

BORROWER 1 NAME	BORROWER 2 NAME	
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MEMBER'S CHOICE™ BORROWER SECURITY CONTRACT ("Contract")

PROTECTED LOAN(S)

LAST FOUR DIGITS OF CREDIT CARD NUMBER: _____

OPTIONS

YOU ELECT THE FOLLOWING OPTION: (check only one box)	Life - Loss of Life	No Protection	
	Program Fee: Cost per \$100 of the Monthly Outstanding Loan Balance*	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.

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
X	

BORROWER 2 SIGNATURE	DATE
X	

I have read and agreed to the Northern Star Credit Union Credit Card Life Protection [Definitions, Protected & Non-Protected Events, and General Provisions](#).

To begin coverage as soon as possible, fill out this form and return it to Northern Star Credit Union.

Mailing Address: Northern Star Credit Union
5100 George Washington Hwy.
Portsmouth, VA 23702

Fax Number: 757-487-9464