

SOO CO-OP CREDIT UNION

PERSONAL OFFER CODE:

ST80-0521

AUTO
Curt Hewitt
124 Ridgewood Dr
Marquette MI 49855-9336

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P0864L 0000**
P35362 L 2723
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A LIFE INSURANCE PROPOSAL FOR:

Curt Hewitt

Congratulations, Curt! As a member of Soo Co-op Credit Union, you've been personally selected to receive this offer of up to \$100,000 of TruStage® Term Life Insurance. **Simply complete and mail your application by June 28, 2021.**

Now you can help protect the Hewitt family at rates designed to be budget-friendly. There's no medical exam, just two yes or no questions. It's really that simple to help add to your family's financial security.

Soo Co-op Credit Union has selected TruStage to make available this valuable insurance. Coverage is underwritten by CMFG Life Insurance Company, a well-known credit union member insurance provider for more than 80 years.

You've been specially chosen for this offer, so everything you need to apply is enclosed. **Please reply by June 28, 2021.** Don't miss this opportunity to strengthen your family's financial security while enjoying rates designed for credit union members.

Curt, the enclosed application is made out in your name. Please mail it by June 28, 2021.

PLEASE REPLY BY: JUNE 28, 2021



PROPOSAL AUTHORIZED BY:

Brian Werger

Brian Werger, TruStage Insurance Agency
Licensed Insurance Representative



Made available and arranged by:
SCCU Insurance Agency, a subsidiary
of Soo Co-op Credit Union.

Soo Co-op Credit Union & SCCU Insurance Agency and employees of Soo Co-op Credit Union and SCCU Insurance Agency do not sell the insurance policy referenced in this offer.

TruStage® Simplified Issue Term Life Insurance is made available through TruStage Insurance Agency, LLC and issued by CMFG Life Insurance Company. The insurance offered is not a deposit, and is not federally insured, sold or guaranteed by your credit union. This is a term policy to age 80 that has premiums that increase when entering each five-year band: 30, 35, 45, 50, 55, 60, 65, 70, and 75. Base Policy Numbers with a face amount of 100,000 or below: ICC16-A10a-039, A10a-039-2016. © TruStage Insurance Agency. *Based on women aged 40-44 for coverage of \$25,000 Term Life Insurance.

SOO CO-OP CREDIT UNION

**\$25,000 of Life Insurance
for Only \$13 a Month***

A LIFE INSURANCE PROPOSAL

Hello Curt,

As a member of Soo Co-op Credit Union, you can apply for up to \$100,000 of TruStage® Term Life Insurance, underwritten by CMFG Life Insurance Company. Simply complete and mail your application by June 28, 2021.



No Medical Exam

There's no medical exam or intrusive tests. Just two health questions, and you can apply right from the comfort of your own home.



Coverage Will Never Decrease

Once approved, your coverage is guaranteed to never go down just as long as premiums are paid.



Money For What's Needed Most

If something happens to you, this insurance will pay your beneficiaries a benefit that is generally income-tax free. The money can be used to help cover things like funeral expenses, mortgage, car loans, or day-to-day bills.

Please don't let this offer pass you by, because even a small policy can help ease the burden on your loved ones at a critical time.

Sincerely,

Brian Werger, Director, TruStage Insurance Agency
Licensed Insurance Representative

P.S. Take advantage of this quick and easy way to help protect your family. Please mail your form before June 28, 2021.

**IT'S EASY
TO APPLY**

**1. CHOOSE YOUR
COVERAGE**

**2. COMPLETE AND SIGN
THE APPLICATION**

3. MAIL TODAY

Questions? Call toll-free 1-888-847-4945 weekdays from 7 am to 9 pm or Saturday from 8 am to 4 pm (CT) for fast, friendly service, or visit TruStage.com/TermLife



Founded on More Than 80 Years of Protecting Credit Unions and Their Members

*Based on women aged 40-44 for coverage of \$25,000 Term Life Insurance

IMPORTANT POLICY FEATURES

TRUSTAGE® TERM LIFE INSURANCE



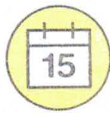
No Medical Exam

Just two yes or no health questions on the application.



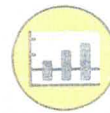
Affordable Coverage Through Age 80

This term life insurance is designed to be affordable and budget-friendly for credit union members.



Income-Tax Free Benefits

An immediate lump sum is paid to your beneficiaries, which is generally income-tax free that could cover the car or mortgage, credit cards or final expenses.



Coverage Never Goes Down

Your coverage is guaranteed to never decrease as long as premiums are paid.



Satisfaction Guaranteed

Apply today with confidence. If you are not 100% satisfied for any reason, simply cancel within the first 30 days and your premium will be refunded in full. No questions asked. Guaranteed.



Simple And Easy To Apply

To get started complete the enclosed application and mail it back—you don't need to send any money now. It's that easy.

PLEASE REPLY BY: JUNE 28, 2021

CONVENIENT AUTOMATIC PAYMENT PLAN:

Sign up for our free automatic payment plan—no bills to keep track of and you'll never have to worry about forgetting a payment. Automatic payment is a fast and easy way to make sure your insurance coverage will be there when you need it.

Questions? Call toll-free 1-888-847-4945 weekdays from 7 am to 9 pm or Saturday from 8 am to 4 pm (CT) for fast, friendly service, or visit TruStage.com/TermLife



QUESTIONS

ABOUT YOUR TRUSTAGE® TERM LIFE INSURANCE POLICY

Will I need a medical exam when I apply?

No. You won't need to see a doctor or take any medical tests. Just answer two simple health questions on the application.

If I answer "yes" to any of the health questions, can I still be approved?

We review each application carefully. Those with certain medical conditions are often approved.

Will my insurance be cancelled if my health changes?

No. Once you have coverage, you can keep it for the duration of the policy, until age 80, as long as premiums are paid.

What are the exclusions?

If death results from suicide during the first two years of coverage (one year in ND), we will return all of the premiums you've paid without interest.

Can I change beneficiaries after I receive my policy?

Yes, after receiving your policy you can change or add beneficiaries anytime.

What if I apply today but change my mind later?

You may cancel this policy at any time, for any reason. And, if you do so within the first 30 days, you'll receive a full refund—no questions asked.

HOW DO I APPLY?

Just complete the enclosed application and drop it in the mail. Make sure to fill out your email address and we will notify you when your application is received, if it is approved, and when your policy is ready.

Send no money now. We won't bill you until you are approved.

PLEASE REPLY BY: JUNE 28, 2021

More Questions? If you have questions or need help with your application or coverage selection, please feel free to give us a call. Our expert customer service representatives are happy to assist you.

1-888-847-4945 Mon. – Fri. 7am – 9pm; Sat. 8am – 4pm (CT)

TruStage® life insurance is made available through TruStage Insurance Agency, LLC and issued by CMFG Life Insurance Company. The insurance offered is not a deposit, and is not federally insured, sold or guaranteed by your credit union. Your credit union enables this insurance program to be offered and is entitled to compensation from TruStage. All guarantees are based on the claims paying ability of CMFG Life Insurance Company.

RATES

FOR TRUSTAGE® TERM LIFE INSURANCE

FOR: Curt Hewitt

The rates in this coverage proposal are designed for credit union members and are offered because of your membership in Soo Co-op Credit Union.

WOMEN

Monthly Premium Rates

Age	\$25,000	\$50,000	\$75,000	\$100,000
25-29	\$ 8.25	\$ 14.00	\$ 19.75	\$ 25.50
30-34	\$ 10.00	\$ 17.50	\$ 25.00	\$ 32.50
35-39	\$ 11.50	\$ 20.50	\$ 29.50	\$ 38.50
40-44	\$ 13.00	\$ 23.50	\$ 34.00	\$ 44.50
45-49	\$ 16.50	\$ 30.50	\$ 44.50	\$ 58.50
50-54	\$ 21.25	\$ 40.00	\$ 58.75	\$ 77.50
55-59	\$ 31.25	\$ 60.00	\$ 88.75	\$117.50

MEN

Monthly Premium Rates

Age	\$25,000	\$50,000	\$75,000	\$100,000
25-29	\$ 12.50	\$ 22.50	\$ 32.50	\$ 42.50
30-34	\$ 12.50	\$ 22.50	\$ 32.50	\$ 42.50
35-39	\$ 13.50	\$ 24.50	\$ 35.50	\$ 46.50
40-44	\$ 18.25	\$ 34.00	\$ 49.75	\$ 65.50
45-49	\$ 23.50	\$ 44.50	\$ 65.50	\$ 86.50
50-54	\$ 30.50	\$ 58.50	\$ 86.50	\$ 114.50
55-59	\$ 44.50	\$ 86.50	\$ 128.50	\$ 170.50

HOW THESE RATES WORK

Your initial premium rate is based on your age when your application is approved and your gender. Rates increase every five years as the policyholder reaches each new age band (30, 35, 40, 45, 50, 55, 60, 65, 70, and 75). Premiums are guaranteed by CMFG Life Insurance Company. Based on your health and other factors affecting your insurability, you may be denied coverage.

PLEASE REPLY BY: JUNE 28, 2021





CMFG Life Insurance Company
P.O. Box 1084
Madison, WI 53701 1-888-847-4945 or
visit
TruStage.com/TermLife

APPLICATION FOR TruStage Individual Term Life Insurance to Age 80

Please complete application and payment section. Sign, date and return by June 28, 2021.

APPLICANT COVERAGE

Select the amount of Term Coverage (check one)

- \$100,000 \$75,000
- \$50,000 \$25,000

If no amount is selected, the lowest amount is assumed.

SPOUSE OR PARTNER COVERAGE (if applying)

Select the amount of Term Coverage (check one)

- \$100,000 \$75,000
- \$50,000 \$25,000

If no amount is selected, the lowest amount is assumed.

APPLICANT INFORMATION

Curt Hewitt
124 Ridgewood Dr
Marquette MI 49855-9336
Primary phone (____) _____
Email address _____
Date of birth ____/____/_____
Gender Male Female
Social Security Number _____ - _____ - _____
Beneficiary Name(s) _____ Relationship to You _____

Will the coverage applied for replace, discontinue, or change any existing life coverage or annuities in this or any other company?

- Yes - company name and policy no. _____
- No

SPOUSE OR PARTNER INFORMATION (if applying)

Spouse or Partner Name _____
124 Ridgewood Dr
Marquette MI 49855-9336
Primary phone (____) _____
Email address _____
Date of birth ____/____/_____
Gender Male Female
Social Security Number _____ - _____ - _____
Beneficiary Name(s) _____ Relationship to You _____

Will the coverage applied for replace, discontinue, or change any existing life coverage or annuities in this or any other company?

- Yes - company name and policy no. _____
- No

HEALTH INFORMATION

Please answer these questions (spouse/partner only if applying)

- 1) Are you unable to work or perform normal activities due to a chronic illness or permanent injury?
- 2) Have you, within the past 5 years, been treated for or diagnosed by a medical professional with the following: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> HIV, AIDS or AIDS-Related Complex | <input type="checkbox"/> Cancer (except basal cell) | <input type="checkbox"/> Heart Disease/Condition (except high blood pressure) |
| <input type="checkbox"/> Diabetes Requiring Insulin | <input type="checkbox"/> Stroke | <input type="checkbox"/> Chronic Disorder of the Brain or Spinal Nerve |
| <input type="checkbox"/> Alcohol or Drug Abuse | <input type="checkbox"/> Chronic Liver Disease | <input type="checkbox"/> Chronic Kidney Disease |
| <input type="checkbox"/> Chronic Depression | <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Chronic Lung Condition |

APPLICANT : SPOUSE OR PARTNER

YES NO : YES NO

YES NO : YES NO

PAYMENT

Automatic Payment Authorization

Checking

Routing # _____

Acct# _____

If you leave this section blank, you will receive a bill in the mail.

Your Credit Union or Bank Check		
1234567890	1234567	1234
Routing #	Account #	

I authorize by signing below, CMFG Life Insurance Company to deduct monthly premiums, as stated in the rate section of this offer, from the account I've selected for the life coverage applied for on this application. This authorization will remain in effect until revoked by me in writing or by phone.

AGREEMENT

I authorize by signing below, that all my statements and answers are true to the best of my knowledge and belief. This application and any supplemental application(s) will be the basis of any insurance issued. I understand that: (1) benefits may be denied during the first 2 years from the effective date if I fail to give true and complete answers in this application, as described in the incontestability provision of the policy; and (2) this insurance becomes effective only if: a.) my application is approved and a policy issued; b.) my first full premium due is received while I am alive and within 21 days of my policy's effective date; and c.) the answers to questions concerning my insurability are as stated in this application.

I authorize any pharmacy benefit manager or other pharmaceutical firm having information about my prescription drug records to give all information to CMFG Life Insurance Company ("Company") to determine eligibility for insurance or benefits. Information obtained will be released only to persons performing business duties as delegated or contracted for by the Company

related to my application and subsequent insurance-related functions, as permitted or required by law, or as I further authorize. The health information shared for these purposes is not subject to federal health information privacy laws; however state privacy laws do apply.

I agree this authorization is valid for 24 months or such a time limit as provided by applicable state law, a copy is as valid as the original, and I or my authorized representative can receive a copy upon request. For purposes of collecting information in connection with a claim for benefits, this Authorization is valid for the duration of the claim.

I understand that: (1) I can revoke this authorization at any time by written request to the Company; (2) revocation of this authorization will not affect any prior action taken by the Company in reliance upon this authorization; and (3) failure to sign, or revocation of this authorization may impair the Company's ability to evaluate claims or process applications and may be a basis for denying this application or a claim for benefits.

SIGNATURE Required Signature and Date Signed Authorizes Payment and Agreement

X

Applicant's Signature

Date Signed

X

Spouse or Partner's Signature (if applying) Date Signed

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 may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

Your credit union enables this insurance program to be offered and is entitled to compensation from TruStage Insurance Agency, LLC, P.O. Box 1084, Madison, WI 53701. Base Policy Number ICC16-A10a-039; A10a-039-2016.

To stop receiving offers from TruStage, please call 1-866-862-1819.

QUESTIONS? CALL TOLL-FREE

1-888-847-4945

ICC16-A10f-039

