

**MASTERCARD PLATINUM  
IMPORTANT DISCLOSURE INFORMATION**

|                                                             |                                                                                                             |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Annual Percentage Rate (APR) for purchases</b>           | 9.90% FIXED RATE                                                                                            |
| <b>Other APRs</b>                                           | N/A                                                                                                         |
| <b>Variable Rate Information</b>                            | N/A                                                                                                         |
| <b>Grace Period for Repayment of Balances for Purchases</b> | You have not less than 25 days to repay your balance for purchases before a finance charge will be imposed. |
| <b>Method for Computing the Balance for Purchases</b>       | Average Daily Balance (Including new purchases)                                                             |
| <b>Annual Fee</b>                                           | N/A                                                                                                         |
| <b>Minimum Finance Charge</b>                               | N/A                                                                                                         |
| <b>Transaction Fee for Purchases</b>                        | N/A                                                                                                         |
| <b>Transaction Fee for Cash Advances</b>                    | N/A                                                                                                         |
| <b>Late Payment Fee</b>                                     | \$29.00                                                                                                     |
| <b>Over-the-Limit Fee</b>                                   | \$29.00                                                                                                     |

There is a Returned Check Fee of \$20.00

The information about the costs of the Card described in this application is accurate as of 01/06. This information may change after that date. To find out what may have changed, call 1-800-727-1719 or write to Alamo Federal Credit Union 6577 First Park Ten Blvd. San Antonio, TX 78213

California residents: Applicants: 1) may, after credit approval, use the credit card account up to its credit limit; 2) may be liable for amounts extended under the plan to any joint applicant. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Ohio residents: Ohio anti-discrimination laws require creditors to make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on individuals upon request. The Ohio Civil Rights Commission administers compliance with this law.

New York and Vermont residents: At any time, we may obtain your credit reports, for any legitimate purpose associated with the account or the application or request for an account, including but not limited to reviewing, modifying, renewing and collecting on your account. On your request, you will be informed if such a report was ordered. If so, you will be given the name and address of the consumer reporting agency furnishing the report.

Married Wisconsin residents: No provision of any marital property agreement, unilateral statement, or court order applying to marital property will adversely affect a creditor's interests unless prior to the time credit is granted, the creditor is furnished with a copy of the agreement, statement or court order, or has actual knowledge of the provision.

**ALAMO FEDERAL CREDIT UNION**

6577 FIRST PARK TEN BLVD SAN ANTONIO, TEXAS 78213

**CREDIT CARD AGREEMENT AND DISCLOSURE STATEMENT FOR YOUR ALAMO MASTERCARD  
PLATINUM or ALAMO MASTERCARD FAMILY PLAN ACCOUNT**

**Notice: Read and retain this copy of your Agreement and Truth in Lending Disclosure for future reference.**

**TERMS USED IN THIS AGREEMENT:** This Agreement and Disclosure Statement covers your Platinum MasterCard® Family Account ("Account") shown above. In this Agreement, the words "you," "your," and "cardholder" mean any person who signs the Family Account Application ("Application") or uses the Card. "Key Account Holder" means the Account Applicant as set forth in the Application. "We" "our" and "us" mean the credit union named above. The "Card" means any credit card issued to you or those

designated by you under the terms of this Agreement. “Use of the Card” means any procedure used by you, or someone authorized by you, to make a purchase or an advance whether or not the purchase or advance is evidenced by a signed written document. “Unauthorized use” means the use of your Card by a person, other than you, who does not have actual, implied, or apparent authority for such use, and from which you receive no benefit. In this Agreement, any plural terms shall be deemed singular and any singular terms shall be deemed plural when context and construction so require.

**MASTERCARD FAMILY ACCOUNT:** This Agreement covers your MasterCard Family Account and supersedes any previous Agreement and Disclosure Statement that may have been previously provided to you in connection with your Account. This Account is either the primary MasterCard Family Account (the “Key Account”) or an additional MasterCard Family account on which the Key Account Holder is an obligor (a “Dependent Account”). All of the Key Account Holder’s MasterCard Family accounts are linked by us, which allows the Key Account Holder to receive statement information for all accounts, monitor account activity, and set Dependent Account credit limits within limits established by us. Each statement period, we will send the Key Account Holder a group periodic statement covering the activity for this Account and all other linked accounts. If this Account is designated as a “Parent Pay” Account, then the Key Account Holder will receive the official periodic statement for the Key Account and each Dependent Account, which includes all activity for each Dependent Account, and will be responsible for remitting payments. The Key Account Holder may designate that a separate courtesy Account statement be sent to certain other Parent Pay Dependent Account cardholders. If this Account is designated as a “Dependent Pay” Account, then we will send the official periodic statement to the Joint Applicant (or, if there is more than one Joint Applicant, to the Joint Applicant designated by the Key Account Holder) and the designated Joint Applicant will be responsible for remitting payments. In such event, the Key Account Holder’s periodic statement will only include Account balance, status, and payment information for the Dependent Pay Account. Regardless of whether the Key Account Holder designates this Account as a Parent Pay or a Dependent Pay Account, you agree that the cardholder to whom we send the official periodic statement for this Account is the person responsible for remitting this Account’s required payment to us by the “Payment Due Date” shown on the official periodic statement. Each Joint Applicant, however, is liable to us for all charges made to the Account. If this is a Joint Account, please refer the Joint Applicant Liability section below.

**EXTENSION OF CREDIT:** If your application is approved, we may, at our discretion, establish an Account in your name and cause one or more Cards to be issued to you or those designated by you. In such event, you authorize us to pay for your Account all items reflecting credit purchases, balance transfers, and cash advances obtained through use of the Card.

**JOINT APPLICANT LIABILITY:** If this Agreement is executed by more than one person, then notwithstanding any provision of this Agreement designating responsibility to one cardholder for remitting payments, each of you shall be jointly and individually liable to us for all charges made to the Account, including applicable fees. In addition, you agree that each of you designates the other as agent for the purpose of making purchases extended under this Agreement and each use of your Account shall be an extension of credit to all. Notice to one of you shall constitute notice to all. Any joint cardholder may remove him/herself from responsibility for future purchases at any time by notifying us in writing. However, removal from the Account does not release you from any liability already incurred.

**OTHERS USING YOUR ACCOUNT:** If you allow anyone else to use your Card, you will be liable for all credit extended to such persons. You promise to pay for all purchases, balance transfers, and cash advances made by anyone whom you authorize to use your Card, whether or not you notify us that he or she will be using it. If someone else is authorized to use your Card and you want to end that person’s privilege, you must notify us in writing, and if he or she has a Card, you must return the Card with your written notice for it to be effective.

**CREDIT LIMITS:** You promise that payments we make for your Account resulting from use of the Card will at no time cause the outstanding balance of your Account to exceed your credit limit as established by us or as adjusted from time to time at our discretion.

**PROMISE TO PAY:** You promise to pay us in U.S. dollars for (a) all purchases, cash advances, and balance transfers made by you or anyone whom you authorize to use the Card or Account; (b) **Finance Charges** and other charges or fees; (c) collection costs and attorney’s fees as permitted by applicable law, and any costs incurred in the recovery of the Card; and (d) credit in excess of your credit limit that we may extend to you. At the end of each monthly billing cycle for which you have a balance on your Account, you will be furnished with a periodic statement showing (i) the “Previous Balance” (the outstanding balance in the Account at the beginning of the billing cycle), (ii) the amount of all cash advances, purchases, balance transfers, Over-the-Limit Fees, Late Charges, Annual Fees, **Finance Charges**, and other charges or fees posted to your Account during the billing cycle, (iii) the amount of all payments and credits posted to your Account during the billing cycle, and (iv) the “New Balance” which is the sum of (i) and (ii) minus (iii).

You agree to pay on or before the “Payment Due Date” shown on the monthly periodic statement the entire New Balance or a Minimum

Payment equal to an amount which is at least 2.50% of the New Balance or \$25.00, whichever is greater, plus any amount in excess of the credit limit established by us and any past due minimum payments. If the New Balance is \$25.00 or less, you agree to pay it in full. You may make extra payments in advance of the due date without a penalty, and you may repay any funds advanced, credit extended, or amount outstanding at any time without a penalty for early payment. Regardless of the amount of any extra payment during a given month, a monthly payment will be required the following month if a balance remains in your Account.

The official periodic statement we send to the Key Account Holder will reflect a separate and a combined minimum payment for the Key Account and all linked Parent Pay Dependent Accounts. The Key Account Holder may remit separate payments for the Key Account and each Parent Pay Dependent Account or combine payment for the Accounts. If a payment sent to our physical payment address is combined, then the combined payment will be allocated among the linked Key Account and Parent Pay Dependent Accounts as follows, unless you tell us otherwise in a manner approved by us when you send the payment: Payment will first be applied to pay any delinquent amount due on the Key Account or Parent Pay Dependent Accounts. We will then apply any remaining amount to pay the remaining required minimum payment for the Key Account and each Parent Pay Dependent Account. Any remaining excess amount will be applied to the Key Account and Parent Pay Dependent Accounts according to each Account's balance as a percentage of the Parent Pay Family Account group's aggregate balance. If an unspecified combined payment is not adequate to pay the required minimum payment for the Key Account and each Parent Pay Dependent Account, then the payment may be applied among the Key Account and Parent Pay Dependent Accounts in our discretion. Payments made by way of the GoToMyCard.com website or by way of any other automated means will be applied entirely to the Account associated with the payment. You acknowledge and agree that, if you make payments electronically or by way of another automated means, you must make separate payments of at least the Minimum Payment due for the Key Account and each Parent Pay Dependent Account in order to satisfy your payment obligations under this Agreement and any other Parent Pay Dependent Account card agreement you have with us.

**COST OF CREDIT:** You will pay a **FINANCE CHARGE** for all advances made against your Account. **FINANCE CHARGES** for cash advances and balance transfers begin to accrue on the date of the advance. New purchases will not incur a **FINANCE CHARGE** on the date they are posted to your Account if you have paid the Account in full by the Payment Due Date shown on your previous monthly statement, or if there was no previous balance.

The periodic rate used to compute the **FINANCE CHARGE** is 0.027124% per day, which corresponds to an **ANNUAL PERCENTAGE RATE** of 9.90%

The **FINANCE CHARGE** is figured by applying the periodic rate to the "Balance Subject to **FINANCE CHARGE**" which is the "Average Daily Balance" of your Account, including current transactions. The "Average Daily Balance" is arrived at by taking the beginning balance of your Account each day, adding in any new cash advances, and unless you pay your Account in full by the Payment Due Date shown on the previous monthly statement or there is no previous balance, adding in new purchases, and subtracting any payments or credits and unpaid **FINANCE CHARGE**. This gives us the daily balance. The daily balances for the billing cycle are then added together and divided by the number of days in the billing cycle. The result is the "Average Daily Balance." The **FINANCE CHARGE** is determined by multiplying the Average Daily Balance by the number of days in the billing cycle and applying the periodic rate to the product.

No additional **FINANCE CHARGES** will be imposed on new purchases shown on your statement if the new balance shown on the statement is paid in full by the Payment Due Date reflected on the statement. The Payment Due Date is not less than 25 days from the billing cycle closing date shown on your statement.

**[MasterCard Issuers] LIABILITY FOR UNAUTHORIZED USE:** You may be liable for the unauthorized use of your Card. You will not be liable for any unauthorized use of your Card if you notify us orally or in writing at the Credit Card Center, PO Box 815909, Dallas, TX 75381-5909, telephone number 1-800-442-4757, of the loss, theft, or possible unauthorized use and you meet the following conditions: (1) you have exercised reasonable care with the Card; (2) you have not reported two or more incidents of unauthorized Card use within the previous 12 months; and (3) you have maintained your Account in good standing. The foregoing liability limitation does not apply to ATM cash advance transactions. In any case, your maximum liability for unauthorized use of the Card will not exceed \$50.00 and you will not be liable for any unauthorized use that occurs after you notify us (or our designee) at the address or telephone number above.

**[VISA Issuers] LIABILITY FOR UNAUTHORIZED USE:** You may be liable for the unauthorized use of your Card. You will not be liable for unauthorized use of your Card if you notify us orally or in writing at the Credit Card Center, PO Box 815909, Dallas, TX

75381-5909, telephone number (800) 442-4757, of the loss, theft, or possible unauthorized use. The foregoing liability limitation does not apply if you are grossly negligent or fraudulent in the handling of your Account or your Card, nor does it apply in the case of cash advances obtained at an ATM. In any case, your liability for unauthorized use will not exceed \$50 and you will not be liable for any unauthorized use that occurs after you notify us (or our designee) at the address or telephone number above.

**CREDITING OF PAYMENTS:** All payments made on your Account at the address designated for payment on the monthly periodic statement will be credited on the date of receipt. If the date of receipt is not a business day, your payment will be credited on the first business day following receipt. All payments on your Account will be applied first to collection costs, then to any **Finance Charge** and other fees due, and then to the unpaid principal balance. Interest paid or agreed to be paid shall not exceed the maximum amount permissible under applicable law, and in any contingency whatsoever, if we shall receive anything of value deemed interest under applicable law which would exceed the maximum amount of interest permissible under applicable law, the excessive interest shall be applied to the reduction of the unpaid principal amount or refunded to you.

**LATE CHARGE:** If a payment is 10 days or more past due, you will be charged a Late Charge of \$29.00.

**OVER-THE-LIMIT FEE:** If your Account balance exceeds your pre-established credit limit by 10% or more, you will be charged an Over-the-Limit Fee of \$29.00. This fee will be charged only once per month, regardless of the number of times your Account balance becomes over-the-limit by 10% or more during that particular month.

**RETURNED CHECK FEE:** We will charge you a Returned Check Fee of \$20.00 each time you pay us with a check that is returned unpaid. We will charge you this fee the first time any payment is returned unpaid, even if it is paid upon resubmission.

**SECURITY: YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENSIONS MADE UNDER THIS AGREEMENT. THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF ANY CARD WHICH YOU MAY USE, DIRECTLY OR INDIRECTLY, TO OBTAIN EXTENSIONS OF CREDIT UNDER THIS AGREEMENT.**

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you are giving. Collateral securing other loans with us may also secure payments for your Account under this Agreement.

**DEFAULT:** You will be in default: (1) if you fail to make any payment on time; (2) if you fail to keep any promises you have made under this or any other agreement with us; (3) if you are the subject of an order of relief under Title 11 of the U.S. Code (Bankruptcy); (4) if anyone tries, by legal process, to take any of your money maintained with us; (5) if you have given us false or inaccurate information in obtaining your Card; or (6) if we reasonably believe that you are unable or unwilling to repay your obligations to us.

**ACCELERATION:** If you are in default, without notice to you we may accelerate your debt and call any amounts you owe immediately due and payable, plus **Finance Charges** which shall continue to accrue until the entire amount is paid. We may also in our discretion transfer the balance of an account in default to another linked account of yours. You expressly waive any right to notice of our intention to accelerate and notice that your debt has been accelerated.

**TERMINATION AND CHANGES:** You may terminate this Agreement, by written notice, as to future advances at any time. We can terminate this Agreement at any time subject to such notice as may be required by applicable law. Termination by either party shall not affect your obligation to repay any payments made for your Account resulting from use of the Card as well as **Finance ChargeS** and other related charges. We may change the terms of this Agreement, including the periodic rate, at any time subject to such notice as may be required by applicable law. If you use your Card or Account to make a purchase or cash advance or balance transfer after having been given notice of a change in terms, you agree that the existing balance in your Account at the time of that use will be subject to the new terms, as shall subsequent uses.

**NOTIFICATION ADDRESS FOR INFORMATION REPORTED TO CONSUMER REPORTING AGENCIES:** We may report the status and payment history of your Account to credit reporting agencies each month. If you believe that the information we have reported is inaccurate or incomplete, please notify us in writing at the address shown above in this Agreement. Please include your name, address, home telephone number and Account number.

**RECEIPT OF AND AGREEMENT TO TERMS AND CONDITIONS OF AGREEMENT:** By using the Card, you agree to all the terms and conditions and promise to perform all the obligations, requirements, and duties contained in this Agreement, and you acknowledge receipt of a copy of this Agreement.

**CREDIT INVESTIGATION:** In conjunction with your application for credit and, if approved, maintenance of your Account, you agree that we have the right to investigate your credit and employment history, to verify your credit references, to request and use credit reports, and to report the way you pay your Account to credit bureaus and other interested parties.

**ADDITIONAL PROVISIONS:** Each provision of this Agreement must be considered part of the total Agreement and cannot in any way be severed from it. However, if any provision of this Agreement is finally determined to be void or unenforceable under any law, rule, or regulation, all other provisions of this Agreement will remain valid and enforceable. You understand that this Agreement is performable in the county and state of the credit union shown above in this Agreement, and the validity, construction, and enforcement of this Agreement shall be governed by applicable federal law and the laws of the state in which the credit union shown above is primarily located. We do not warrant any merchandise or services purchased by you with the Card. All purchases and cash advances are extended at the option of the merchant or cash-advancing financial institution and we are not responsible for the refusal of any merchant or financial institution to honor your Card. The Card remains our property at all times, and you agree to immediately surrender the Card upon demand. You agree to pay all reasonable costs of collection, including court costs and attorney's fees, and any costs incurred in the recovery of the Card. We can accept late payments or partial payments, or checks or money orders marked "payment in full" without losing any of our rights under this Agreement. We can also delay enforcing any of our rights under this Agreement without losing them. You expressly waive presentment for payment, demand, protest, and notice of protest and dishonor of same. You agree to give us prompt notice of any change in your name, mailing address, telephone number or place of employment.

You may not use your Card for any illegal transaction. You agree that we may decline to process any transaction which we believe in good faith to be for an illegal purpose. You agree that we will not be liable for declining to process any such transaction. If we do process any transaction which ultimately is determined to have been for an illegal purpose, you agree that you will remain liable to us under this agreement for any such transaction notwithstanding its illegal nature. You agree that any illegal use of the Card will be deemed an act of default under this Agreement. You further agree to waive any right to take legal action against us for your illegal use of the Card and to indemnify and hold us, [\[VISA International, Incorporated\]](#) [\[and/or\]](#) [\[MasterCard International, Incorporated\]](#) harmless from and against any lawsuits, other legal action, or liability that results directly or indirectly from such illegal use.

#### **[MasterCard Issuers]**

If you effect a transaction with your MasterCard in a currency other than U.S. dollars, MasterCard International will convert the charge into a U.S. dollar amount. MasterCard International will use its currency conversion procedure, which is disclosed to institutions that issue MasterCard cards. Currently the currency conversion rate used by MasterCard International to determine the transaction amount in U.S. dollars for such transactions is generally either a government mandated rate or a wholesale rate determined by MasterCard International for the processing cycle in which the transaction is processed, increased by an adjustment factor established from time to time by MasterCard International. The currency conversion rate used by MasterCard International on the processing date may differ from the rate that would have been used on the purchase date or cardholder statement posting date.

#### **[VISA Issuers]**

If you effect a transaction with your VISA Card in a currency other than U.S. dollars, the rate of exchange between the transaction currency and the billing currency used for processing the transaction will be: (a) A rate selected by VISA from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate VISA itself receives, or (b) The government-mandated rate in effect for the applicable central processing date; and in each instance, plus or minus any adjustment determined by us.

### **WHAT TO DO IF THERE IS AN ERROR ON YOUR STATEMENT**

#### **NOTICE OF YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE**

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

**Notify Us in Case of Errors or Questions About Your Statement.** If you think your statement is wrong or if you need more information about a transaction on your statement, write us on a separate sheet at the address listed on your statement. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information: (1) Your name and Account number. (2) The dollar amount of the suspected error. (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your credit card bill automatically from your savings or checking account, you can stop the payment on any amount you think is wrong. To stop the payment, your letter must reach us 3 business days before the automatic payment is scheduled to occur.

**Your Rights and Our Responsibilities After We Receive Your Written Notice.** We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the statement was correct. After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including **FINANCE CHARGES** and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your statement that are not in question.

If we find that we made a mistake on your statement, you will not have to pay any **FINANCE CHARGES** related to any questioned amount. If we didn't make a mistake, you may have to pay **FINANCE CHARGES**, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due. If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your statement. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50.00 of the questioned amount, even if your statement was correct.

**Special Rule for Credit Card Purchases.** If you have a problem with the quality of property or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right: (a) You must have made the purchase in your home state, or if not within your home state, within 100 miles of your current mailing address; and (b) The purchase price must have been more than \$50.00. These limitations do not apply if we own or operate the merchant, or mailed you the advertisement for the property or services.

**CUSTOMER SERVICE:** 1-800-442-4757 – 24 hours a day/7 days a week. (Please have account information available.)

**SIGNATURE AUTHORIZATION PARAGRAPH (appears next to the signature line on the Invitation/Acceptance Certificate attached to the consumer letter)**

Authorization: I certify that I am at least 18 years of age, and that I have read and agree to all the terms, authorizations and disclosures contained on this form and that everything I have stated in the detachable certificate is true and correct. I authorize the Credit Union named on this certificate to check my credit record and to verify my credit, employment, and income references. I understand that the use of any card issued in conjunction with this offer will constitute my acceptance of and will be subject to the terms and conditions of the Card Agreement. I agree to be responsible for all charges incurred according to the Card Agreement. **I understand that the terms of my account are subject to change as provided in the Card Agreement.**

**PRESCREEN PARAGRAPH (to be included in the disclosures only when your mail file has been credit prescreened)**

You received this offer because, according to the prequalifying report provided to us by **EQUIFAX**, you satisfied the criteria established for this offer. If, upon evaluation of your completed application and information provided to us by others, we find you do not meet the criteria, you may receive a different offer or credit may not be extended. You have the right to prohibit certain uses of information in your file as maintained by any credit reporting agency. To assert this right, you may call or write **Credit Bureau name Opt Out, address & telephone number**. When writing, please include your name, address, Social Security number and signature.

**OPTIONAL CHARGE GARD INSURANCE DISCLOSURE (TO BE INCLUDED IN DISCLOSURES IF YOU OFFER CHARGE GARD)**

## **OPTIONAL GROUP CREDIT INSURANCE LIMITATIONS, EXCLUSIONS, AND COSTS — SUMMARY OF INSURANCE COVERAGES**

**Important Note:** THE FOLLOWING INSURANCE IS OPTIONAL AND IS NOT REQUIRED.

**Important information on this program's limitations, exclusions and costs:** Upon acceptance of your enrollment, you will receive your certificates. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates carefully for full details. You are free to cancel at any time. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The creditor has a financial interest in the sale of this insurance. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates upon written notice and subject to state regulations.

**Life Benefits:** If you or your joint cardmember die (to be eligible for life insurance, joint cardmember must be spouse or business partner in GA, NM, & TX; if no joint cardmember, then spouse), Chargegard will pay the outstanding balance as of the date of death, up to the master policy maximum of \$10,000. Suicide is excluded except in ME, MD, and MO. Life converts to accidental death coverage in HI, IN and VT at age 65; in IA at age 66. Joint life coverage not available in CA.

**Disability/Unemployment Benefits(applyes only to you, the primary cardmember):** If you become disabled or involuntarily unemployed, Chargegard will make your scheduled minimum monthly payment, subject to the master policy maximum of \$500 a month, not to exceed \$10,000. You are eligible for these coverages if employed

**General Provisions:** You are eligible for this coverage if you are employed full time in a non-seasonal occupation. In the State of Texas, if you are self-employed or an independent contractor you are not eligible for the Unemployment coverage. Unemployment and Disability benefits begin after 30 consecutive days of Unemployment or Disability and are retroactive to the first day of loss. Benefits are based on the outstanding balance as of the date of loss and will continue until your balance is paid off, you return to work, or you reach the maximum limits of the master policy, whichever occurs first. Only Life benefits are available to co-accountholder (spouse). Benefits are not payable on items purchased after you or your co-accountholder die or after you become disabled or unemployed. You may enroll for this coverage if you are under age 70. Coverage ends at age 71. The cost for this coverage is a combined rate of .427 per \$100 of the monthly outstanding indebtedness. This rate is comprised of .057 for Life, .170 for Disability and .200 for Involuntary Unemployment. Coverages are underwritten by American Bankers Life Assurance Company of Florida and American Bankers Insurance Company of Florida, 11222 Quail Roost Drive, Miami FL 33157. The Texas certificate number for Life and Disability is AC3181CB-0592 (3.53 R.A.) and Unemployment is AD9139CQ-0791 and B2754EQ-1089. The administrative offices for this program are located in Fort Worth, Texas.