

**IMPORTANT DISCLOSURES
THIS PRODUCT IS OPTIONAL**

Your purchase of Debt Cancellation is optional. Whether or not You purchase Debt Cancellation will not affect Your application for credit or the terms of any existing Loan Agreement You have with Us.

AMOUNT OF FEE

The Total Fee for Debt Cancellation is shown in the Schedule/Application. We may change the Periodic Fee at any time and for any reason by providing You with 30 days advance written notice.

TERMINATION

You have the right to cancel Your Debt Cancellation Addendum at any time by providing Us with advance written notice. We have the right to cancel Your Debt Cancellation Addendum at any time by providing You with 30 days advance written notice.

ELIGIBILITY REQUIREMENTS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

There are eligibility requirements, conditions, limitations and exclusions that could prevent You from receiving benefits under the Debt Cancellation Addendum.

You may find a complete explanation of the eligibility requirements, conditions, limitations and exclusions in SECTIONS A, B, C, D, E, F, G, H and I of the Debt Cancellation Addendum.

You may be subject to federal, state and local taxes on the amount of any debt cancelled under the terms of the Debt Cancellation contract. You should consult with Your tax advisor. We are not able to provide You with advice on the tax implications, if any, of the cancelled debt.

30-DAY FREE LOOK: You may cancel Your Debt Cancellation Addendum by providing to Us or Our Administrator written notice requesting cancellation within 30 days of the Effective Date and You will be charged no Fees for Debt Cancellation.

If You have questions about this Debt Cancellation,

- You may call Our Administrator at 1-888-453-5125.
- You may write Our Administrator at P.O. Box 641668, Omaha, NE 68164-7668.
- You may contact Us at the address or phone number shown in Your Loan Agreement.

THE TYPES OF PROTECTION PROVIDED BY THIS DEBT CANCELLATION ADDENDUM ARE LIMITED TO THOSE EVENTS SET FORTH IN THE SCHEDULE/APPLICATION SUBJECT TO THE REQUIREMENTS, CONDITIONS, LIMITATIONS AND EXCLUSIONS IN THE ADDENDUM.

- **IF THE TERM OF LOAN IS MORE THAN THE TERM OF PROTECTION, PROTECTION UNDER THIS ADDENDUM WILL END BEFORE THE LOAN IS SCHEDULED TO END. NO BENEFIT WILL BE PROVIDED AFTER THE SCHEDULED EXPIRATION DATE OF PROTECTION.**
- **NEITHER TOTAL DISABILITY PROTECTION NOR INVOLUNTARY UNEMPLOYMENT PROTECTION PROVIDED ON ANY BALLOON PAYMENT.**
- **NO PROTECTION PROVIDED FOR INVOLUNTARY UNEMPLOYMENT THAT STARTS DURING THE FIRST 90 DAYS AFTER THE EFFECTIVE DATE.**
- **IF YOUR EMPLOYMENT STATUS CHANGES, IT MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS. REFER TO THE EMPLOYMENT STATUS CHANGE PROVISION IN SECTION A – GENERAL PROVISIONS.**

BENEFITS ARE NOT PROVIDED ON LOSSES RESULTING FROM PRE-EXISTING MEDICAL CONDITIONS.

BENEFITS MAY NOT LAST THE FULL LENGTH OF YOUR LOAN.

BENEFITS MAY NOT BE ENOUGH TO COMPLETELY CANCEL YOUR LOAN.

BENEFITS MAY NOT BE ENOUGH TO COMPLETELY CANCEL ANY SCHEDULED MONTHLY LOAN PAYMENT.

THE DEBT CANCELLATION ADDENDUM IS NOT REGULATED AS INSURANCE.

You certify that prior to signing the following Optional Debt Cancellation Schedule/Application, You have received, read and understand the Important Disclosures above and wish to purchase Debt Cancellation Protection.

Signature of Primary Borrower

Date

Signature of Co-Borrower

Date

Loan Officer No.	BR.	REG.	OPTIONAL DEBT CANCELLATION SCHEDULE/APPLICATION			Addendum No.			
						Financial Institution No.			
Primary Borrower (called "You" or "Your")			Date of Birth	Age	Co-Borrower (also called "You" or "Your")			Date of Birth	Age
Address (Street, City, State, Zip)					Address (Street, City, State, Zip)				
Financial Institution Name & Address (called "We", "Us" or "Our")									
Effective Date			Scheduled Expiration Date of Protection			Total Disability Protection		Maximum Monthly Benefit	Total Disability Periodic Fee*
Term of Protection (Months)			Maximum Number of Protected Loan Extensions			<input type="checkbox"/> Single (Primary Only) (PP) <input type="checkbox"/> Joint (PQ)		\$	\$
			12			Maximum Number of Benefits		12 Months (Recurrent)	
Loss of Life Protection			Original Amount of Protection		Life Periodic Fee*		Waiting Period		14 Day Retroactive Day Benefits Begin-1st Day
Decreasing Life <input type="checkbox"/> Single (PE) <input type="checkbox"/> Joint (PF)			\$		\$				
Truncated Decreasing Life <input type="checkbox"/> Single (PG) <input type="checkbox"/> Joint (PH)			\$		\$		Total Disability/Involuntary Unemployment Protection		Total Disability/Involuntary Unemployment Periodic Fee*
							<input type="checkbox"/> Single (Primary Only) (PR)		\$
							Maximum Number of Benefits		Total Disability: 12 Months (Recurrent) Involuntary Unemployment: 3 Months (Recurrent)
							Waiting Period		Total Disability: 14 Day Retroactive Day Benefits Begin-1st Day Involuntary Unemployment: 30 Days
							No protection provided for Involuntary Unemployment that starts during the first 90 days after the Effective Date.		
LOAN INFORMATION									
First Payment Due Date		Loan Payment		Loan Payment Frequency		Term of Loan (Number of Payments)		Protected Loan Number	
		\$		(Specify)					
Amount Financed		Note Amount		Interest Rate		BALLOON LOANS ONLY			
\$		\$		%		Balloon Payment	Amortized Term (mos.)	Balloon Payment Due Date	
						\$			

***If the word NONE or if no amount is shown, that protection and the provisions which relate to it do not apply to You.**

This is Your Schedule/Application for Optional Debt Cancellation (called Debt Cancellation), which is an optional Addendum to Your Loan Agreement.

You understand and agree with the following statements in this paragraph, which are offered as consideration for the Debt Cancellation applied for on the Effective Date shown above. (1) Any false statements or misrepresentations in Your signed Schedule/Application may result in loss of protection for You during the first two years of the Term of Protection. (2) Any fraudulent misstatements in Your signed Schedule/Application will result in loss of protection at any time. (3) You have the option of choosing Total Disability Protection, or Total Disability/Involuntary Unemployment Protection, but not both. (4) There is a Maximum Number of Benefits, as defined herein, for Total Disability and Involuntary Unemployment Protection. (5) You agree to pay each Periodic Fee when due. (6) You understand that protection is not provided when a Pre-existing Medical Condition causes or contributes to a loss within the 24 months after the Effective Date. A Pre-existing Medical Condition is an Injury or Sickness for which You: (a) were diagnosed; or (b) were hospitalized; or (c) received medical or surgical advice or treatment, including prescribed medication, consultation or therapy by a Medical Provider within the 12 months prior to the Effective Date.

ELIGIBILITY REQUIREMENTS

To be eligible to purchase protection You must be able to attest to the following:

- (1) **Age:** You have not reached 66 years of age on the Effective Date; and You will not reach 71 years of age on or before the Scheduled Expiration Date of Protection; and
- (2) **Gainful Employment:** For the following, Gainfully Employed Full-time means actively working for wages or profit at least 30 hours per week.
 - a) If the Schedule/Application shows that You have chosen Total Disability Protection, You are Gainfully Employed Full-time on the Effective Date and have been for the 2 continuous weeks immediately prior to the Effective Date.
 - b) If the Schedule/Application shows that You have chosen Total Disability/Involuntary Unemployment Protection, You are Gainfully Employed Full-time on the Effective Date and have been for the 90 continuous days immediately prior to the Effective Date; and
- (3) **Occupation:** If the Schedule/Application shows that You have chosen Total Disability/Involuntary Unemployment Protection, on the Effective Date: You are not a Seasonal Worker (a person whose occupation can be carried on only during certain seasons or fairly definite portions of the year); You are not self-employed; You are not an independent contractor; and You do not know You will be laid off or terminated.

You understand that the purchase of Debt Cancellation is optional and will not affect Your application for credit or the terms of any existing Loan Agreement You have with Us.

Your signature below means You are applying for, and want to purchase the Debt Cancellation Protection options selected above; and You understand and agree with the statements contained in the paragraphs above and in the Eligibility Requirements applicable to the Protection option(s) chosen. **You understand there are eligibility requirements, conditions, limitations and exclusions shown in the Debt Cancellation Addendum that could prevent You from receiving benefits.** You certify that You have received, read, understand and signed the Important Disclosures provided to You prior to signing this Schedule/Application in the space below. A copy of the Important Disclosures follows the Borrower's Copy of this Schedule/Application.

(Schedule/Application signed by Power of Attorney voids protection.)

Signature of Primary Borrower _____ Date _____ Signature of Co-Borrower _____ Date _____

Loan Officer No.	BR.	REG.	OPTIONAL DEBT CANCELLATION SCHEDULE/APPLICATION				Addendum No.			
					Financial Institution No.					
Primary Borrower (called "You" or "Your")			Date of Birth	Age	Co-Borrower (also called "You" or "Your")			Date of Birth	Age	
Address (Street, City, State, Zip)					Address (Street, City, State, Zip)					
Financial Institution Name & Address (called "We", "Us" or "Our")										
Effective Date			Scheduled Expiration Date of Protection			Total Disability Protection		Maximum Monthly Benefit		Total Disability Periodic Fee*
Term of Protection (Months)			Maximum Number of Protected Loan Extensions			<input type="checkbox"/> Single (Primary Only) (PP) <input type="checkbox"/> Joint (PQ)		\$		\$
			12			Maximum Number of Benefits		12 Months (Recurrent)		
Loss of Life Protection		Original Amount of Protection		Life Periodic Fee*		Waiting Period		14 Day Retroactive Day Benefits Begin-1st Day		
Decreasing Life <input type="checkbox"/> Single (PE) <input type="checkbox"/> Joint (PF)		\$		\$						
Truncated Decreasing Life <input type="checkbox"/> Single (PG) <input type="checkbox"/> Joint (PH)		\$		\$		Total Disability/Involuntary Unemployment Protection		Maximum Monthly Benefit		Total Disability/Involuntary Unemployment Periodic Fee*
						<input type="checkbox"/> Single (Primary Only) (PR)		\$		\$
Fees for Entire Term of Protection (Est.)						Maximum Number of Benefits		Total Disability: 12 Months (Recurrent) Involuntary Unemployment: 3 Months (Recurrent)		
\$ _____ Life						Waiting Period		Total Disability: 14 Day Retroactive Day Benefits Begin-1st Day Involuntary Unemployment: 30 Days		
\$ _____ Total Disability or Total Disability / Involuntary Unemployment						No protection provided for Involuntary Unemployment that starts during the first 90 days after the Effective Date.				
\$ _____ Total Fee										
LOAN INFORMATION										
First Payment Due Date		Loan Payment		Loan Payment Frequency (Specify)		Term of Loan (Number of Payments)			Protected Loan Number	
		\$								
Amount Financed		Note Amount		Interest Rate		BALLOON LOANS ONLY				
		\$		%		Balloon Payment		Amortized Term (mos.)		Balloon Payment Due Date
\$		\$				\$				

***If the word NONE or if no amount is shown, that protection and the provisions which relate to it do not apply to You.**

This is Your Schedule/Application for Optional Debt Cancellation (called Debt Cancellation), which is an optional Addendum to Your Loan Agreement.

You understand and agree with the following statements in this paragraph, which are offered as consideration for the Debt Cancellation applied for on the Effective Date shown above. (1) Any false statements or misrepresentations in Your signed Schedule/Application may result in loss of protection for You during the first two years of the Term of Protection. (2) Any fraudulent misstatements in Your signed Schedule/Application will result in loss of protection at any time. (3) You have the option of choosing Total Disability Protection, or Total Disability/Involuntary Unemployment Protection, but not both. (4) There is a Maximum Number of Benefits, as defined herein, for Total Disability and Involuntary Unemployment Protection. (5) You agree to pay each Periodic Fee when due. (6) You understand that protection is not provided when a Pre-existing Medical Condition causes or contributes to a loss within the 24 months after the Effective Date. A Pre-existing Medical Condition is an Injury or Sickness for which You: (a) were diagnosed; or (b) were hospitalized; or (c) received medical or surgical advice or treatment, including prescribed medication, consultation or therapy by a Medical Provider within the 12 months prior to the Effective Date.

ELIGIBILITY REQUIREMENTS

To be eligible to purchase protection You must be able to attest to the following:

- (1) **Age:** You have not reached 66 years of age on the Effective Date; and You will not reach 71 years of age on or before the Scheduled Expiration Date of Protection; and
- (2) **Gainful Employment:** For the following, Gainfully Employed Full-time means actively working for wages or profit at least 30 hours per week.
 - a) If the Schedule/Application shows that You have chosen Total Disability Protection, You are Gainfully Employed Full-time on the Effective Date and have been for the 2 continuous weeks immediately prior to the Effective Date.
 - b) If the Schedule/Application shows that You have chosen Total Disability/Involuntary Unemployment Protection, You are Gainfully Employed Full-time on the Effective Date and have been for the 90 continuous days immediately prior to the Effective Date; and
- (3) **Occupation:** If the Schedule/Application shows that You have chosen Total Disability/Involuntary Unemployment Protection, on the Effective Date: You are not a Seasonal Worker (a person whose occupation can be carried on only during certain seasons or fairly definite portions of the year); You are not self-employed; You are not an independent contractor; and You do not know You will be laid off or terminated.

You understand that the purchase of Debt Cancellation is optional and will not affect Your application for credit or the terms of any existing Loan Agreement You have with Us.

Your signature below means You are applying for, and want to purchase the Debt Cancellation Protection options selected above; and You understand and agree with the statements contained in the paragraphs above and in the Eligibility Requirements applicable to the Protection option(s) chosen. **You understand there are eligibility requirements, conditions, limitations and exclusions shown in the Debt Cancellation Addendum that could prevent You from receiving benefits.** You certify that You have received, read, understand and signed the Important Disclosures provided to You prior to signing this Schedule/Application in the space below. A copy of the Important Disclosures follows the Borrower's Copy of this Schedule/Application.

(Schedule/Application signed by Power of Attorney voids protection.)

Signature of Primary Borrower _____ Date _____

Signature of Co-Borrower _____ Date _____

IMPORTANT DISCLOSURES
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AMOUNT OF FEE

The Total Fee for Debt Cancellation is shown in the Schedule/Application. We may change the Periodic Fee at any time and for any reason by providing You with 30 days advance written notice.

TERMINATION

You have the right to cancel Your Debt Cancellation Addendum at any time by providing Us with advance written notice. We have the right to cancel Your Debt Cancellation Addendum at any time by providing You with 30 days advance written notice.

ELIGIBILITY REQUIREMENTS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

There are eligibility requirements, conditions, limitations and exclusions that could prevent You from receiving benefits under the Debt Cancellation Addendum.

You may find a complete explanation of the eligibility requirements, conditions, limitations and exclusions in SECTIONS A, B, C, D, E, F, G, H and I of the Debt Cancellation Addendum.

You may be subject to federal, state and local taxes on the amount of any debt cancelled under the terms of the Debt Cancellation contract. You should consult with Your tax advisor. We are not able to provide You with advice on the tax implications, if any, of the cancelled debt.

30-DAY FREE LOOK: You may cancel Your Debt Cancellation Addendum by providing to Us or Our Administrator written notice requesting cancellation within 30 days of the Effective Date and You will be charged no Fees for Debt Cancellation.

If You have questions about this Debt Cancellation,

- You may call Our Administrator at 1-888-453-5125.
- You may write Our Administrator at P.O. Box 641668, Omaha, NE 68164-7668.
- You may contact Us at the address or phone number shown in Your Loan Agreement.

THE TYPES OF PROTECTION PROVIDED BY THIS DEBT CANCELLATION ADDENDUM ARE LIMITED TO THOSE EVENTS SET FORTH IN THE SCHEDULE/APPLICATION SUBJECT TO THE REQUIREMENTS, CONDITIONS, LIMITATIONS AND EXCLUSIONS IN THE ADDENDUM.

- **IF THE TERM OF LOAN IS MORE THAN THE TERM OF PROTECTION, PROTECTION UNDER THIS ADDENDUM WILL END BEFORE THE LOAN IS SCHEDULED TO END. NO BENEFIT WILL BE PROVIDED AFTER THE SCHEDULED EXPIRATION DATE OF PROTECTION.**
- **NEITHER TOTAL DISABILITY PROTECTION NOR INVOLUNTARY UNEMPLOYMENT PROTECTION PROVIDED ON ANY BALLOON PAYMENT.**
- **NO PROTECTION PROVIDED FOR INVOLUNTARY UNEMPLOYMENT THAT STARTS DURING THE FIRST 90 DAYS AFTER THE EFFECTIVE DATE.**
- **IF YOUR EMPLOYMENT STATUS CHANGES, IT MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS. REFER TO THE EMPLOYMENT STATUS CHANGE PROVISION IN SECTION A – GENERAL PROVISIONS.**

BENEFITS ARE NOT PROVIDED ON LOSSES RESULTING FROM PRE-EXISTING MEDICAL CONDITIONS.

BENEFITS MAY NOT LAST THE FULL LENGTH OF YOUR LOAN.

BENEFITS MAY NOT BE ENOUGH TO COMPLETELY CANCEL YOUR LOAN.

BENEFITS MAY NOT BE ENOUGH TO COMPLETELY CANCEL ANY SCHEDULED MONTHLY LOAN PAYMENT.

THE DEBT CANCELLATION ADDENDUM IS NOT REGULATED AS INSURANCE.

**OPTIONAL DEBT CANCELLATION
ADDENDUM**

SECTION A – GENERAL PROVISIONS

ADDENDUM: This Optional Debt Cancellation Addendum (called Addendum) is a part of and amends Your Loan Agreement. This Addendum is entered into in consideration of the payment of the required Fee, and in reliance upon the statements You made in the Schedule/Application. This is an optional Addendum to Your Loan Agreement. This Addendum contains the terms, conditions, limitations and exclusions by which We will cancel all or a portion of the unpaid balance on Your Loan. These terms, conditions, limitations and exclusions do not apply to Your Loan unless You are a participant in Our Optional Debt Cancellation program.

If You have more than one Loan with Us, the protection provided under this Addendum will apply only to the Protected Loan Number shown in the Schedule/Application. All rights, obligations and conditions of the Loan Agreement are also applicable to this Addendum. The principal and interest owing on Your Loan Agreement are payable in accordance with the terms of the Loan Agreement, unless a Protected Event occurs that initiates Debt Cancellation under this Addendum. To the extent Debt Cancellation under this Addendum does not cover the principal and interest owing under Your Loan Agreement, Your obligations under the Loan Agreement continue.

If Your Loan Agreement is modified (not renewed or refinanced) while this Addendum is in effect, protection under this Addendum will continue to be provided according to the Addendum's terms, conditions, limitations and exclusions, which cannot be modified.

ELIGIBLE BORROWERS AND ELIGIBLE DEBTS: To be eligible for Debt Cancellation, You must be an active Primary Borrower or Co-Borrower under the Loan Agreement on the Effective Date and Your Loan must be a closed-end indebtedness for which You have an unconditional obligation to pay. You have the right to cancel protection at any time.

EMPLOYMENT STATUS CHANGE: If Your employment status changes during the Term of Protection, it may affect Your eligibility for benefits as follows:

Total Disability Protection - If You have chosen the Total Disability Protection option or the Total Disability/Involuntary Unemployment Protection option, You will not be eligible for Total Disability benefits if after the Effective Date of protection You are no longer Gainfully Employed Full-time as defined in **SECTION B – DEFINITIONS**.

Involuntary Unemployment Protection - If You have chosen the Total Disability/Involuntary Unemployment Protection option, You will not be eligible for Involuntary Unemployment benefits if, after the Effective Date of protection:

- (1) You are no longer Gainfully Employed Full-time as defined in **SECTION B – DEFINITIONS**; or
- (2) You become a Seasonal Worker as defined in **SECTION B – DEFINITIONS** or;
- (3) You become self-employed; or
- (4) You become an independent contractor.

If any of these employment status changes occur and You do not anticipate returning to an eligible employment status at some point during the remaining Term of Protection, You should consider cancelling the Total Disability Protection or Total Disability/Involuntary Unemployment Protection. If You decide to cancel, You may be entitled to a refund of a portion of the Fees paid for Total Disability Protection or Total Disability/Involuntary Unemployment Protection.

To cancel the Total Disability Protection or Total Disability/Involuntary Unemployment Protection and receive a refund, You must provide proper written notice to Our Administrator of the nature of Your employment status change and that You wish to cancel the Total Disability Protection or Total Disability/Involuntary Unemployment Protection and receive a refund. Your written notice must include proof of the date upon which the employment status change occurred (event date), and all other reasonable documentation Our Administrator may request. All documentation must include Your name, current address, the Addendum/Loan number, the event date, and be signed and dated by You. Send this information to the Administrator at:

Administrator
P.O. Box 641668
Omaha, NE 68164-7668

If You provide proper written notice within 6 months after the event date, Total Disability Protection or Total Disability/Involuntary Unemployment Protection will end as of the event date and any refund of Fees to which You may be entitled will be calculated as of the event date. If You do not provide proper written notice within 6 months after the event date: (a) You will forfeit Your right to receive a refund of Fees, and (b) Your Total Disability Protection or Total Disability/Involuntary Unemployment Protection and Fee charges for that protection will end pursuant to the **TERM OF PROTECTION** provision in this **SECTION A – GENERAL PROVISIONS**.

APPLICATION FOR PROTECTION: To apply, You must: (1) agree to pay the additional Fee; and (2) complete and sign the Schedule/Application; and (3) return both to Us or Our Administrator.

PROTECTED BORROWERS AND PROTECTION PROVIDED: To be a protected Borrower, You must meet the Eligibility Requirements, complete and sign the Schedule/Application and pay the required Fee. If You have chosen single protection, only the Primary Borrower is a protected Borrower. If You have chosen joint protection, both the Primary Borrower and Co-Borrower are protected Borrowers. The Co-Borrower is not eligible for the Total Disability/Involuntary Unemployment Protection. Only the protection applied for in the Schedule/Application for which You meet all Eligibility Requirements and pay the additional Fee will be provided. If the word "none" or if no amount is shown in the Schedule/Application, that protection and the provisions which relate to it do not apply to You.

PAYMENT OF FEES: There is an additional Fee to You for this protection. If the Periodic Fee is not paid within 60 days of its due date, all Debt Cancellation protection will terminate as of the due date.

CHANGE OF FEES: We may change the Periodic Fee at any time and for any reason by providing You with 30 days advance written notice.

TERM OF PROTECTION: This Addendum starts on the Effective Date shown in the Schedule/Application and stops on the earliest of the following:

- (1) when Your Loan is paid off, renewed, refinanced or otherwise stops; or
- (2) on the scheduled Loan Payment due date You last made payment, when You are considered in default under the conditions of the Loan Agreement; or

- (3) on the cancellation of all or a portion of Your unpaid debt as a result of the provisions set forth in **SECTION C – LOSS OF LIFE PROVISIONS**; or
- (4) on the first scheduled Loan Payment due date following the date You reach 71 years of age; or
- (5) on the Scheduled Expiration Date of Protection shown in the Schedule/Application, except as otherwise provided in the **PROTECTED LOAN EXTENSIONS** provision shown below; or
- (6) on the first scheduled Loan Payment due date the required Fee is not paid when due as set forth in the **PAYMENT OF FEES** provision in this **SECTION A – GENERAL PROVISIONS**; or
- (7) on the first scheduled Loan Payment due date following the date Your written request to terminate this Addendum is received; or
- (8) on the date We terminate this Addendum.

We may terminate this Addendum at any time and for any reason by providing You with 30 days advance written notice. Termination by Us will not terminate protection for a Protected Event that occurred prior to the date of termination.

If termination of this Addendum occurs 1 day or more into Your Loan Payment period, then the effective date of termination is the next scheduled Loan Payment due date after You last made payment. You will be required to pay all Fees that were due for the protection that was provided prior to the date of termination. These Fees may come due after the date of termination.

PROTECTED LOAN EXTENSIONS: If We allow You to defer making one or more scheduled Loan Payments during the term of Your Loan (called Deferral Period):

- (1) You must continue paying any Fee that becomes due for the protection during the Deferral Period; Fees for the protection will **NOT** be deferred. Failure to pay any Fee for the protection that becomes due during the Deferral Period within 60 days of its due date will cause the protection to terminate as set forth in the **PAYMENT OF FEES** provision shown above.
- (2) Provided the protection does not otherwise terminate as set forth in this Addendum, the protection will continue beyond the Scheduled Expiration Date of Protection for the number of Loan Payments that were deferred; however, when calculating the number of eligible deferred Loan Payments for which protection will be extended beyond the Scheduled Expiration Date of Protection, certain limitations apply. First, if during a Deferral Period You defer more than two consecutive scheduled Loan Payments at any one time, protection will continue beyond the Scheduled Expiration Date of Protection for only two of those consecutive deferrals. Second, in no event will protection continue beyond the Scheduled Expiration Date of Protection for more than the Maximum Number of Protected Loan Extensions shown in the Schedule/Application.

During the time protection is continued beyond the Scheduled Expiration Date of Protection, You will be required to continue paying any required Fees for the protection that become due as set forth in the **PAYMENT OF FEES** provision shown above.

If You have purchased Truncated Protection, the provisions under this **PROTECTED LOAN EXTENSIONS** sub-section do not apply to You.

MAXIMUM LIMITS: There are maximum amounts of debt We will cancel under this Addendum. There are also maximum aggregate amounts of debt that We will cancel under all Addenda You have with Us. If the protection contracted for exceeds any of Our Maximum Limits, the Addendum/Addenda that exceed the limits will be terminated. Any Fees paid for protection that is terminated for this reason will be refunded and none of the terminated protection will have been in effect. This termination may be made at any time during the term of this Addendum; however, when benefits are provided, the termination of the Addendum/Addenda will occur at the end of the benefit period.

SECTION B – DEFINITIONS

Capitalized terms used but not defined herein shall have the meanings indicated in the Schedule/Application. The following capitalized terms shall have the meanings indicated when used herein.

Administrator means the entity We have selected to administer the Optional Debt Cancellation program on Our behalf. The address and phone number of the Administrator are listed at the end of this Addendum.

Day Benefits Begin means the first day of a Period of Total Disability on which a benefit is provided after the Waiting Period has been completed.

Debt Cancellation means Our agreement to cancel all or a portion of the unpaid balance on Your Loan pursuant to the terms of Your Loan Agreement and this Addendum.

Gainfully Employed Full-time means actively working for wages or profit at least 30 hours per week.

Immediate Family means the spouse, father, mother, sons, daughters, brothers or sisters of any protected borrower.

Injury means accidental bodily Injury which requires the regular care of a Medical Provider.

Loan or **Loan Agreement** means the promissory note, retail installment sales contract, lease agreement, financial agreement (if any) and other documents executed by You in connection with the closed-end indebtedness protected by this Addendum.

Loan Payment means the scheduled payment amount due under Your Loan Agreement, which includes the principal and interest. It does not include any other fees or any past due amounts.

Loan Payment Frequency means how often You are required to make Loan Payments and is shown in the Schedule/Application in the box marked Loan Payment Frequency.

Maximum Monthly Benefit means the maximum amount of benefit that can be provided on a monthly basis under this Addendum subject to the terms, conditions, limitations and exclusions contained herein. This maximum amount is shown in the Schedule/Application in the box marked Maximum Monthly Benefit.

Maximum Number of Benefits means the maximum number of months that the Maximum Monthly Benefit amount can be cancelled under this Addendum due to one or more Periods of Total Disability or a Period of Involuntary Unemployment that qualify for benefits. This maximum number of months is shown in the Schedule/Application in the box marked Maximum Number of Benefits. The Maximum Number of Benefits is a recurrent benefit, subject to the **RECURRENT PERIOD OF TOTAL DISABILITY** and **RECURRENT PERIOD OF INVOLUNTARY UNEMPLOYMENT** provisions set forth in **SECTION D – TOTAL DISABILITY PROVISIONS** and **SECTION E – INVOLUNTARY UNEMPLOYMENT PROVISIONS**, respectively.

Maximum Number of Protected Loan Extensions means the maximum number of Loan Payments for which protection may be extended beyond the Scheduled Expiration Date of Protection when We have allowed You to defer making one or more scheduled Loan Payments during the term of Your Loan. This maximum number of Loan Payments is shown in the Schedule/Application in the box marked Maximum Number of Protected Loan Extensions and is subject to the **PROTECTED LOAN EXTENSIONS** provision set forth in **SECTION A – GENERAL PROVISIONS**.

If You have purchased Truncated Protection, the protection cannot be extended beyond the Scheduled Expiration Date of Protection.

Medical Provider means a medical practitioner who is duly licensed by the state medical board and who must be providing services within the scope of their license. A Medical Provider must not be a protected Borrower or a member of a protected Borrower's Immediate Family.

Period of Involuntary Unemployment means the period of time that You are considered Involuntarily Unemployed. A Period of Involuntary Unemployment begins on the day You became Involuntarily Unemployed. It ends on the date You are no longer Involuntarily Unemployed.

Period of Total Disability means the period of time that You are considered unable to work due to a Total Disability. A Period of Total Disability begins on the first day You received medical treatment and are deemed unable to work by a Medical Provider due to Total Disability. It ends on the date You are able or released to return to work by a Medical Provider. You could have more than one Injury or Sickness during the same Period of Total Disability. Only one Maximum Monthly Benefit amount will be cancelled under this Addendum for any one month during Your Period of Total Disability.

Periodic Fee or **Fee(s)** means the Fee for each billing period of Your Loan for the Protection option(s) chosen. The Periodic Fee shown in the Schedule/Application is based on Your Loan Payment Frequency.

Pre-existing Medical Condition means any Injury or Sickness for which You:

- (1) were diagnosed; or
- (2) were hospitalized; or
- (3) received medical or surgical advice or treatment, including prescribed medication, consultation or therapy,

by a Medical Provider within the 12 months prior to the Effective Date **and** which caused or contributed to a loss within the 24 months after the Effective Date.

Schedule/Application means the document titled Optional Debt Cancellation Schedule/Application You have signed and submitted to Us.

Seasonal Worker means a person whose occupation can be carried on only during certain seasons or fairly definite portions of the year.

Sickness means illness, infection or disease which requires or would require the regular care of a Medical Provider.

Total Disability or **Totally Disabled** means that as the result of Sickness or Injury, You are: (1) receiving regular medical treatment for the cause of Total Disability; and (2) unable to perform the material and substantial duties of Your occupation or profession at the time of Total Disability; and (3) not working at any job or jobs for pay or benefits.

Total Fee means an estimate of Periodic Fees over the entire Term of Protection, as set forth in the box marked Term of Protection in the Schedule/Application, based upon the scheduled Loan Payments as shown in Your Loan Agreement.

Truncated Protection means that the protection will not be provided for the full Term of Loan. The Scheduled Expiration Date of Protection will occur prior to the scheduled maturity date of Your Loan.

Waiting Period means the length of time You must be Totally Disabled or Involuntarily Unemployed before the first benefit amount can be cancelled and is shown in the Schedule/Application. The Waiting Period must occur while this Addendum is in effect. A Retroactive Waiting Period means Total Disability benefits are available from the first day of the Waiting Period once the Waiting Period has been met. You will not be required to meet a new Waiting Period if You become Totally Disabled again due to the same or related cause within 30 days after You are able or released to return to work by a Medical Provider.

We, Us or **Our** means the Financial Institution as shown in the Schedule/Application.

You or **Your** means the Primary Borrower or Co-Borrower as shown in the Schedule/Application.

IT IS YOUR RESPONSIBILITY TO KEEP YOUR LOAN CURRENT

The following provisions regarding the protection choices provided will only apply to You if You have chosen a Protection option that includes that protection. If You have not chosen a Protection option that includes that protection, the provisions relating to that protection do not apply to You.

SECTION C – LOSS OF LIFE PROVISIONS

PROTECTED EVENT: Except as otherwise stated, a Protected Event occurs when a protected Borrower dies:

- (1) on or after the Effective Date and while this Addendum is in effect; and
- (2) there is an outstanding Loan balance under the Loan Agreement on the date of death.

PROTECTION AMOUNT FOR LOSS OF LIFE: If a Protected Event as set forth in this **SECTION C – LOSS OF LIFE PROVISIONS** occurs, upon receipt of proof of the occurrence of a Protected Event, except as otherwise stated We will cancel an amount equal to the lesser of: (1) the scheduled unpaid Loan balance under Your Loan Agreement due on the date of death plus up to two months of unpaid interest that both accrues and becomes due after the date of death; or (2) the actual unpaid Loan balance; or (3) the Original Amount of Protection; or (4) the Maximum Limits set by Us. If joint protection is chosen, only one death benefit is provided under this protection. If We have cancelled all or a portion of Your unpaid debt due to the death of a protected Borrower, all protection under this Addendum stops, all Fees are earned and no further Fees are required.

SECTION D – TOTAL DISABILITY PROVISIONS

We offer Debt Cancellation for Total Disability under two options: (1) Total Disability Protection; and (2) Total Disability/ Involuntary Unemployment Protection.

PROTECTED EVENT: Except as otherwise stated, a Protected Event occurs when a protected Borrower becomes Totally Disabled:

- (1) on or after the Effective Date and while this Addendum is in effect; and
- (2) the protected Borrower was Gainfully Employed Full-time for 2 continuous weeks immediately prior to the date the Period of Total Disability begins as defined in **SECTION B - DEFINITIONS** and
- (3) the Total Disability lasts for more than the Waiting Period; and
- (4) there are scheduled Loan Payments due under the Loan Agreement on the date the Period of Total Disability begins as defined in **SECTION B - DEFINITIONS**.

PROTECTION AMOUNT FOR TOTAL DISABILITY: If a Protected Event as set forth in this **SECTION D – TOTAL DISABILITY PROVISIONS** occurs, upon receipt of proof of the occurrence of a Protected Event, except as otherwise stated We will cancel an amount equal to the Maximum Monthly Benefit while You are continuously Totally Disabled for each full month of Total Disability, beginning with the Day Benefits Begin. If You have chosen joint protection under the Total Disability Protection option, and both protected Borrowers become Totally Disabled, only one Maximum Monthly Benefit amount is cancelled under the Addendum for any one month during Your Period of Total Disability.

Benefits are provided on a monthly basis during Your Period of Total Disability regardless of Your Loan Payment Frequency. For any Period of Total Disability lasting less than one month after the Waiting Period has been met, We will cancel 1/30th of the Maximum Monthly Benefit amount for each qualifying day of continuous Total Disability. You are obligated to pay the difference, if any, between the amount We cancel as a result of Your continuous Total Disability and Your scheduled Loan Payment. We will not cancel any debt greater than the lesser of: (1) Your unpaid Loan balance that existed on the first day of the Period of Total Disability; or (2) the Original Amount of Protection; or (3) the Maximum Limits set by Us; or (4) the Maximum Number of Benefits times the Maximum Monthly Benefit.

MAXIMUM BENEFIT PERIOD: Benefits may not last the full length of Your Loan and may not be enough to completely cancel Your Loan. If You have chosen Total Disability Protection or Total Disability/Involuntary Unemployment Protection on the Schedule/Application and You have a Protected Event as described above, We will begin canceling all or a portion of the Loan Payments during Your continuous Total Disability, beginning with the first Loan Payment due on or after the Day Benefits Begin.

We will stop canceling Loan Payments on the earliest of the date: (1) You are no longer Totally Disabled; or (2) the Maximum Number of Benefit amounts have been cancelled; or (3) You die; or (4) there is no outstanding Loan balance; or (5) the Scheduled Expiration Date of Protection has been reached, subject to the Maximum Number of Protected Loan Extensions.

If Your Total Disability benefits stop, but You remain Totally Disabled, You have the option to cancel the portion of Your Optional Debt Cancellation Addendum that contains Total Disability Protection. If You have Total Disability Protection and You cancel, You will not be eligible to request additional Total Disability benefits should You return to work and become Totally Disabled again. If You have Total Disability/Involuntary Unemployment Protection and You cancel, You will not be eligible to request additional Total Disability benefits should You return to work and become Totally Disabled again, nor will You be able to request Involuntary Unemployment benefits should You become Involuntarily Unemployed.

If You choose to keep the portion of Your Optional Debt Cancellation Addendum that contains Total Disability Protection in force, You may be eligible for additional Total Disability benefits provided You meet the requirements set forth in the **RECURRENT PERIOD OF TOTAL DISABILITY** provision in this **SECTION D – TOTAL DISABILITY PROVISIONS**.

RECURRENT PERIOD OF TOTAL DISABILITY: If You are able or released to return to work by a Medical Provider and You become Gainfully Employed Full-time, We will consider additional Maximum Monthly Benefit amounts during future Periods of Total Disability under the following conditions.

- (1) If You become Gainfully Employed Full-time for a period of 12 continuous months or more, any new Period of Total Disability that qualifies for benefits will qualify for a new Maximum Number of Benefits.
- (2) If You become Gainfully Employed Full-time for a period of less than 12 continuous months, any new Period of Total Disability that qualifies for benefits will be considered as a continuation of the previous Period of Total Disability. The cumulative number of Maximum Monthly Benefit amounts for one or more Periods of Total Disability are combined and subject to the Maximum Number of Benefits.

If Your employment status changes, it may affect Your eligibility for benefits. Refer to the **EMPLOYMENT STATUS CHANGE** provision in **SECTION A – GENERAL PROVISIONS**.

SECTION E – INVOLUNTARY UNEMPLOYMENT PROVISIONS

For the purposes of the Involuntary Unemployment portion of this Addendum, the following words are defined and their meanings will be as follows:

Actively Seeking Employment means that You have registered for employment with a state unemployment office or a recognized employment agency no later than 30 days after the date of Involuntary Unemployment. You are not required to be Actively Seeking Employment if Your Involuntary Unemployment is a result of a general strike, unionized labor dispute or lockout.

Involuntary Unemployment and Involuntarily Unemployed means You are no longer Gainfully Employed Full-time because of: (1) **layoff** – meaning a temporary suspension of employment, as the result of an action of the employer; or (2) **general strike** – meaning a strike against all the employers in an industry or a territory; simultaneous cessation or quitting of work by a body of employees acting in combination for the purpose of obtaining for themselves more desirable terms of employment; or (3) **termination by employer** – meaning a complete severance of the relationship of employer and employee by the employer for reasons other than willful or criminal misconduct; or (4) **unionized labor dispute** – meaning a trade or labor union, through the coalition of its members, authorizing a strike to obtain higher wages, shorter hours of employment, better working conditions or some other concession from an employer by the employees stopping work at a predetermined time, and it involves a combination of persons and not a single individual; or (5) **lockout** – meaning the discharge of employees by their employer because of: (a) a labor dispute; or (b) the employer's dislike of employees' activities as a union; or (c) the temporary closing of the place of employment by the employer without formally discharging the employees to: (i) discourage union activities; or (ii) gain acceptance of the employer's views; or (iii) effect a compromise which is more favorable to the employer than the demands made by the employees. During Your Involuntary Unemployment, You must not be working at any job or jobs for pay or benefits.

PROTECTED EVENT: Except as otherwise stated, a Protected Event occurs when a protected Borrower becomes Involuntarily Unemployed:

- (1) more than 90 days after the Effective Date and while this Addendum is in effect; and
- (2) the protected Borrower was Gainfully Employed Full-time for 90 continuous days immediately prior to the date the Period of Involuntary Unemployment begins as defined in **SECTION B - DEFINITIONS**; and
- (3) the Involuntary Unemployment lasts for more than the Waiting Period; and
- (4) there are scheduled Loan Payments due under the Loan Agreement on the date the Period of Involuntary Unemployment begins as defined in **SECTION B - DEFINITIONS**.

The protected Borrower must have registered for employment with a state unemployment office or a recognized employment agency no later than 30 days after the date of Involuntary Unemployment, and must have received state unemployment benefits for the Waiting Period, as defined in **SECTION B - DEFINITIONS**, unless the Involuntary Unemployment is a result of general strike, unionized labor dispute or lockout.

PROTECTION AMOUNT FOR INVOLUNTARY UNEMPLOYMENT: If a Protected Event as set forth in this **SECTION E – INVOLUNTARY UNEMPLOYMENT PROVISIONS** occurs, and You are Actively Seeking Employment, if required, upon receipt of proof of the occurrence of a Protected Event, except as otherwise stated We will provide for a one-time benefit equal to 3 Maximum Monthly Benefit amounts.

You are obligated to pay the difference, if any, between the amount We cancel as a result of Your Involuntary Unemployment and Your scheduled Loan Payment. We will not cancel any debt greater than the lesser of: (1) Your unpaid Loan balance that existed on the first day of the Period of Involuntary Unemployment; or (2) the Maximum Limits set by Us; or (3) the Maximum Number of Benefits times the Maximum Monthly Benefit.

Benefits may not last the full length of Your Loan and may not be enough to completely cancel Your Loan. We will not cancel any Loan Payments beyond the Scheduled Expiration Date of Protection, subject to the Maximum Number of Protected Loan Extensions.

If You remain Involuntarily Unemployed, You have the option to cancel the Total Disability/Involuntary Unemployment portion of Your Optional Debt Cancellation Addendum. If You choose to cancel the Total Disability/Involuntary Unemployment portion, You will not be eligible to request additional Involuntary Unemployment benefits should You become Involuntarily Unemployed again, nor will You be able to request Total Disability benefits should You return to work and become Totally Disabled.

If You choose to keep the Total Disability/Involuntary Unemployment portion of Your Optional Debt Cancellation Addendum in force, You may be eligible for additional Involuntary Unemployment benefits provided You meet the requirements set forth in the **RECURRENT PERIOD OF INVOLUNTARY UNEMPLOYMENT** provision in this **SECTION E – INVOLUNTARY UNEMPLOYMENT PROVISIONS**.

RECURRENT PERIOD OF INVOLUNTARY UNEMPLOYMENT: After Involuntary Unemployment Protection benefits have been provided, You must return to being Gainfully Employed Full-time, and not be self-employed, a Seasonal Worker or an independent contractor, for a period of 12 continuous months or more, for Us to consider a subsequent Period of Involuntary Unemployment as a new Protected Event as set forth in this **SECTION E – INVOLUNTARY UNEMPLOYMENT PROVISIONS**. The Maximum Number of Benefits for Involuntary Unemployment Protection may be provided for up to a maximum of 4 Protected Events.

If Your employment status changes, it may affect Your eligibility for benefits. Refer to the **EMPLOYMENT STATUS CHANGE** provision in **SECTION A – GENERAL PROVISIONS**.

SECTION F – LIMITATIONS AND EXCLUSIONS

We will not cancel any obligation under the Loan Agreement, if the protected Borrower: (1) misstated their age and the protected Borrower was not eligible for the Addendum, and this is discovered before debt is cancelled; or (2) made any false statements or misrepresentations in the Schedule/Application, which would have disqualified that protected Borrower from purchasing this Addendum, and the Protected Event occurs within 2 years of the Effective Date; or (3) made any fraudulent misstatements in the Schedule/Application and this is discovered at any time during the Term of Protection as set forth in the **TERM OF PROTECTION** provision in **SECTION A – GENERAL PROVISIONS**, but We will refund any Fee paid, less any debt cancelled. The refund will not include any interest charges incurred.

If the Term of Loan is more than the Term of Protection, the Truncated Protection will not last for the full Term of Loan. The Scheduled Expiration Date of Protection will occur prior to the scheduled Loan maturity date. If You are receiving benefits under this Addendum, the benefits will stop when the Scheduled Expiration Date of Protection is reached. Also, benefits will not be provided for a loss that occurs after the Scheduled Expiration Date of Protection.

SUICIDE: This Addendum does not provide protection for death due to suicide or intentionally self-inflicted Injury, while sane or insane, within 12 months of the Effective Date, but We will refund any Fee paid, less any debt cancelled. The refund will not include any interest charges incurred.

LOSS OF LIFE: This Addendum does not provide protection for death due to: (1) the use of alcohol or other controlled substances; or (2) committing or attempting to commit an illegal act; or (3) a Pre-existing Medical Condition, as defined in **SECTION B - DEFINITIONS**.

TOTAL DISABILITY:

Total Disability Protection is NOT provided on any balloon payment.

This Addendum does not provide protection for Total Disability caused by: (1) normal pregnancy or childbirth; or (2) an intentionally self-inflicted Injury, while sane or insane; or (3) the use of alcohol or other controlled substances; or (4) committing or attempting to commit an illegal act; or (5) a Pre-existing Medical Condition, as defined in **SECTION B – DEFINITIONS**.

INVOLUNTARY UNEMPLOYMENT:

The Maximum Number of Benefits that can be provided for each Period of Involuntary Unemployment is shown in the Schedule/Application, and may be provided for up to a maximum of 4 Protected Events.

If Involuntary Unemployment starts during the first 90 days after the Effective Date, We will NOT cancel Your obligation to make scheduled Loan Payments.

Involuntary Unemployment Protection is NOT provided on any balloon payment.

This Addendum does not provide protection for Involuntary Unemployment if a protected Borrower:

- (1) is not Actively Seeking Employment, if required; or
- (2) voluntarily forfeits employment income, salary or wages; or
- (3) is self-employed, a Seasonal Worker, or an independent contractor on the date the Period of Involuntary Unemployment begins as defined in **SECTION B - DEFINITIONS**; or
- (4) resigns, retires or is imprisoned; or
- (5) is Totally Disabled; or
- (6) is terminated as the result of willful or criminal misconduct.

SECTION G – PROOF OF PROTECTED EVENT

Proof of an occurrence of a Protected Event must be provided within 90 days after the date of the occurrence of a Protected Event or as soon as reasonably possible. Proof must however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity. The notice must give Your name, Protected Loan Number and Addendum Number. Notice must be mailed to Us at the address shown in Your Loan Agreement, or to Our Administrator at the address shown at the end of this Addendum. Failure to furnish the Proof of Protected Event within such time will not negate nor reduce the benefit if it was not reasonably possible to give proof within the time proof is required, and proof is given as soon as it is reasonably possible.

A completed benefit request form, along with a copy of Your monthly Loan coupon or statement, and the following proof and such other information that may be reasonably requested, must be provided. We have the option to accept proof by letter, original documents, or photocopies of original documents.

You will be required to begin making Loan Payments on the first regularly scheduled Loan Payment due date after We stop canceling benefit amounts, and thereafter until the Loan is paid in full.

LOSS OF LIFE: Written notice and a certified copy of the death certificate is required as proof of death.

TOTAL DISABILITY: Proof of the Protected Event must be provided by the protected Borrower showing the date the Total Disability began, the diagnosis, dates of medical treatment and must be signed by a Medical Provider. A statement may also be required from Your employer.

INVOLUNTARY UNEMPLOYMENT: Written proof of the Protected Event must include:

- (1) the date the Involuntary Unemployment began; and
- (2) the cause of Involuntary Unemployment; and
- (3) evidence the protected Borrower is registered with a state unemployment office or a recognized employment agency; and
- (4) evidence the protected Borrower received state unemployment benefits during the required Waiting Period.

If the Involuntary Unemployment is a result of a general strike, unionized labor dispute or lockout, written proof of the Protected Event from the protected Borrower's union official is to be provided in place of (3) and (4) above.

SECTION H – PROOF OF CONTINUED TOTAL DISABILITY

We have the right, monthly or at such other intervals, to require periodic proof that You continue to be Totally Disabled. We also have the right, at reasonable intervals, to have You examined by a Medical Provider chosen by Us. This examination will be at Our expense. Cancellation of debt will end if this proof is not given to Us, or if You fail to have an examination. Cancellation of debt will also end if You are no longer Totally Disabled.

SECTION I – CONTRACT PROVISIONS

ENTIRE DEBT CANCELLATION CONTRACT: The entire Debt Cancellation contract between You and Us consists of: (1) Your Optional Debt Cancellation Schedule/Application; and (2) the Important Disclosures; and (3) the Loan Agreement; and (4) this Addendum; and (5) any endorsements or amendments written by Us. Any reference to Addendum in any of the documents comprising the entire Debt Cancellation contract shall be construed as a reference to the entire Debt Cancellation contract where appropriate. If any provision of this Debt Cancellation contract is held void, inoperative or unlawful, the remainder of the Debt Cancellation contract shall continue in full force and effect. Except as modified by this Debt Cancellation contract, all terms of the Loan Agreement are applicable to this Addendum.

CHANGES TO CONTRACT: No one can change the Debt Cancellation contract or alter its terms except by written amendment or endorsement signed by Our authorized officer or an authorized officer of Our designated Administrator. We may change the provisions of this Addendum by providing You with 30 days advance written notice.

PRIOR BALANCES, FEES AND CHARGES: You are responsible for paying the scheduled Loan Payments due under Your Loan Agreement, as well as any past due amounts or late charges, except as otherwise stated in this Addendum.

LEGAL ACTIONS: You cannot bring a legal action to recover under the Addendum for at least 60 days after You have given Us or Our Administrator the written Proof of Protected Event as set forth in **SECTION G – PROOF OF PROTECTED EVENT**. You cannot start such an action more than 3 years after the date that proof is required.

CONFORMITY WITH STATE AND FEDERAL STATUTES: The provisions of this Addendum must conform with applicable state and federal statutes, rules and regulations, based on the state in which it was issued. If any do not, this clause amends them so that they do conform.

ASSIGNMENT: You may not assign Your rights or delegate Your obligations under this Addendum without Our prior written consent, which may be withheld in Our absolute discretion. Any attempted assignment or delegation without the required consent shall be void.

HOW TO REQUEST BENEFITS, PROVIDE NOTICE OF EARLY TERMINATION OR GET ANSWERS TO YOUR QUESTIONS: You may call Our Administrator at 1-888-453-5125 or write Our Administrator at P. O. Box 641668, Omaha, NE 68164-7668, or contact Us at the address or phone number shown in Your Loan Agreement.