

CMFG Life Insurance Company

P.O. Box 61
Waverly, IA 50677-0061
Phone: 800.779.5433

SERVICE REQUEST

CREDIT UNION ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Name of Insured _____ Soc. Sec. No. _____ Contract _____

Address _____
Street _____

City _____ State _____ ZIP _____

Credit Union Name _____

Certificate Number _____

Home Phone No. _____

Work Phone No. _____

Member's Date of Birth _____

CHECK ITEM(S) CHANGED: Name Address Account Number

1. <input type="checkbox"/> Coverage Amount	<input type="checkbox"/> Increase Coverage to: <input type="checkbox"/> Decrease Coverage to: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$ _____ (Coverage is available in \$5,000 increments above \$10,000)
2. <input type="checkbox"/> Change of Plan	(Check one): <input type="checkbox"/> Single Cost: _____ per \$10,000 of coverage per quarter <input type="checkbox"/> Family Cost: _____ per \$10,000 of coverage per quarter
3. <input type="checkbox"/> Cancellation Request	(Check one): <input type="checkbox"/> Cancel All Coverage <input type="checkbox"/> Keep Basic Benefit Only (Noncontributory) (If Applicable) <input type="checkbox"/> Cancel Rider Coverage Only

Remarks or Special Instructions:

I hereby authorize and direct my credit union to make the necessary periodic account deductions for the amount of insurance I have selected above. This authorization remains valid until CMFG Life has received written notice from me of its termination.

Signature of Insured _____ Date _____

* _____
Signature of Spouse of Insured _____ Date _____

*** Consent of Spouse: SIGNATURE REQUIRED IN COMMUNITY PROPERTY STATES** (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).

Fax to: 608.236.8030