



For Members of <TUVWXYZ GENERIC COMPANY
COMMUNITY FEDERAL CREDIT UNION>



XYZ Federal
Credit Union

< **AUTO00000000**DIGIT0000000000**LINE0000000000**
<JOHN THOMAS BENJAMIN KOLAWSKI-ANDERSON
123 MAIN STREET 0000000000000000
SECOND ADDRESS 000000000000**
ANYTOWN US 12345-6789> -0000000 0 0000
0000 0



**IMPORTANT
IMMEDIATE ATTENTION**

Benefits for Credit Union Members

Statement of Benefits ENCLOSED

<For Members of> <TUVWXYZ GENERIC COMPANY
COMMUNITY FEDERAL CREDIT UNION>



XYZ Federal
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<JOHN THOMAS BENJAMIN KOLAWSKI-ANDERSON
123 MAIN STREET
SECOND ADDRESS
ANYTOWN US 12345-6789>
0000000000000000
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Please review by <Monthhh DD, YYYY>

<John>, as a valued member of <TUVWXYZ Generic Company Community Federal Credit Union> you are receiving this savings opportunity before your upcoming birthday. We're offering you the TruStage® Whole Life Plan as a benefit of your membership at your pre-birthday rate.

Please apply by <Monthhh, DD, YYYY> and if you're approved, you could lock in the lower rate for the rest of your life. Our records show that you are now <AGE>, so you can take advantage of this pre-birthday savings.

This policy offers permanent coverage that's guaranteed to last as long as you live. It pays an immediate cash benefit to your family which can be used for funeral costs and other final expenses.

To apply, there's no physical exam required or nurse visiting your home. Only a few yes or no questions on the enclosed application.

Please don't let this offer pass you by, because even a small policy can help ease the burden on your loved ones at a critical time.

<Sincerely>,

A handwritten signature in black ink that reads 'Frank E. Cain'.

Frank E. Cain, Director
Licensed Insurance Representative
TruStage Whole Life Insurance

P.S. It's not too late to benefit from pre-birthday savings. If you apply now and are approved, you'll lock-in today's rate just before your <FUTURE ooth AGE> birthday. **So please apply today.**

<For questions, or higher coverage amounts, call toll-free 1-855-261-2185.

Mon.-Fri. 7 am-9 pm; Sat. 8 am-4 pm (CT)

www.TruStage.com/WholeLife

**IT'S SIMPLE
TO APPLY...**

1.

**Complete the
application.**

2.

**Mail in postage-
paid envelope.**

Once approved, an
insurance policy will be
mailed to you.



STATEMENT OF BENEFITS

BENEFITS

- **NO PHYSICAL EXAM**
And no intrusive medical tests
- **NO RATE INCREASES**
Lowest rate locked in for life—guaranteed
- **LIFETIME PROTECTION**
In force your entire life
- **TAX ADVANTAGE**
*Cash settlement paid to beneficiaries
income tax free*

30-DAY SATISFACTION GUARANTEE
In case you change your mind

RATES*

Customized for:

<John Thomas Benjamin Kolawski-Anderson>

< \$10,000 Coverage	\$00.00 per month
\$8,000 Coverage	\$00.00 per month
\$6,000 Coverage	\$00.00 per month
\$4,000 Coverage	\$00.00 per month
\$2,000 Coverage	\$00.00 per month >

Please reply by: <Monthhhh DD, YYYY>

*Rates differ by gender and age. Rates shown assume automatic payments; direct bill rates are higher. If our assumptions about you are incorrect, your actual rate may differ than shown. For spouse specific rates, call <1-855-261-2185>. Approval is based on your answers to the questions on the application. If approved, your rate will be automatically deducted from your account or you will be billed.

ANSWERS TO POPULAR QUESTIONS

Q. Will my insurance be cancelled if I develop cancer or other health problems?

A. No, as long as premiums are paid, your coverage will continue for the rest of your life.

Q. Will my rate increase as I grow older?

A. No, when you apply by <Monthhhh DD, YYYY> and are accepted, you lock in today's rate and keep that rate for the rest of your life—regardless of your increasing age or any health issues.

Q. Can I cancel this policy if I change my mind?

A. Yes, you may cancel this policy at any time, for any reason. And, if you do so within the first 30 days, you'll receive a full refund—no questions asked. There's no risk or further obligation.

Q. Are there any exclusions to this policy?

A. Yes, if death results from suicide during the first two years of coverage (one year in North Dakota), benefits are limited to a return of premiums paid without interest.

Now could be the perfect time to get this important coverage and help protect your family's finances.

TruStage® Whole Life Insurance is made available by TruStage Insurance Agency, LLC and underwritten by CMFG Life Insurance Company, PO Box 61, Waverly IA 50677-0061. The insurance offered is not a deposit, and is not federally insured, sold or guaranteed by your credit union.

<For questions, or higher coverage amounts, call toll-free 1-855-261-2185.

Mon.-Fri. 7 am-9 pm; Sat. 8 am-4 pm (CT)

www.TruStage.com/WholeLife>

▼ It's easy to apply. ▼

 **truSTAGE®**
TruStage Insurance Agency

<LBAG-0617> 6070

<< 1234 1234 12345 CU12345678 > mmddyyyy MN1234567890123 1234 J >

Please lock in your premium rate before ▶ <Monthhhhh DD, YYYY>

APPLICATION FORM for TruStage® Individual Whole Life Insurance

<John Thomas Benjamin Kolawski-Anderson
123 Main Street
Second Address
Anytown US 12345-6789>

Primary Phone (____) _____

Alternate Phone (____) _____

Email Address _____

Gender ☐ Male ☐ FemaleSocial Security Number
____ - ____ - ____Date of Birth
____ MONTH ____ DAY ____ YEARI wish to apply for the amount of insurance
checked below.

<☐ \$10,000 ☐ \$8,000 ☐ \$6,000
 ☐ \$4,000 ☐ \$2,000>

If no amount is selected, lowest amount is assumed.

Beneficiary Name(s)

____ FIRST MIDDLE LAST

Relationship to You

(For additional beneficiaries, please include a separate
sheet with names and relationships, then, date
and sign.)

Check here only if you do not want the automatic
premium loan provision. * (see back) ☐

Please answer these questions

- ☐ Yes ☐ No Are you unable to work or perform normal activities due to a chronic illness or permanent injury?
- ☐ Yes ☐ No Have you, within the past 5 years, been treated for or diagnosed by a medical professional with the following: HIV, AIDS or AIDS-Related Complex; Heart Disease/Condition (except high blood pressure); Stroke; Alcohol or Drug Abuse; Chronic Kidney Disease; Chronic Lung Condition; Cancer (except basal cell); Diabetes Requiring Insulin; Chronic Disorder of the Brain or Spinal Nerve; Chronic Liver Disease; Chronic Depression; Mental Disorder?
- ☐ Yes ☐ No Will the coverage applied for replace, discontinue, or change any existing life coverage or annuities in this or any other company? If yes, company name and policy no. _____

Automatic Payment Authorization

(check one)

- ☐ **Checking**
Routing# _____ Acct# _____
- ☐ **Please bill me.**

Your Credit Union or Bank Check	

1234567890	1234567 1234
Routing #	Account #

I authorize by signing below, CMFG Life Insurance Company to deduct monthly premiums, as stated in the rate section of this offer, from the account I've selected for the life coverage applied for on this application. This authorization will remain in effect until revoked by me in writing or by phone.

If you leave this section blank, you will receive a bill.

AGREEMENT I authorize by signing below, that all my statements and answers are true to the best of my knowledge and belief. This application and any supplemental application(s) will be the basis of any insurance issued. I understand that: (1) benefits may be denied during the first 2 years from the effective date if I fail to give true and complete answers in this application, as described in the incontestability provision of the policy; and (2) this insurance becomes effective only if: a.) my application is approved and a policy issued; b.) my first full premium due is received while I am alive and within 21 days of my policy's effective date; and c.) the answers to questions concerning my insurability are as stated in this application.

Required Signature and Date Signed Authorizes Payment and Agreement

x

Applicant's Signature

Date Signed

CMFG Life Insurance Company
PO Box 61 • Waverly, IA 50677-0061

ICC16-A10f-029

<2QWLLBN 2QWLNBN>-A1

Approval is based upon your health and other factors affecting your insurability.

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 may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

***Automatic Premium Loan Provision** Allows you to borrow against any accumulated cash value from your policy to pay a premium and help prevent policy cancellation. We suggest that you keep this feature.

Credit unions enable this insurance program to be offered and are entitled to compensation from TruStage Insurance Agency, LLC, P.O. Box 61, Waverly IA 50677-0061. To stop receiving offers from TruStage, please call 1-888-787-8243. Base Form Number ICC12-A10a-029-LB; ICC12-A10a-029-NB; A10a-029-LB2012; A10a-029-NB2012

QUESTIONS? CALL TOLL-FREE

<1-855-261-2185>

ICC16-A10f-029

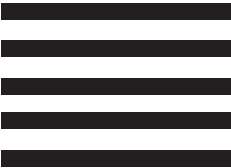




RUSH TO:
MARSHA SWANSON



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2198 MADISON, WI

POSTAGE WILL BE PAID BY ADDRESSEE

TRUSTAGE INSURANCE AGENCY
PO BOX 1084
MADISON WI 53701-9954



6849

Remember: ☒ Be sure to sign and date your completed application before you send it.