability (original protected event) and sustain an additional Sickness or Accidental Injury, which would be in and of itself disabling, the additional Sickness or Accidental Injury will not be considered a new Disability protected event, but rather will be considered the same protected event. This means that You will receive benefits only if You did not exhaust Your maximum protected event benefits in connection with the original protected event.

CONTINUED EFFECTIVENESS. If any part of this Contract is determined to be unenforceable, it does not affect the validity of the rest of the Contract.

ERRORS AND ADJUSTMENTS. If We have inadvertently deviated from the terms of this Contract, We will make the necessary adjustments when the error is discovered. If We cancel more benefits than You are entitled to under this Contract, You will remain obligated to pay these amounts to Us within thirty (30) days of receipt of written notification from Us as if no cancellation occurred.

LOAN OBLIGATION. Protection under this Contract does not affect, alter, or otherwise relieve Your obligations under Your Loan with Us. Whether or not You have made a request for Protection Activation, You remain obligated to make payments to Us and to comply with the terms of Your Loan.

LOAN OBLIGATION AFTER A PROTECTED EVENT. During the time it takes to process Your Protection Activation, You remain responsible for making at least the minimum required Loan payment due on the Loan by the payment due date. If the required minimum Loan payment due is greater than the Protected Payment, You are responsible for paying the difference to Us. Upon approval of Your Protection Activation, We will refund to You or credit to Your account any Loan payments You made during the processing period that were eligible for cancellation.

MISSTATEMENT OF MATERIAL FACT. If We find that You provided false or inaccurate information We reserve the right to terminate Your protection. If a Protection Activation has been filed, the Protection Activation will be denied.

PAST EVENTS. This Contract does not protect You from events that occurred before You purchased protection.

PROOF OF A PROTECTED EVENT. You must notify Us or Our Administrator of a protected event as soon as possible. You are responsible for providing, and continuing to provide, all the information required by Us to determine qualification for Protection Activation for the protected event. If You fail to provide all the information required by Us to verify Your continued qualification for Protection Activation We will not cancel all or a portion of the interest, Daily Payment, Program Fee, or Protected Balance. All information must verify the protected event to Our satisfaction. We will only make cancellations if You have a Protected Balance at the time of the protected event.

RECURRENCE OF SAME OR RELATED PROTECTED EVENTS. If the same type of protected event occurs again within one (1) year after You have recovered or returned to Active Employment, We will treat this as one protected event subject to the initial protected event's terms and conditions, including, but not limited to the maximum number of cancellations for the initial protected event. No additional benefits will be activated once You have reached any of the initial protected event's maximums. For Disability, this only applies if You suffer a Disability due to the same condition.

If the same type of protected event (for Disability the same condition) occurs again more than one (1) year after You have recovered or returned to Active Employment, We will consider it a new protected event and You will need to satisfy all requirements to qualify for Protection Activation. This provision applies whether You return to Active Employment with the same or a different employer.

REFINANCING. If Your Loan is paid off, refinanced, or is discharged for any reason, Protection Activation will cease, regardless of the number of cancellations You may otherwise be entitled to. However, if You refinance the Loan with Us, We will treat the refinanced Loan as a continuation of the previously protected Loan. Your Protection Activation will continue without having to re-qualify for eligibility.

TAX IMPLICATIONS. You may be subject to federal, state, and local taxes on the amount of Your cancelled Protected Payment or Protected Balance. You should consult Your tax advisor. We or Our Administrator will not provide You with guidance on the tax implications, if any, of a cancelled debt.

TERMINATION OF PROTECTION. You may terminate protection on Your account(s) at any time by providing Us with written notice at least five (5) business days prior to the requested termination date. If You do so within thirty (30) days of purchasing protection, We will credit You for any Program Fees charged for the protected

account(s). Termination will not affect benefits for a protected event that occurred prior to the termination date as long as an Outstanding Balance remains on the protected account(s).

Your protection will automatically terminate:

- on the last day of the month during which Your Loan and/or Program Fee is three (3) months delinquent or past due. If You bring Your protected account current, Your protection will be reinstated automatically on the date You make enough of a Loan payment so that no portion of Your protected account is past due three (3) months or more; or
- if We give You written notice at least thirty (30) days in advance of the termination (or as required by law).

Contact Us with any questions on this Contract.