

Express Application

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.
Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants: May apply for a separate account.

LOANLINER Account/Loan: Individual Joint
(Including ATM/Debit Card Access to the Account if Available)
 Amount Requested \$ _____
 Purpose/Collateral: _____

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT	
NAME _____	
BIRTH DATE _____	ACCOUNT NUMBER _____
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____
CELL PHONE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____	
EMAIL ADDRESS _____	
PRESENT ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
MORTGAGE/RENT OWED TO: _____	
MORTGAGE BALANCE \$ _____	MONTHLY PAYMENT \$ _____ INTEREST RATE % _____
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER _____	
START DATE _____	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____

OTHER	
<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME _____	
BIRTH DATE _____	ACCOUNT NUMBER _____
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____
CELL PHONE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____	
EMAIL ADDRESS _____	
PRESENT ADDRESS Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
MORTGAGE/RENT OWED TO: _____	
MORTGAGE BALANCE \$ _____	MONTHLY PAYMENT \$ _____ INTEREST RATE % _____
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER _____	
START DATE _____	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____

STATE LAW NOTICES **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.
WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

 SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this

application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

_____ (SEAL) _____
 APPLICANT'S SIGNATURE DATE

_____ (SEAL) _____
 OTHER SIGNATURE DATE

SCHEDULE OF CREDIT INSURANCE																								
Credit Union/Primary Beneficiary Arkansas Best Federal Credit Union		Group Policy Contract No. 003-0249-4																						
Borrower 1 Name and Address		Email Address																						
		Birth Date																						
Borrower 2 Name and Address		Email Address																						
		Birth Date																						
Account No./Loan No.		Secondary Beneficiary																						
<input type="checkbox"/> Closed-End Estimated Insurance Charge Term of Loan months Life \$ If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan. Disability \$																								
<input type="checkbox"/> Open-End Rate(s) per \$1000 of Your monthly Loan balance Single Life \$ 0.80 Joint Life \$ 1.40 Single Disability \$ 3.52 Joint Disability \$ 5.97																								
Insurance Applied For		Applicable Maximums																						
Life Insurance Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Life</th> <th style="width: 10%; text-align: center;">Disability</th> </tr> </thead> <tbody> <tr> <td>Maximum Monthly Disability Benefit</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">\$600.00</td> </tr> <tr> <td>Total Benefit Maximum</td> <td style="text-align: center;">\$30,000.00</td> <td style="text-align: center;">\$30,000.00</td> </tr> <tr> <td>Maximum Issue Age</td> <td style="text-align: center;">70</td> <td style="text-align: center;">66</td> </tr> <tr> <td>Termination Age</td> <td style="text-align: center;">70</td> <td style="text-align: center;">66</td> </tr> <tr> <td>Maximum Eligible Loan Term*(in months)</td> <td style="text-align: center;">Unlimited</td> <td style="text-align: center;">Unlimited</td> </tr> <tr> <td>Maximum Term of Insurance*(in months)</td> <td style="text-align: center;">Unlimited</td> <td style="text-align: center;">Unlimited</td> </tr> </tbody> </table>			Life	Disability	Maximum Monthly Disability Benefit	N/A	\$600.00	Total Benefit Maximum	\$30,000.00	\$30,000.00	Maximum Issue Age	70	66	Termination Age	70	66	Maximum Eligible Loan Term*(in months)	Unlimited	Unlimited	Maximum Term of Insurance*(in months)	Unlimited	Unlimited
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Disability Insurance Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		*Closed-End Only																						
Waiting Period Benefits Begin 30 days Retroactive																								

CI-MP-SCH-OECE-S2

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - Only answer this Question if:

- You are applying for disability insurance.

Are You actively at work, for wages or profit, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

EVIDENCE OF INSURABILITY QUESTION(S)

Health Question 1 - Only answer this Question if:

- You are applying for life or disability insurance more than 30 days after the date of the Loan/Advance.

In the past 3 year(s), have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2 - Only answer this Question if:

- You are applying for disability insurance more than 30 days after the date of the Loan/Advance.

In the past 3 year(s), have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- **Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.**
- **You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.**
- **This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.**
- **The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.**
- **If Your Loan includes a balloon payment (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.**
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.
- There is a charge for this insurance. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct; You meet the eligibility requirements shown above; and You have received both Part A and Part B of the certificate.

Be sure that the insurance applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.			
Borrower 1 Signature	Date	Borrower 2 Signature	Date
X		X	

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary Arkansas Best Federal Credit Union		Group Policy Contract No. 003-0249-4	
Borrower 1 Name and Address		Email Address	
		Birth Date	
Borrower 2 Name and Address		Email Address	
		Birth Date	
Account No./Loan No.		Secondary Beneficiary	
<input type="checkbox"/> Closed-End	Estimated Insurance Charge Life \$ Disability \$	Term of Loan months If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan.	
<input type="checkbox"/> Open-End	Rate(s) per \$1000 of Your monthly Loan balance Single Life \$ 0.80 Joint Life \$ 1.40 Single Disability \$ 3.52 Joint Disability \$ 5.97		
Insurance Applied For		Applicable Maximums	
Life Insurance Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Life Disability	
Disability Insurance Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		Maximum Monthly Disability Benefit N/A \$600.00	
Waiting Period Benefits Begin 30 days Retroactive		Total Benefit Maximum \$30,000.00 \$30,000.00	
		Maximum Issue Age 70 66	
		Termination Age 70 66	
		Maximum Eligible Loan Term*(in months) Unlimited Unlimited	
		Maximum Term of Insurance*(in months) Unlimited Unlimited	
		*Closed-End Only	

CI-MP-SCH-OECE-S2

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - Only answer this Question if:

- You are applying for disability insurance.

Are You actively at work, for wages or profit, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

EVIDENCE OF INSURABILITY QUESTION(S)

Health Question 1 - Only answer this Question if:

- You are applying for life or disability insurance more than 30 days after the date of the Loan/Advance.

In the past 3 year(s), have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2 - Only answer this Question if:

- You are applying for disability insurance more than 30 days after the date of the Loan/Advance.

In the past 3 year(s), have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- **Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.**
- **You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.**
- **This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.**
- **The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.**
- **If Your Loan includes a balloon payment (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.**
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.
- There is a charge for this insurance. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct; You meet the eligibility requirements shown above; and You have received both Part A and Part B of the certificate.

Be sure that the insurance applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.

Borrower 1 Signature	Date
X	

Borrower 2 Signature	Date
X	



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

MONTHLY PREMIUM
CREDIT INSURANCE CERTIFICATE
(PART B)

Table with 2 columns: Borrower Name and Account No./Loan No. Rows for Borrower 1 and Borrower 2.

This certificate explains the terms and conditions of coverage for credit life insurance ("life insurance") and credit disability insurance ("disability insurance") as provided in the group credit insurance policy ("group policy") issued to the Credit Union...

GENERAL PROVISIONS

What is the insurance contract? The group policy issued to the Credit Union, the application on which it is based, Your individual application, Your certificate, the Schedule, and any endorsements, riders and amendments to the group policy make up the entire contract.

When and to whom are benefit payments made? We will pay any benefits You are owed under Your life or disability insurance to the Credit Union to be applied to Your outstanding Loan balance. A benefit will be paid after We determine that You are owed a benefit according to the terms and conditions of this insurance.

Does this insurance affect or change Your Loan obligation? This insurance does not relieve Your obligations under Your Loan agreement with the Credit Union. This insurance and Your Loan are separate agreements.

How are insurance charges calculated? Your insurance charge is determined each month by applying the appropriate insurance rate to Your Loan balance up to the Total Benefit Maximum for life insurance or for disability insurance, depending on the coverage You elected.

What if Your Loan is refinanced? If Your Loan is refinanced or converted from an open-end Loan to a closed-end Loan, the Effective Date of Insurance with respect to the Loan amount that existed at the time of the refinancing or conversion will remain the original Effective Date of Insurance.

What if You are issued insurance when You are over the Maximum Issue Age? If Your age was stated correctly on the application and You had already attained the Maximum Issue Age and insurance was therefore issued in error, We have the right, within 90 days from the date We receive Your application, to terminate this insurance and return any insurance charges.

What if We overpay benefits? If We pay more benefits than You are owed, You are obligated to return the overpayment to Us within 30 days of receipt of written notification of the overpayment from Us.

Can Your insurance coverage be contested? We may contest the validity of this coverage at any time based on a failure to pay insurance charges. After Your certificate has been in force for two years during Your lifetime, no statement relating to insurability, except a fraudulent statement, that is made by You in a written application can be used to contest coverage or deny a claim. All statements made by You shall be deemed representations and not warranties. No statement shall be used in any contest unless a signed copy of the instrument containing the statement is or has been furnished to You, or in the case of death to Your beneficiary or personal representative. If insurance is cancelled as a result of contestability, Our liability is limited to a return of any insurance charges paid.

When does Your insurance terminate? This insurance will automatically terminate for all borrowers on the earliest of: (a) the date Your Loan is paid off by any means (for closed-end Loans only); (b) the date the Maximum Term of Insurance, as stated in the Schedule, has elapsed (for closed-end Loans only); (c) the last day of the month in which Your Loan or the insurance charge is 90 days delinquent or past due; (d) the date You are no longer obligated to repay the Loan to the Credit Union; or (e) the last day of the month during which the group policy is terminated. This insurance will automatically terminate for each borrower individually on the earliest of: (1) the date We or the Credit Union receive Your written request to terminate the insurance or on a date that You select that is after the date on which We or the Credit Union receive Your written request; (2) the date of Your death; or (3) the last day of the month during which You reach the Termination Age stated in the Schedule. Life and disability insurance may have different Termination Ages or Maximum Terms of Insurance which means one may terminate but the other continues. If joint coverage is in effect and insurance terminates for only one borrower, insurance will continue for the eligible living borrower until that borrower's insurance terminates as provided in this section. However, life insurance terminates for both borrowers after a life insurance benefit has been paid. We will return any insurance charges paid after the date insurance terminates (if You have joint coverage and only one borrower's insurance terminates, We will return only the difference in paid insurance charges between joint and single coverage).

When do You get a return of insurance charges? When You pay Your monthly insurance charge, it is applied in arrears. This means the monthly insurance charge You pay is for the previous month of coverage. If Your insurance stops for any reason, We will return any insurance charge You paid for the period after Your insurance stopped.

What if the group policy terminates? If the group policy is terminated for any reason, Your insurance will terminate on the last day of the month during which the group policy is terminated. You will receive written notice at least 31 days prior to insurance terminating.

What if this certificate does not conform to state law? Any provisions of this certificate which, on the Effective Date of Insurance, are in conflict with the laws of the state in which it has been issued are changed to conform to the minimum standards of those laws.

What are the deadlines for legal action against Us or the Credit Union? You cannot start any legal action against Us or the Credit Union until 60 days after We receive proof of Your Total Disability or proof to support a claim for life insurance benefits, and You cannot start any legal action against Us or the Credit Union more than 3 year(s) from the date Your claim is first denied or Your benefits are discontinued, whichever is later.

LIFE INSURANCE

What is the life insurance benefit? The life insurance benefit is the lesser of: (a) the Total Benefit Maximum for life insurance as shown in the Schedule; or (b) the unpaid balance of Your Loan as of the date of Your death and up to 180 days of unpaid accrued interest after the date of Your death, less any Advances excluded from benefit payments under the terms of this insurance. We have the right to deduct the amount of past-due insurance charges from the life insurance benefit.

What does life insurance cover? We will pay a life insurance benefit if You die while You are insured and all other terms and conditions of this insurance are satisfied. If You have joint life coverage, We will pay a life insurance benefit for the death of either insured borrower, but We will pay only one life insurance benefit even if both borrowers die.

What events or Advances are excluded from benefit payments? We will not pay benefits to cover an Advance if Your death: is a result of suicide, whether sane or insane, within 24 months after the Effective Date of Insurance on the Advance; or occurs within 6 months after the Effective Date of Insurance on the Advance and results directly or indirectly from a Pre-Existing Condition. If Your death occurs more than 6 months after the Effective Date of Insurance it will not be excluded from benefit payments based on the Pre-Existing Condition exclusion. If an Advance is excluded from benefit payments based on this section because Your death is a result of suicide, We will return any life insurance charges paid that are attributable to that Advance (if You have joint coverage, We will return only the difference in paid insurance charges between joint and single coverage).

What proof is required to make a claim for life insurance benefits? We must receive a certified copy of the death certificate (or other lawful evidence). If necessary for the review of Your claim, We may also request relevant medical records, a copy of Your application for this insurance, and a copy of Your Loan records.

DISABILITY INSURANCE

How do You qualify for disability benefits? You qualify for disability benefits if: (a) You first meet the definition of Total Disability while You are insured; (b) Your Total Disability lasts longer than the Waiting Period shown in the Schedule; (c) You are under the regular care and treatment of a licensed physician other than You or an immediate family member; and (d) all other

terms and conditions of this insurance are satisfied. If You have joint disability coverage, each borrower must qualify for benefits independently of the other borrower.

What if Your disabling condition recurs? If Your disabling condition recurs within 7 calendar days after You have recovered from Your most recent period of Total Disability, We will consider it a continuation of that period of Total Disability and no new Waiting Period will apply. If the disabling condition recurs more than 7 calendar days after You have recovered, We will consider it a new period of Total Disability and You will have to qualify for disability benefits again. If Your Total Disability is based on a new disabling condition, We will consider it a new period of Total Disability. You have "recovered" for purposes of this insurance if either: (a) You are capable of performing all of the essential functions of the occupation You had at the time Your most recent period of Total Disability started; or (b) if unemployed at the start of Your Total Disability, You are able to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience.

What disabilities or Advances are excluded from benefit payments? We will not pay benefits for a Total Disability that results directly or indirectly from a normal pregnancy. We will not pay benefits to cover an Advance if Your Total Disability results directly or indirectly from a Pre-Existing Condition and Your Total Disability starts within 6 months after the Effective Date of Insurance on the Advance. An Advance will not be excluded from benefit payments under the Pre-Existing Condition exclusion if Your Total Disability starts more than 6 months after the Effective Date of Insurance on that Advance.

What do We pay? For each full month during which You qualify for benefits, We will pay as a monthly disability benefit the lesser of: (a) the minimum monthly Loan payment required for Your Loan as of the date Your Total Disability started (less any amount of that Loan payment attributable to Advances excluded from benefit payments under the terms of this insurance); or (b) the Maximum Monthly Disability Benefit shown in the Schedule. For periods less than a full month, We will pay an amount equal to 1/30th of the monthly disability benefit for each day You qualify for benefits. If Your Loan is not scheduled for monthly Loan payments, We will calculate Your monthly disability benefit by converting Your scheduled Loan payments to a monthly Loan payment equivalent. If Your monthly disability benefit payment, as determined under this section, is less than Your required monthly Loan payment, or monthly Loan payment equivalent, You are responsible to pay the difference owed to the Credit Union. Your monthly disability benefit is determined at the start of Your Total Disability and will not change during that period of Total Disability even if the required monthly Loan payment changes. If You have joint disability insurance, We will pay only one monthly disability benefit even if both of You are disabled. We have the right to deduct the amount of past-due insurance charges from any disability insurance benefit.

What do We not pay? We will not pay benefits to cover late fees, unscheduled or additional finance charges, balloon payments, Advances excluded from benefit payments under the terms of this insurance, or any money added to the principal balance of Your Loan after the date Your Total Disability starts, even if any of those amounts are incurred while a claim is being reviewed. Payment of those amounts will always remain solely Your responsibility.

How do We calculate the start date for Your benefit payments? If the Schedule states that Your benefits begin retroactively, Your benefits will be calculated from the first day of Your Total Disability. If the Schedule states that Your benefits begin non-retroactively, Your benefits will be calculated from the day after the Waiting Period stated in the Schedule. In any case, You must meet the definition of Total Disability for longer than the Waiting Period to qualify for benefits.

When do Your benefit payments stop? Your disability benefit payments will stop when any of the following conditions are met: (a) You no longer meet the definition of Total Disability; (b) Your Loan balance (as of the date Your Total Disability started, less any Advances excluded from benefit payments under the terms of this insurance) has been paid in full by any means; (c) the date is reached when Your Loan balance (as of the date Your Total Disability started, less any Advances excluded from benefit payments under the terms of this insurance) should have been paid in full had the required Loan payments been made on time and in accordance with the terms of the Loan agreement, and the interest rate and Loan payment requirements in place on the date Your Total Disability started; (d) this insurance terminates because the Maximum Term of Insurance has elapsed (for closed-end Loans only); (e) You are no longer obligated to repay the Loan to the Credit Union; (f) disability benefits have been paid equal to the Total Benefit Maximum for disability insurance as provided on the Schedule; (g) You fail to provide the required proof of Your Total Disability; or (h) You are deceased.

What proof do You need to provide to make a claim for disability benefits? You must provide Us proof of Your Total Disability. If necessary for the review of Your claim, We may also request relevant medical records, a copy of Your application for this insurance, a copy of Your Loan records, and relevant employment and income records. Your proof of Total Disability must contain the date and the cause of Your Total Disability, a statement about the seriousness of the disability and a signature of a treating physician other than You or an immediate family member. Claim forms will be available from the Credit Union or, upon request, will be provided by Us. Upon request, You will be required to provide proof of continued Total Disability from time to time, including additional medical proof signed by a treating physician other than You or an immediate family member.

Can We require a physical examination? We may require You to participate in an independent medical examination as often as reasonably necessary in order to obtain the proof We require to determine if You qualify for disability benefits. We will pay the cost of any such examination.

What are the deadlines for providing proof of Total Disability? You are required to provide Us proof of Total Disability as soon as possible and no later than 15 months from the date Your Total Disability begins. If We request proof of continued Total Disability, You will be required to provide such proof as soon as possible and no later than 15 months from the date of Our first

request for such proof. We will not accept proof of Total Disability that is provided after the period in which it is required to be provided, unless You were legally incapable of providing the proof. Regardless of the deadlines for providing proof, if We do not receive requested proof of continued Total Disability, We may suspend or stop benefit payments until the required proof is received.

DEFINITIONS

Advance. Under an open-end lending agreement, an "Advance" means each disbursement of money on a Loan by the Credit Union to You at Your direction or request. Under a closed-end agreement, an "Advance" means the disbursement that funds Your Loan.

The Credit Union. The "Credit Union" means the creditor that issued the Loan as shown in the Schedule and that is the group policyholder of this insurance.

Effective Date of Insurance. The "Effective Date of Insurance" is the later of: (a) the date of an Advance; or (b) the date the application for this insurance is signed (if joint coverage is in effect, the date of the last signing). Each Advance will have its own Effective Date of Insurance.

Loan. A "Loan" means the money lent to You by the Credit Union under a lending agreement, for which You have elected this insurance and have agreed to pay insurance charges.

Pre-Existing Condition. A "Pre-Existing Condition" is an illness, disease, or medical condition for which You received medical advice, consultation, or treatment within the 6 month period immediately prior to the Effective Date of Insurance.

Schedule. The "Schedule" means the "Schedule of Credit Insurance" that is attached to or part of Your "Credit Insurance Application and Certificate (Part A)." The terms and provisions in the Schedule have the same meaning when used in the Schedule or in this certificate.

Total Disability. During the first 12 consecutive months of disability, "Total Disability" means You are unable, because of a medically determined sickness or accidental injury, to perform all of the essential functions of Your occupation at the time Your disability starts. After the first 12 consecutive months of disability, the definition of "Total Disability" changes to mean You are unable, because of a medically determined sickness or accidental injury, to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience. If You are no longer employed when Your disability starts, "Total Disability" always means You are unable, because of a medically determined sickness or accidental injury, to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience.

We, Us and Our. "We", "Us", and "Our" mean CMFG Life Insurance Company.

You and Your. "You" and "Your" mean the borrower, and, if joint coverage is elected, "You" and "Your" also mean both borrowers on the Loan.

NOTICE TO CERTIFICATE HOLDERS

If You have any questions regarding this insurance, please contact Your Credit Union. If You have any complaints regarding this insurance, You may contact the insurance company issuing this insurance at the following address and telephone number: CMFG Life Insurance Company, 5910 Mineral Point Road, Madison, WI 53705, 1.800.356.2644. Please provide the name of Your Credit Union. If You have been unable to contact or obtain reasonable and adequate service from the company, You should feel free to contact the Arkansas Insurance Department, Consumer Services Division at: 400 University Tower Building, Little Rock, AR 72204, or by phone at 1.800.852.5494 or 501.371.2640.



RATES

EFFECTIVE DATE

November 1, 2018

Subaccount Description	Approximate Payoff	Daily Periodic Rate (%)	ANNUAL PERCENTAGE RATE
*Share Secured	144 Months	0.00006164	2.25%
*Special Share Secured	144 Months	0.00006438	2.45%
*Certificate Secured	144 Months	0.00006301 – 0.0001000	3.85% - 4.65%
Signature	48 Months	0.00018493 – 0.00049315	8.00% - 18.00%
New and Used Automobiles	Up to 72 Months	0.00008877 – 0.00046548	3.99% - 17.74%
New and Used Automobiles	Up to 84 Months	0.00010931 – 0.00046548	4.74% - 17.74%
New and Used Motorcycles	Up to 72 Months	0.00008987 – 0.00046548	3.99% - 17.74%
New and Used Motorcycles	Up to 84 Months	0.00010931 – 0.00046548	4.74% 17.74%
New and Used Boats, Boat Motors, and Boat Trailers, Motor Homes, Campers and Trailers	Up to 72 Months	0.00008877 – 0.00046548	3.99% - 17.74%
New and Used Boats, Boat Motors, and Boat Trailers, Motor Homes, Campers and Trailers	Up to 84 Months	0.00010931 – 0.00046548	4.74% 17.74%
New and Used Boats, Boat Motors, and Boat Trailers, Motor Homes, Campers and Trailers	Up to 120 Months	0.00013671 – 0.00046548	5.74% – 17.74%
New and Used Boats, Boat Motors, and Boat Trailers, Motor Homes	Up to 144 Months	0.00016411 – 0.00046548	6.74% - 17.74%
Other Secured Loans	Up to 60 Months	0.00008877 – 0.00046548	3.99% - 17.74%
Lines of Credit		0.00018493 – 0.00049315	8.00% –18.00%

(Variable)

Risk Based: The Annual Percentage Rate (APR) you receive for each type of subaccount will be within the range disclosed above and based on your credit worthiness. Please ask for the rate you qualify for.

Loans are eligible for a 0.25% discount with payroll payment or automatic payment from an Arkansas Best Federal Credit Union account excluding Share Secured, Certificate Secured, and Lines of Credit.

Rates on collateralized loans can be reduced by 0.25% for every 10% of equity in collateral at the time the loan is made up to a maximum 0.50% reduction.

*Share/Certificate Advances: The Annual Percentage Rate (APR) for Share Secured/Certificate Advances will be the dividend rate being paid on your Shares/Certificate on the date of the advance plus 2%. The advance will be reviewed every 12 months and rate adjusted. If we renew the advance, a new Voucher will be sent to you disclosing the new rate.

LINES OF CREDIT: The Annual Percentage Rate (APR) will be based on an Index and Margin. The Index is the Prime Rate as published in the "Money Rates" section of the Wall Street Journal on the 15th day of the month preceding the rate change. The Annual Percentage Rate is subject to change the first day of the month following the published rate in the Wall Street Journal. Your Margin is based on your creditworthiness.