

I/We understand that this insurance is optional and is not a condition or requirement for approval of my/our loan. My/Our initial monthly premium will be \$ \_\_\_\_\_ which equates to an annual premium of \$ \_\_\_\_\_.

## SecurePayment Mortgage Disability Insurance

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

**Please Choose: Single or Shared Coverage**

Single     Shared

Shared Coverage - each applicant will be insured for a percentage of the monthly disability benefit, first applicant 50%, second applicant 50%, with total shared coverage not exceeding 100%. Each applicant's percentage is applied to the maximum monthly and maximum aggregate disability benefit.

 **Call toll-free 1-800-720-1728**

First Applicant's Information	Second Applicant's Information
Name (first, middle, last)	Name (first, middle, last)
Address (street, unit, apt)	Address (street, unit, apt)
Address (city, state, zip)	Address (city, state, zip)
Date of birth (mo/day/yr)	Date of birth (mo/day/yr)
Telephone number	Telephone number

**Mortgage Disability Eligibility Statement:**

**Please read carefully:**

- I am under age 60.
- I can verify that I am actively working twenty-four (24) or more hours per week, (outside my home), for wages or profit **and** am not self-employed or a seasonal worker.
- In the past 2 years, I have not missed work for more than 10 consecutive days due to injury, illness or disability.
- During the last 2 years, I have not been advised of or treated for: Cancer; Heart attack or other heart disease or disorder; Stroke or other brain disease, disorder or injury; Diabetes; Anxiety, depression or any other mental health disorder; AIDS or any disorder of my immune system or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test).

**By signing below I/we:**

1. Verify, to the best of my/our knowledge and belief, that I/we have read and meet all of the eligibility requirements described above and would like to apply for this mortgage disability insurance coverage underwritten by Minnesota Life Insurance Company; 2. Understand that the Company shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid and received by Minnesota Life while my/our health and other conditions affecting my/our eligibility are as stated on this application. Any loss that commences prior to Minnesota Life's approval of this application is not covered; 3. Understand that the maximum monthly disability benefit payable will not exceed \$2,000 and the total amount of disability benefits payable for an insured debtor will not exceed \$30,000; or for shared coverage \$30,000 multiplied by the percent of coverage for each insured debtor; 4. Understand that fees will be paid by the insurer in connection with this coverage to the plan sponsor and/or its affiliates or designates; 5. Understand that if following my/our enrollment in this insurance plan it is determined that I/we did not meet all the eligibility requirements set forth in the Mortgage Disability Eligibility Statement above, a rescission of coverage may be undertaken and an otherwise valid claim may be denied; 6. Authorize my/our lender to bill and collect premium with my/our mortgage payment and to provide the information contained on this application including my/our mortgage service number and initial monthly mortgage payment to Minnesota Life Insurance Company, a non-affiliate of my/our lender to activate my/our coverage; 7. Acknowledge that I/we have reviewed the fraud statement on the back of this application; and 8. Acknowledge that I/we have received, read and understand the Consumer Protection Disclosures on the back of this application.

**The certificate provides limited benefits. Review your certificate carefully.**

First applicant's signature (first, middle, last)	Date (mo/day/yr)	Second applicant's signature (first, middle, last)	Date (mo/day/yr)
<b>X</b>		<b>X</b>	

**Rejection Statement**

I/We hereby acknowledge that I/we have been given an opportunity to apply for Mortgage Disability Insurance which is available to mortgage loan customers of the named financial institution in connection with my loan number. At this time I/we *do not* wish to apply for Mortgage Disability Insurance to help make my monthly mortgage payment in the event I/we become disabled. *I/We understand that even though I/we may have signed this "Rejection Statement," I/we may still apply for this protection in the future.*

First applicant's signature (first, middle, last)	Date (mo/day/yr)	Second applicant's signature (first, middle, last)	Date (mo/day/yr)
<b>X</b>		<b>X</b>	

POS Escrow S/S

12-50729

**TO BE COMPLETED BY FINANCIAL INSTITUTION**

Financial Institution			
Group policy number	Service number	Original loan maturity date	Original loan term
Initial monthly mortgage payment	Initial monthly disability benefit	Monthly premium	

**Fraud Warning (applies to all states unless specified below):** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **AR, LA, RI, WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies. **DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information materially related to a claim was provided by the applicant. **FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **ME, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **TN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage. **VA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. The fraud statements above do not apply to residents of **CT or OR.**

### **Consumer Protection Disclosures**

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.