

**TRUSTMARK INSURANCE COMPANY (“Trustmark”)**  
400 Field Drive • Lake Forest IL 60045

## Application for Insurance Program

This is an agreement to establish a premium deduction program between the undersigned credit union (“you/your”) and Trustmark. Each of your eligible members is entitled to apply for the insurance coverage(s) you have selected which are issued by Trustmark on a deduction basis. Member eligibility and coverage specifications are outlined in the Underwriting Offer for this program.

You agree to provide Trustmark representatives with reasonable access to eligible members on your business premises during regular working hours for the purposes of explaining the plan(s) and enrolling members.

You agree to honor and administer on a timely basis the written deduction request of each participant. All deductions will be remitted to Trustmark in accordance with a billing schedule to be determined. You will maintain adequate records to ensure that the deductions can be reconciled to the member, and will notify Trustmark monthly of any change in member status.

Credit Union: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

Address: \_\_\_\_\_

Coverage(s) Elected:        Life Insurance with Available Riders

Other: \_\_\_\_\_

This agreement is to remain in effect for a minimum of 12 months from the effective date of coverage for your members. After that, either you or Trustmark may terminate this program with 60 days prior written notice to the other party. Following termination, your obligation to collect and remit premium ceases, and payments must be made directly to Trustmark by any insured members who elect to continue coverage.

Each eligible member has the right at any time to either (1) elect not to participate in this plan; or (2) if participating, elect to cancel. In the event an insured ceases to be a member, (s)he has the right to continue insurance subject to the provisions of the policy(ies).

Trustmark life insurance policies, including endorsements, amendments and/or equivalent forms, were designed to comply with the requirements of the IRS code and related Income Tax regulations to qualify as life insurance. However, neither Trustmark nor any of its representatives provide any legal or tax advice.

The insurance coverage(s) you have selected for the purpose of insuring your eligible employees are provided under Group Policies issued to an insurance trust to which you hereby make application to participate, and you agree subject to acceptance to become a participant in said trust.

Accepted and Approved for Credit Union:

By: \_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Signature)

Its: \_\_\_\_\_  
(Title)

Date: \_\_\_\_\_

Accepted and Approved:

TRUSTMARK INSURANCE COMPANY

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_