

SERFF Tracking Number: MNNL-127176156 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 48823
Company Tracking Number: JAB-2088
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.004 Other
Product Name: Group Mortgage Disability Insurance
Project Name/Number: SecurePayment Mortgage Disability Insurance/JAB-2088

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Group Mortgage Disability Insurance SERFF Tr Num: MNNL-127176156 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-Closed State Tr Num: 48823

Sub-TOI: H11G.004 Other Co Tr Num: JAB-2088 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Jeanine Berfeldt, Paula Moris, Teresa Guindon Disposition Date: 06/02/2011

Date Submitted: 05/19/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SecurePayment Mortgage Disability Insurance

Project Number: JAB-2088

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Other

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Explanation for Other Group Market Type: Debtor

Filing Status Changed: 06/02/2011

State Status Changed: 06/02/2011

Created By: Jeanine Berfeldt

Corresponding Filing Tracking Number: JAB-2088

Overall Rate Impact:

Deemer Date:

Submitted By: Jeanine Berfeldt

Filing Description:

RE: Minnesota Life Filing No. JAB-2088

10-50608T Group Mortgage Disability Insurance Policy

10-50610 Plan Sponsor's Application

10-50609T Group Mortgage Disability Certificate of Insurance

10-50614 Benefit Schedule

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10-50611 Group Mortgage Disability Insurance Application (Direct Response Use)

10-50612 Group Mortgage Disability Insurance Application (Point of Sale Use)

The above-referenced forms are being submitted for your review and approval. These forms are new and are not intended to replace any forms previously approved by your department.

These forms provide group mortgage disability insurance coverage under a group insurance trust. The Trust is situated in the State of Delaware. The policy will be issued to BNY Mellon Trust of Delaware, as appointed Trustee under the Group Insurance Trust for Financial Institutions II ("Trust").

This group mortgage disability insurance product is marketed to individuals who are indebted to a financial institution ("participating plan sponsor") under a first real estate long-term loan that has an original term in excess of 10 years.

10-50608T is the group mortgage disability insurance policy which provides monthly disability benefits approximating the monthly mortgage payment of the insured debtor, subject to a monthly maximum. The plan also contains a maximum aggregate disability benefit. The policy can provide either a fixed monthly benefit or one that may be adjusted to reflect changes in monthly mortgage payments due to increases in taxes or insurance costs that are included in the mortgage payment, or there is an increase or decrease in the monthly mortgage payment which is required by the original terms of the mortgage loan. The determination is made by the financial institution and applies uniformly to all persons insured under the group policy, that is, the individual insured debtor does not make the election. The maximum benefit period is determined by the age of the insured. The premium contribution rate is a percentage based upon the monthly disability benefit and age of the debtor on the effective date of coverage. Coverage may be offered on a single, joint or shared basis. For joint disability coverage each debtor is insured for 100% of the monthly disability benefit, subject to the monthly maximum. For joint coverage the maximum benefit period and premium rate are determined by the age of the older of the two debtors. For shared coverage, each debtor is insured for a percent of the monthly disability benefit, with the total percent for the two debtors equaling 100%. The percent of coverage for each debtor insured for shared coverage is also applied to the maximum monthly and maximum aggregate disability benefit to determine the maximum amounts applicable to each insured. For shared coverage the maximum benefit period and premium rate are determined separately for each insured debtor based on the debtor's age on the effective date of coverage.

10-50610 is the application a participating plan sponsor will use to select the benefit options that will be made available to its eligible debtors.

10-50609T is the certificate of insurance which will be issued to persons insured under group policy 10-50608T. It contains the main provisions of the group policy which affect the insured debtor.

10-50614 is the benefit schedule that will be attached to the certificate of insurance.

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10-50611 and 10-50612 are the applications that will be completed by eligible debtors in connection with this program. 10-50611 will be used for direct response solicitations. 10-50612 will be used when the insurance program is presented point-of-sale by a loan officer of the plan sponsor.

Several premium payment options are available under this program including (1) escrow; (2) EFT (electronic funds transfer); (2) credit card; and (3) direct billing. Plan Sponsors will have the option of determining the various premium payment options for this insurance plan. Depending on the premium payment option(s) selected by the Plan Sponsor, the back of the application may vary to show the different premium payment authorizations.

All variable information within the forms is indicated by brackets and is representational. If language is changed, it will never be less favorable than your state's laws allow. Explanation of Variables documents are also being provided describing the bracketed material.

An actuarial memorandum is enclosed that describes the pricing assumptions used in development of premium rates for this product.

The format of the attached forms may vary depending on marketing and client needs, e.g. paper size, electronic distribution, etc. Minnesota Life Insurance Company also reserves the right to change the color, font, sequential order and layout of the enclosed forms. These formatting variations will not effect the readability requirements and standards of applicable state law.

I look forward to your approval of the above-referenced forms in the State of Arkansas. Please contact me if you have any questions about this submission.

Thank you.

Company and Contact

Filing Contact Information

Jeanine Berfeldt, Product Compliance Analyst jeanine.berfeldt@securian.com
400 Robert Street North 651-665-4460 [Phone]
St. Paul, MN 55101-2098 651-665-5424 [FAX]

Filing Company Information

Minnesota Life Insurance Company	CoCode: 66168	State of Domicile: Minnesota
400 Robert Street North	Group Code: 869	Company Type:
Law Department	Group Name:	State ID Number:
St. Paul, MN 55101-2098	FEIN Number: 41-0417830	
(651) 665-3500 ext. [Phone]		

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$50.00	05/19/2011	47770816
Minnesota Life Insurance Company	\$250.00	06/01/2011	48219178

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2011	06/02/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/01/2011	06/01/2011	Jeanine Berfeldt	06/01/2011	06/01/2011

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Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	Group Mortgage Disability Insurance Policy	Approved-Closed	Yes
Form	Plan Sponsor's Application	Approved-Closed	Yes
Form	Group Mortgage Disability Certificate of Insurance	Approved-Closed	Yes
Form	Benefit Schedule	Approved-Closed	Yes
Form	Group Mortgage Disability Insurance Application (Direct Response)	Approved-Closed	Yes
Form	Group Mortgage Disability Insurance Application (Point of Sale)	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/01/2011

Submitted Date 06/01/2011

Respond By Date

Dear Jeanine Berfeldt,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Mortgage Disability Insurance Policy, 10-50608T (Form)
- Plan Sponsor's Application, 10-50610 (Form)
- Group Mortgage Disability Certificate of Insurance, 10-50609T (Form)
- Benefit Schedule, 10-50614 (Form)
- Group Mortgage Disability Insurance Application (Direct Response), 10-50611 (Form)
- Group Mortgage Disability Insurance Application (Point of Sale), 10-50612 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$300.00. Please submit an additional \$250.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/01/2011
Submitted Date 06/01/2011

Dear Rosalind Minor,

Comments:

This is in response to your June 1, 2011 objection letter.

Response 1

Comments: An additional \$250.00 has been submitted via EFT for this submission.

Related Objection 1

Applies To:

- Group Mortgage Disability Insurance Policy, 10-50608T (Form)
- Plan Sponsor's Application, 10-50610 (Form)
- Group Mortgage Disability Certificate of Insurance, 10-50609T (Form)
- Benefit Schedule, 10-50614 (Form)
- Group Mortgage Disability Insurance Application (Direct Response), 10-50611 (Form)
- Group Mortgage Disability Insurance Application (Point of Sale), 10-50612 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$300.00. Please submit an additional \$250.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Please contact me if you have any additional questions regarding this filing. Thank you.

Sincerely,

Jeanine Berfeldt, Paula Moris, Teresa Guindon

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Form Schedule

Lead Form Number: 10-50608T

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2011	10-50608T	Policy/Cont ract/Fratern al	Group Mortgage Disability Insurance Policy Certificate	Initial			10-50608T.pdf
Approved-Closed 06/02/2011	10-50610	Application/ Enrollment Form	Plan Sponsor's Application	Initial			10-50610.pdf
Approved-Closed 06/02/2011	10-50609T	Certificate	Group Mortgage Disability Certificate of Insurance	Initial			10-50609T.pdf
Approved-Closed 06/02/2011	10-50614	Schedule Pages	Benefit Schedule	Initial			10-50614.pdf
Approved-Closed 06/02/2011	10-50611	Application/ Enrollment Form	Group Mortgage Disability Insurance Application (Direct Response)	Initial			10-50611.pdf
Approved-Closed 06/02/2011	10-50612	Application/ Enrollment Form	Group Mortgage Disability Insurance Application (Point of Sale)	Initial			10-50612.pdf

Group Insurance Policy

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

[Plan Administrator:
[Address, City, State] • [1-800-XXX-XXXX]]

MINNESOTA LIFE

POLICYHOLDER: [BNY MELLON TRUST OF DELAWARE, TRUSTEE UNDER THE GROUP INSURANCE TRUST FOR FINANCIAL INSTITUTIONS II]

POLICY NUMBER: 50608T

POLICY DATE: JULY 1, 2011

FIRST POLICY ANNIVERSARY: JULY 1, 2012

This policy was issued to the policyholder on the policy date shown above. We promise to pay the benefits provided by this policy, subject to the conditions, limitations and exceptions of this policy. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder and any participating plan sponsor are members of Minnesota Mutual Companies, Inc., which holds its annual meetings on the [first] [Tuesday] in [March] of each year at [3 p.m.] local time. The meetings are held at [400 Robert Street North, St. Paul, Minnesota 55101-2098].

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the effective date.

[
Dennis E. Paskauskas

Secretary

Robert L. Sankala

President]

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GROUP MORTGAGE DISABILITY INSURANCE • MONTHLY PREMIUMS • MONTHLY RENEWABLE • NONPARTICIPATING

General Information

This policy, your application, and the application of any plan sponsor, contain the entire contract between you and us. Any statements you made in your application, or a plan sponsor made in its application will, in the absence of fraud, be considered representations and not warranties. Also, any statement you or a plan sponsor made will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application. Any statement an insured debtor makes in his or her application will not be used to void the insured debtor's coverage, unless a copy of the insured debtor's application has been furnished to the insured debtor, or in the event of the insured debtor's death or incapacity, to the insured debtor's personal representative.

No change or waiver of any of the provisions of this policy, or of any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an assistant secretary. No agent or other person has the authority to change or waive any provisions of this policy, or of any certificate issued under it.

This policy may be amended at any time you and we agree to amend it. The consent of the insured debtor is not required to amend this policy. Any amendment will be without prejudice to any claim for benefits incurred prior to the date of the amendment.

Effective Date

An insured debtor's coverage under this policy is effective as of the effective date shown on the benefit schedule, provided the insured debtor pays the required premiums when due, beginning with the first premium due date shown on the benefit schedule.

Definitions

When we use the following words this is what we mean:

actively at work

To be considered actively at work for purposes of this policy, at the time of application the insured debtor must be actively working [twenty-four (24)] or more hours per week (outside the home) for wages or profit and not self employed or a seasonal worker.

age

The insured debtor's age at his or her last birthday.

balloon loan

An insured loan which will not be fully paid off by the maturity date assuming payment of equal monthly installments and which requires payment of the

remaining outstanding balance upon the maturity date in a lump-sum final payment.

benefit schedule

The benefit schedule attached to the insured debtor's certificate which outlines the insured debtor's coverage under this policy.

benefit type

Monthly disability benefits provided under this policy are payable on either a retroactive or nonretroactive basis. The benefit type is shown on the plan sponsor's application.

coverage type

Coverage under this policy can be issued on a single [or] [joint] [shared] basis. The coverage type options selected by the plan sponsor are shown on the plan sponsor's application.

disability, disabled

If the maximum benefit period is 12 months or less, disability means the insured debtor's continuous inability, due to sickness or injury, to perform the substantial and material duties of his or her regular occupation.

If the maximum benefit period is longer than 12 months, disability for the first 12 monthly disability benefit payments means the insured debtor's continuous inability due to sickness or injury, to perform the substantial and material duties of his or her regular occupation. After 12 monthly disability benefit payments have been made for the insured debtor's coverage under this policy, disability means the insured debtor's continuous inability, due to sickness or injury, to engage in any occupation for which the insured debtor is suited by age, education, training, and experience.

eligible debtor

A natural person who: 1) is indebted to the plan sponsor under an eligible loan; 2) is actively at work; and 3) meets all other eligibility requirements set forth on his or her application.

[If two debtors are jointly indebted on an eligible loan, and both debtors meet the eligibility requirements above, they are eligible to apply for [joint] [shared] disability coverage. If [joint] [shared] disability coverage is in force, both of the insured debtors will be named on the benefit schedule.]

No individual shall be eligible for insurance in connection with the indebtedness of a corporation or partnership. Cosigners, guarantors, and corporate debtors are not eligible for insurance under this policy.

eligible loan

A first real estate mortgage loan, repayable over a period of at least [10] years but not more than 30 years, on a dwelling that is the insured debtor's primary residence.

elimination period

For each new period of disability, the number of consecutive days during which an insured debtor must remain disabled before benefits begin to accrue. The elimination period is shown on the plan sponsor's application.

immediate family member

An insured debtor's spouse or domestic partner, parent, grandparent, sibling or child; and an insured debtor's spouse's or domestic partner's parent, sibling or child.

initial monthly disability benefit

The amount of the insured debtor's monthly mortgage payment as of the effective date of the insured debtor's coverage under this policy including the amount of the insured debtor's monthly premium, subject to the maximum monthly disability benefit. The initial monthly disability benefit does not include any charges or fees due to delinquencies. In no event will the initial monthly disability benefit exceed the maximum monthly disability benefit. The initial monthly disability benefit is shown on the benefit schedule. [For shared disability coverage the initial monthly disability benefit is determined separately for each insured debtor by multiplying the initial monthly disability benefit shown on the benefit schedule by the percent of coverage for each.]

initial monthly mortgage payment

The amount of the insured debtor's monthly mortgage payment as of the effective date of the insured debtor's coverage under this policy. The initial monthly mortgage payment is shown on the benefit schedule.

injury

An accidental bodily injury sustained while an insured debtor's coverage under this policy is in force and which requires the regular care of a physician.

insured debtor

The person named as insured debtor [or second insured debtor] on the benefit schedule.

insured loan

The eligible loan which exists at the time the insured debtor's coverage becomes effective and for which the insured debtor is approved for coverage.

[joint disability coverage

Coverage on two insured debtors that provides 100% of the monthly disability benefit for each.]

lender

The lending institution or mortgage company to whom the insured debtor make payments on the insured loan.

maximum aggregate disability benefit

The maximum amount of disability benefits that will be payable under this policy per insured debtor, regardless of the number of periods of disability. The maximum aggregate disability benefit is shown on the plan sponsor's application. [For shared disability coverage the maximum aggregate disability benefit is determined separately for each insured debtor by multiplying the maximum aggregate disability benefit by the percent of coverage for each.]

maximum benefit period

The maximum number of months for which monthly disability benefits will be paid for each period of disability. The maximum benefit period is shown on the plan sponsor's application. [For joint disability coverage, the maximum benefit period applicable for both insured debtors is determined by the age of the older joint debtor on the effective date of coverage.] [For shared disability coverage, the maximum benefit period is determined separately by the age of each applicant on the effective date of coverage.]

maximum monthly disability benefit

The maximum amount of the monthly disability benefit payable. The maximum monthly disability benefit is shown on the plan sponsor's application. [For shared disability coverage the maximum monthly disability benefit is determined separately for each insured debtor by multiplying the maximum monthly disability benefit by the percent of coverage for each.]

monthly disability benefit

The monthly disability benefit is the amount payable in the event an insured debtor becomes disabled and a benefit is payable according to the terms of this policy. The monthly disability benefit includes the monthly premium for the insured debtor's coverage under this policy. The monthly disability benefit does not include any charges or fees due to delinquencies. In no event will the monthly disability benefit payable exceed the maximum monthly disability benefit. [For shared disability coverage the monthly disability benefit is determined separately for each insured debtor by multiplying the monthly disability benefit by the percent of coverage for each.]

monthly mortgage payment

The normal scheduled monthly payment of principal and interest and other regular payments included with the monthly payment on the insured debtor's eligible loan on the date of the insured debtor's application for coverage under this policy. These regular payments may include principal, interest, real estate tax installments, and other insurance premiums.

nonretroactive

Monthly disability benefits will begin to accrue on a daily basis after the insured debtor has remained continuously disabled throughout the elimination period. No benefit accrues or will be payable during the elimination period.

original loan maturity date

The date upon which the insured debtor's eligible loan is scheduled to mature. The insured debtor's coverage under this policy will not extend beyond this date. The original loan maturity date is shown on the benefit schedule.

[percent of coverage

For shared disability coverage, the portion of the monthly mortgage payment, monthly disability benefit, maximum monthly disability benefit, and maximum aggregate disability benefit for which an insured debtor is covered under this policy. The percent of coverage for each debtor insured under shared disability coverage is shown separately on the benefit schedule.]

physician

A licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the insured debtor; (2) the insured debtor's immediate family member; or (3) retained by the plan sponsor.

[plan administrator

The entity named on page 1 of this policy that we have designated to administer this insurance plan on our behalf.]

plan sponsor

An entity which:

- (1) has been accepted to participate in the Group Insurance Trust for Financial Institutions II; and
- (2) makes insurance under this policy available to its eligible debtors.

policy anniversary

The same day and month in each succeeding year as the policy date.

policy date

The date coverage under this policy becomes effective. The policy date is shown on page 1 of this policy.

pre-existing condition

A condition for which, within the six month period immediately prior to the effective date of the insured debtor's coverage, the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition regardless of whether there is a diagnosis or the diagnosis changes.

retroactive

Monthly disability benefits will be payable for the period of disability, inclusive of the elimination period, provided the insured debtor remains continuously disabled throughout the elimination period. However, if the insured debtor's disability ends before he or she satisfies the elimination period, no monthly disability benefits are payable.

[shared disability coverage

Coverage on two insured debtors that provides a percent of coverage for each. The total percent of coverage for the two insured debtors must equal 100%.]

sickness

A disease or illness which first manifests itself while an insured debtor's coverage under this policy is in force and which requires the regular care of a physician.

termination age

The age at which the insured debtor's coverage under this policy ends. The termination age is shown on the plan sponsor's application.

you, your

The trustee or successor trustees under the Group Insurance Trust for Financial Institutions II.

we, our, us

Minnesota Life Insurance Company

Exclusions

What disabilities are not covered under this policy?

This policy does not cover any disability which is caused directly or indirectly by, results in whole or in part from, occurs during, or there is a contribution from, any of the following:

- (1) self-inflicted injuries; or
- (2) normal pregnancies, normal childbirths, or elective abortions. Complications due to

- pregnancy or childbirth will be covered only if the complications themselves are disabling; or
- (3) a pre-existing condition, provided the insured debtor's disability commences within the first six months the insured debtor's coverage is in force under this policy; or
 - (4) war or any act of war, whether declared or undeclared.

Monthly Disability Benefit

What is the amount of the monthly disability benefit?

The amount of the monthly disability benefit depends on the benefit option selected by the plan sponsor. The benefit option selected by the plan sponsor is shown on the plan sponsor's application.

If the plan sponsor chose the fixed benefit, the monthly disability benefit will be the amount shown on the benefit schedule as the initial monthly disability benefit.

If the plan sponsor chose the adjustable benefit, the initial monthly disability benefit will be the amount shown on the benefit schedule as initial monthly disability benefit. The monthly disability benefit may change if:

- (1) the initial monthly disability benefit includes taxes and insurance costs and there is a change in the monthly mortgage payment due to an increase or decrease in taxes or insurance costs; or
- (2) there is an increase or decrease in the monthly mortgage payment which is required by the original terms of the mortgage loan.

The amount of the monthly disability benefit will be changed only if we are notified by the plan sponsor that the insured debtor's monthly mortgage payment has increased or decreased and there is a corresponding increase or decrease in the premium. The adjusted monthly disability benefit will become effective on the date the first premium payment for the increase or decrease is made. No increase in the monthly disability benefit will be made for increases in the monthly mortgage payment due either to an increase or a reamortization of the loan principal.

If the final payment comes due on an insured loan that is a balloon loan and a monthly disability benefit is payable, the benefit amount for the final payment will be limited to the monthly disability benefit that would have been payable the month prior to the final payment.

In no event will the monthly disability benefit for either the fixed or adjustable benefit exceed the maximum monthly disability benefit.

In no event will the total amount of monthly disability benefits we pay under this policy for an insured debtor exceed the maximum aggregate disability benefit.

When will the monthly disability benefit be payable?

The monthly disability benefit will begin to accrue when we receive proof satisfactory to us that:

- (1) the insured debtor became disabled, while insured under this policy;
- (2) the insured debtor has remained continuously disabled throughout the elimination period;
- (3) the insured debtor's disability occurred prior to his or her attainment of the termination age; and
- (4) the insured debtor is under the regular care of a physician for the sickness or injury.

If the benefit type shown on the benefit schedule is retroactive, then, provided the insured debtor has remained continuously disabled throughout the elimination period, the first monthly disability benefit will be payable after the first month of continuous disability or the elimination period, whichever comes later. We will then pay the monthly disability benefit for each full month of disability. Disability benefits accrue on a daily basis. We will prorate the monthly disability benefit on the basis of a 30-day month for any period of continuous disability that lasts less than one month in duration, provided the insured debtor has satisfied the elimination period.

If the benefit type shown on the benefit schedule is nonretroactive, no benefit accrues or is payable for the duration of the elimination period. After the elimination period is satisfied benefits will begin to accrue on a daily basis. The first monthly disability benefit will be payable at the end of the first full month of continuous disability beyond the elimination period. We will pay a full monthly disability benefit for each full month of disability beyond the elimination period. We will prorate the monthly disability benefit on the basis of a 30-day month for any period of continuous disability that lasts less than one month in duration beyond the elimination period.

For example with a nonretroactive benefit, if the insured debtor is disabled on April 15 and the elimination period is 30 days, the insured debtor will need to remain continuously disabled through May 15 before benefits will begin to accrue. On June 15 we will determine the amount of the monthly disability benefit that is payable. If the insured debtor remained continuously disabled from April 15 through June 15 a full monthly disability benefit will be payable. If the insured debtor recovered from his or her disability between May 16 and June 15, the amount of the disability benefit payable will be based on the number of days during which the insured debtor was disabled between May 16 and June 15. If the insured debtor recovered prior to May 16, no benefit is payable.

All payments by us are payable at our home office. Proof of any claim under this policy is the responsibility of the claimant and must be submitted in writing to our authorized agent, [our designated plan administrator] or sent to our home office in St. Paul, Minnesota.

What if an insured debtor is disabled by more than one cause?

Any period of disability resulting from one or more causes will be considered a single period of disability. Only one monthly disability benefit will be payable.

What if an insured debtor is both sick and injured?

We will not be liable for both sickness and injury benefits for any period of disability. Only one monthly disability benefit will be payable.

For how long will monthly disability benefits be payable?

Subject to the maximum aggregate disability benefit, the maximum period of time for which the monthly disability benefit will be payable for a continuous period of disability is shown as maximum benefit period on the plan sponsor's application.

[Joint Disability Coverage

What is the amount of the monthly disability benefit for each debtor insured for joint disability coverage?

The monthly disability benefit for each debtor insured for joint disability coverage will be equal to 100% of the monthly disability benefit that is determined according to the Monthly Disability Benefit section of this policy.

What happens in the event of the simultaneous disability of two debtors insured for joint disability coverage?

If joint disability insurance is in force and both jointly insured debtors are disabled at any given time, only the monthly disability benefit for the first jointly insured debtor to become disabled will be payable. If the maximum benefit period is reached for that insured debtor, or the insured debtor recovers from his or her disability prior to the end of the maximum benefit period, a monthly disability benefit will be payable on the other joint insured debtor provided he or she has satisfied the elimination period and has remained continuously disabled. The monthly disability benefit for this joint insured debtor will be payable for the maximum benefit period shown on the benefit schedule, provided he or she remains continuously disabled.

In the event we cannot determine which of the joint insured debtors became disabled first, we will assume that the person named as insured debtor on the benefit schedule was disabled first.

In no event will the total amount of monthly disability benefits paid for an insured debtor exceed the maximum aggregate disability benefit.

What happens upon the death of a jointly insured debtor?

Subject to the terms of this policy, if one of the joint insured debtors dies, the mortgage disability coverage on the surviving joint insured will be automatically changed to single coverage, provided that payment of the first premium due is made within 31 days of the notice of the change to single coverage. The effective date for the single coverage will be the first of the month following the date of death of the first joint insured. The surviving joint insured will continue to be insured for 100% of the monthly disability benefit under single coverage.

If the surviving debtor is insured under the fixed benefit plan the premium for the single coverage will be based on the initial monthly mortgage payment. If the surviving debtor is insured under the adjustable benefit plan the premium for the single coverage will be based on the monthly disability benefit for the joint disability coverage as of the date of death of the joint insured.]

[Shared Disability Coverage

What is the amount of the monthly disability benefit for each debtor insured for shared disability coverage?

The monthly disability benefit for a debtor insured for shared disability coverage will be calculated by applying the percent of coverage for that insured debtor to the monthly disability benefit that is determined according to the Monthly Disability Benefit section of this policy. The total percent of monthly disability benefit provided under shared disability coverage is equal to 100%.

What happens in the event of the simultaneous disability of two debtors insured for shared disability coverage?

If shared disability insurance is in force and both insured debtors are disabled at any given time a monthly disability benefit will be payable for each insured debtor, in accordance with the percentage share and maximum benefit period for each insured debtor as shown on the benefit schedule.

In no event will the total amount of monthly disability benefits paid for both insured debtors combined exceed the shared maximum aggregate disability benefit.

What happens upon the death of a debtor insured under shared disability coverage?

If one of the insured debtors dies, the mortgage disability coverage on the surviving insured debtor will remain in force, subject to the terms of this policy.]

Recurrent Disabilities

What if an insured debtor suffers recurrent periods of disability?

If following a period of disability, an insured debtor engages in full-time employment in his or her regular occupation for a continuous period of 6 months or more, any subsequent period of disability resulting from the same or related cause or causes will be considered a new period of disability. The insured debtor must satisfy a new elimination period for each new period of disability before the insured debtor would be eligible to receive benefits.

If, following a period of disability, the period during which the insured debtor engages in his or her regular occupation is less than 6 months, any subsequent period of disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of disability. Benefits would only be payable for the remainder of the maximum benefit period, if any, subject to the maximum aggregate disability benefit.

If an insured debtor is disabled and sustains an additional sickness or injury which would be in and of itself disabling, the additional sickness or injury will not be considered a new period of disability for purposes of this policy.

In order to be eligible for a new period of disability from a different condition the insured debtor must first return to full-time employment in his or her regular occupation.

An insured debtor will not be eligible to receive benefits for a recurrent disability if the total amount of monthly disability benefits we have already paid for the insured debtor under this policy equals the maximum aggregate disability benefit.

Refinanced Loans

What if the insured loan is refinanced with the same lender or another lender that sponsors this plan?

Subject to all the requirements of this policy, if the insured loan is refinanced with the same lender or another lender that sponsors this plan, the insured debtor may apply for coverage on the new loan. The initial monthly disability benefit of the insured debtor's new coverage will be equal to the monthly mortgage payment of the new loan, subject to the maximum monthly disability benefit. The monthly premium for the new coverage will be based on the monthly mortgage payment of the new loan and the insured debtor's age as of the effective date of the new coverage. If the insured debtor's application for coverage on the new loan is approved, the insured debtor will be issued a new certificate of insurance and benefit schedule. The new benefit schedule will indicate whether the lender has selected the fixed or adjustable benefit option.

If the insured debtor does not apply for coverage on the new loan, the insured debtor has the option to continue his or her current amount of coverage. The monthly disability benefit on the new loan will be equal to the amount of the monthly disability benefit on the current insured loan prior to refinancing. The monthly disability benefit will remain fixed at this amount until the insured debtor's coverage terminates according to the terms of this policy.

After refinancing: (1) the amount of the monthly disability benefit payable may be substantially different than the amount of the monthly mortgage payment under the new loan; and (2) the remaining term of insurance may be substantially different than the term of the new loan. Subject to our right to change premium rates, the monthly premium will be the same as it was before the loan was refinanced. All benefits will be payable to the lender to be applied to the insured debtor's monthly mortgage payment under the new mortgage loan. The insured debtor may request that his or her certificate be reissued to reflect the new loan number.

A "refinanced" loan includes, but is not limited to: (1) a loan under which a disbursement or other increase in the principal amount is made or occurs subsequent to the effective date of the insured debtor's coverage; and (2) a loan which is refinanced, subsequent to the effective date of the insured debtor's coverage, for the same principal amount at the time of refinance but for a different interest rate or term.

What if the insured loan is paid off early, or refinanced with a lender that does not sponsor this insurance plan?

The insured debtor may continue coverage if, prior to the original loan maturity date, the loan is paid off, or refinanced with a lender that does not sponsor this insurance plan. The insured debtor can continue coverage for a period that will not extend beyond the original loan maturity date by paying premiums directly to [us] [the plan administrator]. If the insured debtor is currently paying the monthly premium along with the monthly mortgage payment, the insured debtor will need to contact us at 400 Robert Street North, St. Paul, Minnesota 55101-2098 to make arrangements for paying premiums directly to [us] [the plan administrator].

The monthly disability benefit will be equal to the amount of the monthly disability benefit on the original insured loan prior to the loan being paid off or refinanced. The monthly disability benefit will remain fixed at this amount until the insured debtor's coverage terminates according to the terms of this policy.

Subject to our right to change premium rates, the monthly premium will be the same as it was before the loan was paid off or refinanced.

If the loan was paid off early or refinanced with a lender that does not sponsor this insurance plan, benefits will be payable directly to the insured debtor.

Loans Sold or Transferred

What happens to the insured debtor's coverage if the insured loan is sold or transferred to a lender that does not sponsor this insurance plan?

The insured debtor may continue coverage if, prior to the original loan maturity date, the insured loan is sold or transferred to a lender that does not sponsor this insurance plan. The insured debtor can continue coverage for a period that will not extend beyond the original loan maturity date by paying premiums directly to [us] [the plan administrator]. If the insured debtor is currently paying the monthly premium along with the monthly mortgage payment, the insured debtor will need to contact us at 400 Robert Street North, St. Paul, Minnesota 55101-2098 to make arrangements for paying premiums directly to [us] [the plan administrator].

The monthly disability benefit will be equal to the amount of the monthly disability benefit on the original insured loan prior to the loan being sold or transferred. The monthly disability benefit will remain fixed at this amount until the insured debtor's coverage terminates according to the terms of this policy.

Subject to our right to change premium rates, the monthly premium will be the same as it was before the loan was sold or transferred. If the loan is sold or transferred to a lender that does not sponsor this insurance plan, benefits will be payable directly to the insured debtor.

What happens to the insured debtor's coverage if the insured loan is sold or transferred to a lender that sponsors this insurance plan?

If the insured loan is sold or transferred to a lender that sponsors this insurance plan the insured debtor's coverage under this policy remains in force.

Payment of Benefits

To whom will we pay benefits?

Unless otherwise specified in this policy, we will pay the benefits to the lender. Our payment will fully discharge our liability with respect to any amount so paid.

Notice of Claim

Notice of claim must be given within 60 days after the occurrence or commencement of any disability covered under this policy. The notice of claim must contain enough information for us to identify the insured debtor. The notice of claim must be given to our authorized agent, [our designated plan administrator] or sent to our home office in St. Paul, Minnesota.

Our investigation of a claim, our furnishing of claim forms, or our acceptance of the notice of claim and proof of loss will not operate as a waiver of any of our rights to defend any claim arising under this policy. No action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action will be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Claim Forms

When we receive the notice of claim we will furnish the forms needed to file the proof of loss. If we do not furnish these forms within 15 days of the date we receive the notice of claim, the insured debtor may submit his or her own proof of loss. The proof of loss must be in writing and cover the occurrence, character, and extent of the loss. We will also advise the insured debtor if additional information beyond the claim forms is necessary to satisfy his or her proof of loss requirements under this policy.

Proof of Loss

Written proof of loss must be given within 90 days after the occurrence of any disability covered by this policy. Failure to furnish proof of loss within the time required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time. However, proof of loss must be furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, may proof of loss be filed later than one year from the time proof of loss is otherwise required.

If the insured debtor is receiving disability benefits under this policy we may require subsequent written proofs of disability from the insured debtor to determine his or her continuing eligibility to receive benefits.

Premiums

When and how often are premiums payable?

Monthly premiums are due under this policy on the first day of each calendar month starting with the policy date. Each monthly premium will pay for the insurance then in effect under this policy for a period of one month.

What is the monthly premium due under this policy?

The monthly premium is the sum of the monthly premium contributions paid by the insured debtors on each due date.

How are premium contributions from insured debtors to be paid?

The plan sponsor will make the initial determination whether the monthly premium is to be paid along with the insured debtor's monthly mortgage payment or directly to [us] [the plan administrator]. If for any reason the plan sponsor no longer is willing to collect monthly premiums along with the monthly mortgage payment, then the insured debtor must pay annual premiums directly to [us] [the plan administrator] to keep his or her coverage in force. The first direct payment will be due on the last day for which premiums were paid by the insured debtor along with the monthly mortgage payment. Thereafter, an annual premium will be due each year on the same date. The insured debtor and we may agree to an alternative premium payment schedule or method. The annual premium will equal twelve times the monthly premium. All premiums are to be paid in United States dollars.

When are an insured debtor's premium contributions payable?

The first premium contribution from an insured debtor is due on the first premium due date shown on the benefit schedule. Premium contributions are due on a monthly basis. The insured debtor and we may agree to an alternative premium payment schedule or method. The payment must be made by the insured debtor on or before each premium contribution due date.

Can we change the premium rates?

Yes. After the insured debtor's coverage has been effective for 12 months, we have the right to change the premium rates on any premium due date, but not more than once in any policy year. We will provide the insured debtor with at least 30 days notice in the event of any premium rate change we initiate.

Can premiums be paid after the due date?

Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31-day period. The premium payment, however, must be received in our home office within the 31-day grace period. This policy will remain in effect during the 31-day grace period. This grace period does not apply to the first premium payment.

Will any unearned premium be refunded?

Yes. If an insured debtor's coverage terminates at a time when there is unearned premium, we will refund any unearned premium to the insured debtor.

Termination

When does this policy terminate?

You may terminate this policy by giving us 31 days prior written notice. No individual debtor may become insured under this policy after the effective date of your notice of termination. We may terminate this policy by giving you 31 days prior written notice. We may terminate a plan sponsor's participation under this policy by giving the plan sponsor 31 days prior written notice.

When does the insured debtor's coverage under this policy end?

The insured debtor's insurance under this policy will end on the earliest of:

- (1) the last day for which premiums have been paid following notice of termination of the group policy or notice of termination of a plan sponsor's participation under the group policy; or
- (2) 31 days after the due date of any premium which is not paid; or
- (3) the last day of the calendar month in which we receive the insured debtor's written request to terminate his or her insurance; or
- (4) the date the insured loan is paid off early or refinanced and the insured debtor has not made arrangements for continuation of coverage; or
- (5) the date the insured loan is sold or transferred to a lender that does not sponsor this insurance plan and the insured debtor has not made arrangements for continuation of coverage; or
- (6) the date the insured debtor attains the termination age; or
- (7) the date the total amount of disability benefits paid under this policy for the insured debtor equals the maximum aggregate disability benefit; or
- (8) the original loan maturity date, or in the event the loan has been refinanced and coverage has been continued under the group policy, the earlier of the maturity date of the new refinanced loan or the original loan maturity date; or
- (9) the date of the insured debtor's death.

Insurance terminated for nonpayment of premiums may be reinstated, during the insured debtor's lifetime, and within 31 days following the date of termination. No evidence of insurability will be required during this 31-day period. In order for reinstatement to be effective, we must receive the insured debtor's reinstatement request and premium owed while the insured debtor is living.

Additional Information

Can the insured debtor assign his or her coverage?

No.

What if an insured debtor's age is misstated?

If an insured debtor's age has been misstated, the amount of the monthly disability benefit payable under this policy will be that amount which the premiums paid would have purchased based upon the insured debtor's correct age. If we determine that the insured debtor was not eligible for coverage under the group policy due to his or her age, our liability under this policy is limited to an amount equal to the premium payments made by the debtor.

When does the original issuance of an insured debtor's coverage become incontestable?

Except for fraud or the nonpayment of premiums, after an insured debtor's coverage has been in force during his or her lifetime for two years from the original effective date of his or her coverage (excluding any period during which the insured debtor was disabled), we cannot contest the original issuance of the insured debtor's coverage for any disability that begins more than two years after the effective date. An insured debtor's coverage remains subject to all other policy provisions and exclusions without time limitations unless specifically noted in the relevant section.

Is there a minimum number of new debtors required?

Yes. If the number of new debtors becoming insured under this policy during any policy year is less than 100,

we may decline to insure additional debtors thereafter and may terminate the policy.

Are insurance and related records open for inspection?

Yes. Your records and the records of any plan sponsor will be open to inspection by us, at all reasonable times for any purpose relating to the provisions of this policy.

Will the insured debtor receive a certificate of insurance?

Yes. Within 30 days of the effective date of coverage, a certificate of insurance will be delivered to each insured debtor. The certificate of insurance will include information about the premium contribution charges paid by the insured debtor and other important features of this policy that affect the insured debtor. If the terms of this policy and the certificate issued to the insured debtor differ, the language of this policy will govern.

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have the insured debtor medically examined at our own expense to verify the insured debtor's medical condition. We may do this as often as reasonably required while benefits are being considered or paid.

State Notices and Provisions

[The following applies to **Arkansas** residents:

1. The following **Notice** is added to the face page of the policy:

Notice

This is to advise you that should any questions arise regarding this insurance, you may contact the following: Minnesota Life Insurance Company, Group Division, 400 Robert Street North, St. Paul, Minnesota 55101-2098. Telephone (651) 665-3500.

If we at Minnesota Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, Arkansas 72201-1904. Telephone: (800) 832-5494 or (501) 371-2640.]

[The following applies to **Connecticut** residents:

1. The first paragraph of the “**General Information**” section is replaced with the following:

This policy, your signed application, and the signed application of any plan sponsor, contain the entire contract between you and us. Any statement you or a plan sponsor made in your/its signed application will be considered representations and not warranties. Also, any statement you or a plan sponsor made will not be used to void or contest the original issuance of your coverage nor defend against a claim unless the statement is contained in your/its signed application. Terms or provisions contained in each plan sponsor’s application will affect only those insured debtors described on the respective plan sponsor’s signed application.

2. The provision entitled “**What disabilities are not covered under this policy?**” under the “**Exclusions**” section is replaced with the following:

What disabilities are not covered under this policy?

This policy does not cover any disability which is caused by any of the following:

- (1) self-inflicted injuries; or
- (2) normal pregnancies, normal childbirths, or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are disabling; or
- (3) a pre-existing condition, provided the insured debtor’s disability commences within the first six months the insured debtor’s coverage is in force under this policy; or
- (4) war or any act of war, whether declared or undeclared.

3. The provision entitled “**When does this policy terminate?**” under the “**Termination**” section is replaced with the following:

When does this policy terminate?

You may terminate this policy by giving us 31 days prior written notice. No individual debtor may become insured under this policy after the effective date of your notice of termination. We may terminate this policy by giving you 31 days prior written notice. We may terminate a plan sponsor’s participation under this policy by giving the plan sponsor 31 days prior written notice. You shall give the insured debtor written notice of cancellation or discontinuation at least 15 days prior to the cancellation or discontinuation of the group policy. If you fail to provide timely notice, you shall continue to be liable for those benefits existing under the group policy as if the group policy had not been cancelled or discontinued and the Connecticut Labor Commissioner shall have the authority to assess a fine of not more than \$1,000 upon you for each violation.

The following applies to **Connecticut** residents (continued):

4. The provision entitled “**When does the original issuance of an insured debtor’s coverage become incontestable?**” under the “**Additional Information**” section is replaced with the following:

When does the original issuance of an insured debtor’s coverage become incontestable?

Except for the nonpayment of premiums, after an insured debtor’s coverage has been in force during his or her lifetime for two years from the original effective date of his or her coverage (excluding any period during which the insured debtor was disabled), we cannot contest the original issuance of the insured debtor’s coverage for any disability that begins more than two years after the effective date. This means that during those first two years we have the right to verify that the insured debtor met all the initial eligibility requirements he or she agreed to when he or she applied for coverage. This review may require additional time in the processing of a claim. If we discover that the insured debtor was not eligible for insurance when he or she applied for coverage, the insured debtor’s coverage will be rescinded, premium will be refunded and an otherwise valid claim will be denied. An insured debtor’s coverage remains subject to all other certificate provisions and exclusions without time limitations unless specifically noted in the relevant section.]

[The following applies to **District of Columbia** residents:

1. The “**Notice of Claim**” provision is amended to reflect that notice of claim must be given within **20 days** after the occurrence or commencement of any disability covered under this policy, or as soon thereafter as is reasonably possible.
2. The first paragraph of the “**Proof of Loss**” provision is replaced with the following:

Written proof of loss must be given within 90 days after the occurrence of any disability covered by this policy. If the disability is one for which the policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as we may reasonably require. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time. However, proof of loss must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 1 year from the time proof is otherwise required.]

[The following applies to **Indiana** residents:

1. The first paragraph of the “**Notice of Claim**” section is replaced with the following:

Notice of Claim

Notice of claim must be given within 20 days after the occurrence or commencement of any disability covered under this policy, or as soon as reasonably possible. The notice of claim must be in writing and contain enough information for us to identify the insured debtor. The notice of claim must be given to our authorized agent, [our designated plan administrator] or sent to our home office in St. Paul, Minnesota.

2. The first paragraph of the “**Proof of Loss**” section is replaced with the following:

Written proof of loss must be given within 90 days after the occurrence of any disability covered by this policy. If the disability is one for which the policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as we may reasonably require. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time.

However, proof of loss must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 1 year from the time proof is otherwise required.]

[The following applies to **Nebraska** residents:

1. The “**Proof of Loss**” section is replaced with the following:

Proof of Loss

Written proof of loss must be given within one year after the occurrence of any disability covered by this policy. If the disability is one for which the policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as we may reasonably require. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time. However, proof of loss must be furnished as soon as reasonably possible.]

[The following applies to **Virginia** residents:

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number:

Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098
Telephone: (651) 665-3500

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission’s Bureau of Insurance at:

Life and Health Division
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
1-800-552-7945 (Toll Free Within Virginia)
1-877-310-6560 (toll Free For Out-of-State Callers)

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, the company, or the Bureau of Insurance, have your policy number available.]

MINNESOTA LIFE

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP MORTGAGE DISABILITY INSURANCE • MONTHLY PREMIUMS • MONTHLY RENEWABLE •
NONPARTICIPATING**

Plan Sponsor's Application

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

MINNESOTA LIFE

Application is hereby made to Minnesota Life Insurance Company for a plan of group mortgage disability insurance.

Name of Plan Sponsor [ABC Company]

Address [123 Main Street] City [Anytown] State [USA] Zip [12345]

Telephone Number [(000) 111-2222]

Class and Condition of Eligibility: A natural person who: 1) is indebted to the plan sponsor under an eligible loan; 2) is actively at work; and 3) meets all other eligibility requirements set forth on his or her application. [If two debtors are jointly indebted on an eligible loan, and both debtors meet the eligibility requirements above, they are eligible to apply for [joint] [shared] disability coverage.]

Monthly Disability Benefit: The monthly disability benefit is the amount payable in the event an insured debtor becomes disabled and a benefit is payable according to the terms of the group policy. The monthly disability benefit includes the monthly premium for the insured debtor's coverage under the group policy. The monthly disability benefit does not include any charges or fees due to delinquencies. In no event will the monthly disability benefit payable exceed the maximum monthly disability benefit. The initial monthly disability benefit is equal to the amount of the insured debtor's monthly mortgage payment as of the effective date of the insured debtor's coverage under the group policy including the amount of the insured debtor's monthly premium, subject to the maximum monthly disability benefit. [For shared disability coverage the monthly disability benefit is determined separately for each insured debtor by multiplying the monthly disability benefit by the percent of coverage for each. The total percent of monthly disability benefit provided under shared disability coverage is equal to 100%.]

Elimination Period: [14,30,60,90,120,180] days

Benefit Type:

- Retroactive:** Monthly disability benefits will be payable for the period of disability, inclusive of the elimination period, provided the insured debtor remains continuously disabled throughout the elimination period. However, if the insured debtor's disability ends before he or she satisfies the elimination period, no monthly disability benefits are payable.]
- Nonretroactive:** Monthly disability benefits will begin to accrue on a daily basis after the insured debtor has remained continuously disabled throughout the elimination period. No benefit accrues or will be payable during the elimination period. **For example,** if the insured debtor is disabled on April 15 and the elimination period is 30 days, the insured debtor will need to remain continuously disabled through May 15 before benefits will begin to accrue. On June 15 we will determine the amount of the monthly disability benefit that is payable. If the insured debtor remained continuously disabled from April 15 through June 15 a full monthly disability benefit will be payable. If the insured debtor recovered from his or her disability between May 16 and June 15, the amount of the disability benefit payable will be based on the number of days during which the insured debtor was disabled between May 16 and June 15. If the insured debtor recovered prior to May 16, no benefit is payable.]

Coverage Type:

- Single** – Covers one insured debtor for the full mortgage payment, subject to the maximum monthly disability benefit.
- Single and Joint** – Joint disability coverage provides 100% of the monthly disability benefit for each insured debtor.]
- Single and Shared** – Shared disability coverage provides [50%] of the monthly disability benefit for the insured debtor and [50%] of the monthly disability benefit for the second insured debtor. The total percent of monthly disability benefit covered for the two insured debtors must equal 100%.]

Maximum Monthly Disability Benefit: [\$2,000] [For shared disability coverage the maximum monthly disability benefit is determined separately for each insured debtor by multiplying the maximum monthly disability benefit by the percent of coverage for each.]

Maximum Aggregate Disability Benefit (per insured debtor): [\$30,000] [For shared disability coverage the maximum aggregate disability benefit is determined separately for each insured debtor by multiplying the maximum aggregate disability benefit by the percent of coverage for each.]

Termination Age: [65]

Maximum Benefit Period:

The maximum benefit period is determined by the insured debtor’s age on the effective date of coverage according to the following schedule.* [For joint disability coverage, the maximum benefit period is determined by the age of the older joint applicant on the effective date of coverage.] [For shared disability coverage, the maximum benefit period is determined separately by the age of each applicant on the effective date of coverage.]

[Insured Debtor’s Age on Effective Date	Maximum Benefit Period
Under age XX	up to XX months
Ages XX thru XX	up to XX months
Ages XX thru XX	up to XX months
Ages XX thru XX	up to XX months]

* Provided, however, in no event will we pay benefits beyond the original loan maturity date determined as of the effective date of the insured debtor’s coverage.

Premium Contribution Rates: The premium contribution rates are as follows:

[Insured Debtor’s Age on Effective Date	Single [or Shared] Coverage Rate as a percentage of Monthly Disability Benefit	[Joint Coverage Rate as a percentage of Monthly Disability Benefit
Under XX	X.X%	X.X%
XX - XX	X.X%	X.X%
XX - XX	X.X%	X.X%
XX - XX	X.X%	X.X%]]

[For joint disability coverage, the premium contribution rate is determined by the age of the older joint applicant on the effective date of coverage.] [For shared disability coverage, the premium contribution rate is determined separately by the age of each applicant on the effective date of coverage, using the above rates multiplied by the percent of monthly disability benefit covered for that applicant.]

We have the right to change the premium contribution rates on any premium due date, but not more than once in any policy year.

Benefit Option:

The amount of the monthly disability benefit depends on the benefit option indicated below, which will apply to all debtors of the plan sponsor insured under this plan.

Fixed Benefit: The monthly disability benefit will be the amount shown on the insured debtor’s benefit schedule as the initial monthly disability benefit.]

Adjustable Benefit: The initial monthly disability benefit will be the amount shown on the insured debtor’s benefit schedule as the initial monthly disability benefit. The monthly disability benefit may change if:

1. the initial monthly disability benefit includes taxes and insurance costs and there is a change in the monthly mortgage payment due to an increase or decrease in taxes or insurance costs.
2. there is an increase or decrease in the monthly mortgage payment which is required by the original terms of the mortgage loan.

The amount of the monthly disability benefit will be changed only if we are notified by the plan sponsor that the insured debtor’s monthly mortgage payment has increased or decreased and there is a corresponding increase or decrease in the premium. The adjusted monthly disability benefit will become effective on the date the first premium payment for the increase or decrease is made. No increase in the monthly disability benefit will be made for increases in the monthly mortgage payment due either to an increase or a reamortization of the loan principal.]

Does the Plan Sponsor have the computer facilities to systematically adjust and report changes in the amount or premium contribution to correspond with changes in monthly mortgage payment? Yes No

Date	Plan Sponsor
Agent	By

Certificate of Insurance

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

[Plan Administrator:
[Address, City, State] • [1-800-XXX-XXXX]]

MINNESOTA LIFE

Read Your Certificate Carefully

This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the plan sponsor during regular working hours.

Right to Cancel

It is important to us that you are satisfied with your coverage under this certificate and that it meets your insurance goals. If you are not satisfied, you may return the certificate to us within 30 days of its receipt and receive a full refund of any premiums paid within 10 days after we receive the notice of cancellation. Upon our cancellation of your certificate, your certificate will be void from the beginning as if it never had been issued.

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the effective date.

[
Alemiss E. Fobler

Secretary

Rhet L. Loubler

President]

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**GROUP MORTGAGE DISABILITY INSURANCE • MONTHLY PREMIUMS • MONTHLY RENEWABLE •
NONPARTICIPATING**

General Information

You are insured under the group policy identified on the application attached to this certificate. The attached application is part of this certificate.

We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Any statement you made in your application will, in the absence of fraud, be considered representations and not warranties. Also, any statement you made in your application will not be used to void or contest the original issuance of your coverage nor defend against a claim unless a copy of your application has been furnished to you or, in the event of your death or incapacity, to your personal representative.

This certificate is issued in consideration of your application and the payment of the required premium contributions. As used hereafter in this certificate "premium(s)" means premium contribution(s).

This certificate replaces all prior certificates that may have been issued to you under the group policy.

Effective Date

Your coverage under this certificate is effective as of the effective date shown on the benefit schedule, provided you pay the required premiums when due, beginning with the first premium due date shown on the benefit schedule.

Eligibility

You are eligible for coverage if you: 1) are indebted to the plan sponsor under an eligible loan; 2) are actively at work; and 3) meet all other eligibility requirements set forth on your application.

[If two debtors are jointly indebted on an eligible loan, and both debtors meet the eligibility requirements above, they are eligible to apply for [joint] [shared] disability coverage. If [joint] [shared] disability coverage is in force under this certificate, both of the insured debtors will be named on the benefit schedule.]

No individual shall be eligible for insurance in connection with the indebtedness of a corporation or partnership. Cosigners, guarantors, and corporate debtors are not eligible for insurance under this certificate.

Definitions

When we use the following words this is what we mean:

actively at work

To be considered actively at work for purposes of this certificate, at the time of your application you must be actively working [twenty-four (24)] or more hours per week (outside your home) for wages or profit and not self employed or a seasonal worker.

age

Your age at your last birthday.

balloon loan

An insured loan which will not be fully paid off by the maturity date assuming payment of equal monthly installments and which requires payment of the remaining outstanding balance upon the maturity date in a lump-sum final payment.

benefit schedule

The benefit schedule attached to this certificate which outlines your coverage under the group policy.

benefit type

Monthly disability benefits provided under this certificate are payable on either a retroactive or nonretroactive basis. The benefit type applicable to your coverage is shown on the benefit schedule.

coverage type

Coverage under the group policy can be issued on a single [or] [joint] [shared] basis. The coverage type applicable to your mortgage disability insurance is shown on the benefit schedule.

disability, disabled

If the maximum benefit period is 12 months or less, disability means your continuous inability, due to sickness or injury, to perform the substantial and material duties of your regular occupation.

If the maximum benefit period is longer than 12 months, disability for the first 12 monthly disability benefit payments means your continuous inability due to sickness or injury, to perform the substantial and material duties of your regular occupation. After 12 monthly disability benefit payments have been made for your coverage under this certificate, disability means your continuous inability, due to sickness or injury, to engage in any occupation for which you are suited by age, education, training, and experience.

eligible loan

A first real estate mortgage loan, repayable over a period of at least [10] years but not more than 30 years, on a dwelling that is your primary residence.

elimination period

For each new period of disability, the number of consecutive days during which you must remain disabled before benefits begin to accrue. The elimination period is shown on the benefit schedule.

immediate family member

Your spouse or domestic partner, parent, grandparent, sibling or child; and your spouse's or domestic partner's parent, sibling or child.

initial monthly disability benefit

The amount of your monthly mortgage payment as of the effective date of your coverage under this certificate including the amount of your monthly premium, subject to the maximum monthly disability benefit. The initial monthly disability benefit does not include any charges or fees due to delinquencies. In no event will the initial monthly disability benefit exceed the maximum monthly disability benefit. The initial monthly disability benefit is shown on the benefit schedule. [For shared disability coverage the initial monthly disability benefit is determined separately for each insured debtor by multiplying the initial monthly disability benefit shown on the benefit schedule by the percent of coverage for each.]

initial monthly mortgage payment

The amount of your monthly mortgage payment as of the effective date of your coverage under this certificate. The initial monthly mortgage payment is shown on the benefit schedule.

injury

An accidental bodily injury sustained while your coverage under this certificate is in force and which requires the regular care of a physician.

insured debtor

The person named as insured debtor [or second insured debtor] on the benefit schedule.

insured loan

The eligible loan which exists at the time your coverage becomes effective and for which you are approved for coverage.

[joint disability coverage

Coverage on two insured debtors that provides 100% of the monthly disability benefit for each.]

lender

The lending institution or mortgage company to whom you make payments on the insured loan.

maximum aggregate disability benefit

The maximum amount of disability benefits that will be payable under this certificate per insured debtor, regardless of the number of periods of disability. The maximum aggregate disability benefit is shown on the benefit schedule. [For shared disability coverage the maximum aggregate disability benefit is determined separately for each insured debtor by multiplying the maximum aggregate disability benefit shown on the benefit schedule by the percent of coverage for each.]

maximum benefit period

The maximum number of months for which monthly disability benefits will be paid for each period of disability. The maximum benefit period is shown on the benefit schedule. [For joint disability coverage, the maximum benefit period applicable for both insured debtors is determined by the age of the older joint debtor on the effective date of coverage.] [For shared disability coverage, the maximum benefit period is determined separately by the age of each applicant on the effective date of coverage.]

maximum monthly disability benefit

The maximum amount of the monthly disability benefit payable. The maximum monthly disability benefit is shown on the benefit schedule. [For shared disability coverage the maximum monthly disability benefit is determined separately for each insured debtor by multiplying the maximum monthly disability benefit shown on the benefit schedule by the percent of coverage for each.]

monthly disability benefit

The monthly disability benefit is the amount payable in the event you become disabled and a benefit is payable according to the terms of this certificate. The monthly disability benefit includes the monthly premium for your coverage under this certificate. The monthly disability benefit does not include any charges or fees due to delinquencies. In no event will the monthly disability benefit payable exceed the maximum monthly disability benefit. [For shared disability coverage the monthly disability benefit is determined separately for each insured debtor by multiplying the monthly disability benefit by the percent of coverage for each.]

monthly mortgage payment

The normal scheduled monthly payment of principal and interest and other regular payments included with the monthly payment on your eligible loan on the date of your application for coverage under this certificate. These regular payments may include principal, interest, real estate tax installments, and other insurance premiums.

nonretroactive

Monthly disability benefits will begin to accrue on a daily basis after you have remained continuously disabled throughout the elimination period. No benefit accrues or will be payable during the elimination period.

original loan maturity date

The date upon which your eligible loan is scheduled to mature. Your coverage under this certificate will not extend beyond this date. The original loan maturity date is shown on the benefit schedule.

[percent of coverage

For shared disability coverage, the portion of the monthly mortgage payment, monthly disability benefit, maximum monthly disability benefit, and maximum aggregate disability benefit for which an insured debtor is covered under this certificate. The percent of coverage for each debtor insured under shared disability coverage is shown separately on the benefit schedule.]

physician

A licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) you; (2) your immediate family member; or (3) retained by the plan sponsor.

[plan administrator

The entity named on page 1 of this certificate that we have designated to administer this insurance plan on our behalf.]

plan sponsor

An entity which:

- (1) has been accepted to participate in the Group Insurance Trust for Financial Institutions II; and
- (2) makes insurance under the group policy available to its eligible debtors.

The name of the plan sponsor is shown on the benefit schedule.

policyholder

The trustee or successor trustees under the Group Insurance Trust for Financial Institutions II.

10-50609T

pre-existing condition

A condition for which, within the six month period immediately prior to the effective date of your coverage, you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition regardless of whether there is a diagnosis or the diagnosis changes.

retroactive

Monthly disability benefits will be payable for the period of disability, inclusive of the elimination period, provided you remain continuously disabled throughout the elimination period. However, if your disability ends before you satisfy the elimination period, no monthly disability benefits are payable.

[shared disability coverage

Coverage on two insured debtors that provides a percent of coverage for each. The total percent of coverage for the two insured debtors must equal 100%.]

sickness

A disease or illness which first manifests itself while your coverage under this certificate is in force and which requires the regular care of a physician.

termination age

The age at which your coverage under this certificate ends. The termination age is shown on the benefit schedule.

you, your

The insured debtor [(and second insured debtor, if [joint] [shared] disability insurance is effective)] named on the benefit schedule.

we, our, us

Minnesota Life Insurance Company

Exclusions

What disabilities are not covered under this certificate?

This certificate does not cover any disability which is caused directly or indirectly by, results in whole or in part from, occurs during, or there is a contribution from, any of the following:

- (1) self-inflicted injuries; or
- (2) normal pregnancies, normal childbirths, or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are disabling; or
- (3) a pre-existing condition, provided your disability commences within the first six months your coverage is in force under this certificate; or

- (4) war or any act of war, whether declared or undeclared.

Monthly Disability Benefit

What is the amount of the monthly disability benefit?

The amount of your monthly disability benefit depends on the benefit option selected by the plan sponsor. The benefit option selected by the plan sponsor is shown on the benefit schedule.

If the plan sponsor chose the fixed benefit, the monthly disability benefit will be the amount shown on the benefit schedule as the initial monthly disability benefit.

If the plan sponsor chose the adjustable benefit, the initial monthly disability benefit will be the amount shown on the benefit schedule as initial monthly disability benefit. The monthly disability benefit may change if:

- (1) the initial monthly disability benefit includes taxes and insurance costs and there is a change in the monthly mortgage payment due to an increase or decrease in taxes or insurance costs; or
- (2) there is an increase or decrease in the monthly mortgage payment which is required by the original terms of the mortgage loan.

The amount of the monthly disability benefit will be changed only if we are notified by the plan sponsor that your monthly mortgage payment has increased or decreased and there is a corresponding increase or decrease in your premium. The adjusted monthly disability benefit will become effective on the date the first premium payment for the increase or decrease is made. No increase in the monthly disability benefit will be made for increases in the monthly mortgage payment due either to an increase or a reamortization of the loan principal.

If the final payment comes due on an insured loan that is a balloon loan and a monthly disability benefit is payable, the benefit amount for the final payment will be limited to the monthly disability benefit that would have been payable the month prior to the final payment.

In no event will the monthly disability benefit for either the fixed or adjustable benefit exceed the maximum monthly disability benefit.

In no event will the total amount of monthly disability benefits we pay under this certificate for an insured debtor exceed the maximum aggregate disability benefit.

When will the monthly disability benefit be payable?

The monthly disability benefit will begin to accrue when we receive proof satisfactory to us that:

- (1) you became disabled, while insured under this certificate;
- (2) you have remained continuously disabled throughout the elimination period;
- (3) your disability occurred prior to your attainment of the termination age; and
- (4) you are under the regular care of a physician for the sickness or injury.

If the benefit type shown on the benefit schedule is retroactive, then, provided you have remained continuously disabled throughout the elimination period, the first monthly disability benefit will be payable after the first month of continuous disability or the elimination period, whichever comes later. We will then pay the monthly disability benefit for each full month of disability. Disability benefits accrue on a daily basis. We will prorate the monthly disability benefit on the basis of a 30-day month for any period of continuous disability that lasts less than one month in duration, provided you have satisfied the elimination period.

If the benefit type shown on the benefit schedule is nonretroactive, no benefit accrues or is payable for the duration of the elimination period. After the elimination period is satisfied benefits will begin to accrue on a daily basis. The first monthly disability benefit will be payable at the end of the first full month of continuous disability beyond the elimination period. We will pay a full monthly disability benefit for each full month of disability beyond the elimination period. We will prorate the monthly disability benefit on the basis of a 30-day month for any period of continuous disability that lasts less than one month in duration beyond the elimination period.

For example with a nonretroactive benefit, if you are disabled on April 15 and the elimination period is 30 days, you will need to remain continuously disabled through May 15 before benefits will begin to accrue. On June 15 we will determine the amount of the monthly disability benefit that is payable. If you remained continuously disabled from April 15 through June 15 a full monthly disability benefit will be payable. If you recovered from your disability between May 16 and June 15, the amount of the disability benefit payable will be based on the number of days during which you were disabled between May 16 and June 15. If you recovered prior to May 16, no benefit is payable.

All payments by us are payable at our home office. Proof of any claim under this certificate is the responsibility of the claimant and must be submitted in writing to our authorized agent, [our designated plan administrator] or sent to our home office in St. Paul, Minnesota.

What if you are disabled by more than one cause?

Any period of disability resulting from one or more causes will be considered a single period of disability. Only one monthly disability benefit will be payable.

What if you are both sick and injured?

We will not be liable for both sickness and injury benefits for any period of disability. Only one monthly disability benefit will be payable.

For how long will monthly disability benefits be payable?

Subject to the maximum aggregate disability benefit, the maximum period of time for which the monthly disability benefit will be payable for a continuous period of disability is shown as maximum benefit period on the benefit schedule.

[Joint Disability Coverage

What is the amount of the monthly disability benefit for each debtor insured for joint disability coverage?

The monthly disability benefit for each debtor insured for joint disability coverage will be equal to 100% of the monthly disability benefit that is determined according to the Monthly Disability Benefit section of this certificate.

What happens in the event of the simultaneous disability of two debtors insured for joint disability coverage?

If joint disability insurance is in force and both jointly insured debtors are disabled at any given time, only the monthly disability benefit for the first jointly insured debtor to become disabled will be payable. If the maximum benefit period is reached for that insured debtor, or the insured debtor recovers from his or her disability prior to the end of the maximum benefit period, a monthly disability benefit will be payable on the other joint insured debtor provided he or she has satisfied the elimination period and has remained continuously disabled. The monthly disability benefit for this joint insured debtor will be payable for the maximum benefit period shown on the benefit schedule, provided he or she remains continuously disabled.

In the event we cannot determine which of the joint insured debtors became disabled first, we will assume that the person named as insured debtor on the benefit schedule was disabled first.

In no event will the total amount of monthly disability benefits paid for an insured debtor exceed the maximum aggregate disability benefit.

What happens upon the death of a jointly insured debtor?

Subject to the terms of this certificate, if one of the joint insured debtors dies, the mortgage disability coverage on the surviving joint insured will be automatically changed to single coverage, provided that payment of the first premium due is made within 31 days of the notice of the change to single coverage. The effective date for the single coverage will be the first of the month following the date of death of the first joint insured. The surviving joint insured will continue to be insured for 100% of the monthly disability benefit under single coverage.

If the surviving debtor is insured under the fixed benefit plan the premium for the single coverage will be based on the initial monthly mortgage payment. If the surviving debtor is insured under the adjustable benefit plan the premium for the single coverage will be based on the monthly disability benefit for the joint disability coverage as of the date of death of the joint insured.]

[Shared Disability Coverage

What is the amount of the monthly disability benefit for each debtor insured for shared disability coverage?

The monthly disability benefit for a debtor insured for shared disability coverage will be calculated by applying the percent of coverage for that insured debtor to the monthly disability benefit that is determined according to the Monthly Disability Benefit section of this certificate. The total percent of monthly disability benefit provided under shared disability coverage is equal to 100%.

What happens in the event of the simultaneous disability of two debtors insured for shared disability coverage?

If shared disability insurance is in force and both insured debtors are disabled at any given time a monthly disability benefit will be payable for each insured debtor, in accordance with the percentage share and maximum benefit period for each insured debtor as shown on the benefit schedule.

In no event will the total amount of monthly disability benefits paid for both insured debtors combined exceed the shared maximum aggregate disability benefit.

What happens upon the death of a debtor insured under shared disability coverage?

If one of the insured debtors dies, the mortgage disability coverage on the surviving insured debtor will remain in force, subject to the terms of this certificate.]

Recurrent Disabilities

What if you suffer recurrent periods of disability?

If following a period of disability, you engage in full-time employment in your regular occupation for a continuous period of 6 months or more, any subsequent period of disability resulting from the same or related cause or causes will be considered a new period of disability. You must satisfy a new elimination period for each new period of disability before you would be eligible to receive benefits.

If, following a period of disability, the period during which you engage in your regular occupation is less than 6 months, any subsequent period of disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of disability. Benefits would only be payable for the remainder of the maximum benefit period, if any, subject to the maximum aggregate disability benefit.

If you are disabled and sustain an additional sickness or injury which would be in and of itself disabling, the additional sickness or injury will not be considered a new period of disability for purposes of this certificate.

In order to be eligible for a new period of disability from a different condition you must first return to full-time employment in your regular occupation.

You will not be eligible to receive benefits for a recurrent disability if the total amount of monthly disability benefits we have already paid for you under this certificate equals the maximum aggregate disability benefit.

Refinanced Loans

What if the insured loan is refinanced with the same lender or another lender that sponsors this plan?

Subject to all the requirements of this certificate, if your insured loan is refinanced with the same lender or another lender that sponsors this plan, you may apply for coverage on the new loan. The initial monthly disability benefit of your new coverage will be equal to the monthly mortgage payment of the new loan, subject to the maximum monthly disability benefit. The monthly premium for your new coverage will be based on the monthly mortgage payment of the new loan and your age as of the effective date of the new coverage. If your application for coverage on the new loan is approved, you will be issued a new certificate of insurance and benefit schedule. The new benefit schedule will indicate whether the lender has selected the fixed or adjustable benefit option.

If you do not apply for coverage on the new loan, you have the option to continue your current amount of coverage. The monthly disability benefit on the new loan

will be equal to the amount of the monthly disability benefit on your current insured loan prior to refinancing. The monthly disability benefit will remain fixed at this amount until your coverage terminates according to the terms of this certificate.

After refinancing: (1) the amount of the monthly disability benefit payable may be substantially different than the amount of the monthly mortgage payment under the new loan; and (2) the remaining term of insurance may be substantially different than the term of the new loan. Subject to our right to change premium rates, the monthly premium will be the same as it was before you refinanced your loan. All benefits will be payable to the lender to be applied to your monthly mortgage payment under the new mortgage loan. You may request that your certificate be reissued to reflect the new loan number.

A "refinanced" loan includes, but is not limited to: (1) a loan under which a disbursement or other increase in the principal amount is made or occurs subsequent to the effective date of your coverage; and (2) a loan which is refinanced, subsequent to the effective date of your coverage, for the same principal amount at the time of refinance but for a different interest rate or term.

What if the insured loan is paid off early, or refinanced with a lender that does not sponsor this insurance plan?

You may continue coverage if, prior to the original loan maturity date, the loan is paid off, or refinanced with a lender that does not sponsor this insurance plan. You can continue coverage for a period that will not extend beyond the original loan maturity date by paying premiums directly to [us] [the plan administrator]. If you are currently paying your monthly premium along with your monthly mortgage payment, you will need to contact us at 400 Robert Street North, St. Paul, Minnesota 55101-2098 to make arrangements for paying premiums directly to [us] [the plan administrator].

The monthly disability benefit will be equal to the amount of the monthly disability benefit on your original insured loan prior to the loan being paid off or refinanced. The monthly disability benefit will remain fixed at this amount until your coverage terminates according to the terms of this certificate.

Subject to our right to change premium rates, the monthly premium will be the same as it was before your loan was paid off or refinanced.

If your loan was paid off early or refinanced with a lender that does not sponsor this insurance plan, benefits will be payable directly to you.

Loans Sold or Transferred

What happens to your coverage if your insured loan is sold or transferred to a lender that does not sponsor this insurance plan?

You may continue coverage if, prior to the original loan maturity date, your insured loan is sold or transferred to a lender that does not sponsor this insurance plan. You can continue coverage for a period that will not extend beyond the original loan maturity date by paying premiums directly to [us] [the plan administrator]. If you are currently paying your monthly premium along with your monthly mortgage payment, you will need to contact us at 400 Robert Street North, St. Paul, Minnesota 55101-2098 to make arrangements for paying premiums directly to [us] [the plan administrator].

The monthly disability benefit will be equal to the amount of the monthly disability benefit on your original insured loan prior to the loan being sold or transferred. The monthly disability benefit will remain fixed at this amount until your coverage terminates according to the terms of this certificate.

Subject to our right to change premium rates, the monthly premium will be the same as it was before your loan was sold or transferred. If your loan is sold or transferred to a lender that does not sponsor this insurance plan, benefits will be payable directly to you.

What happens to your coverage if your insured loan is sold or transferred to a lender that sponsors this insurance plan?

If your insured loan is sold or transferred to a lender that sponsors this insurance plan your coverage under this certificate remains in force.

Payment of Benefits

To whom will we pay benefits?

Unless otherwise specified in this certificate, we will pay the benefits to the lender. Our payment will fully discharge our liability with respect to any amount so paid.

Notice of Claim

Notice of claim must be given within 60 days after the occurrence or commencement of any disability covered under this certificate. The notice of claim must contain enough information for us to identify you. The notice of claim must be given to our authorized agent, [our designated plan administrator] or sent to our home office in St. Paul, Minnesota.

Our investigation of a claim, our furnishing of claim forms, or our acceptance of the notice of claim and proof of loss will not operate as a waiver of any of our rights to

defend any claim arising under this certificate. No action at law or in equity will be brought to recover on this certificate prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this certificate. No such action will be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Claim Forms

When we receive the notice of claim we will furnish the forms needed to file the proof of loss. If we do not furnish these forms within 15 days of the date we receive the notice of claim, you may submit your own proof of loss. The proof of loss must be in writing and cover the occurrence, character, and extent of the loss. We will also advise you if additional information beyond the claim forms is necessary to satisfy your proof of loss requirements under this certificate.

Proof of Loss

Written proof of loss must be given within 90 days after the occurrence of any disability covered by this certificate. Failure to furnish proof of loss within the time required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time. However, proof of loss must be furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, may proof of loss be filed later than one year from the time proof of loss is otherwise required.

If you are receiving disability benefits under this certificate we may require subsequent written proofs of disability from you to determine your continuing eligibility to receive benefits.

Premiums

When and how often are premiums payable?

You are required to pay monthly premiums to keep this certificate in force. You and we may agree to an alternative premium payment schedule or method. The payment must be made by you on or before each premium due date. Each premium payment will pay for the insurance then in effect under this certificate.

How are you to pay premiums?

The plan sponsor will make the initial determination whether the monthly premium you pay is to be paid along with your monthly mortgage payment or directly to [us] [the plan administrator]. If for any reason the plan sponsor no longer is willing to collect monthly premiums from you along with your monthly mortgage payment, then you must pay annual premiums directly to [us] [the plan administrator] to keep your coverage in force. The first direct payment will be due on the last day for which

premiums were paid by you along with your monthly mortgage payments. Thereafter, an annual premium will be due each year on the same date. You and we may agree to an alternative premium payment schedule or method. The annual premium will equal twelve times the monthly premium. All premiums are to be paid in United States dollars.

What is the amount of your monthly premium?

The amount of your initial monthly premium is shown on the benefit schedule.

[For joint disability coverage, the initial monthly premium is determined by the age of the older joint applicant on the effective date of coverage.] [For shared disability coverage, the initial monthly premium is determined separately by the age of each applicant on the effective date of coverage. The initial monthly premium for each insured is shown on the benefit schedule.]

If the plan sponsor chose the fixed benefit, the amount of your monthly premium will only change if we change the premium rates.

If the plan sponsor chose the adjustable benefit, the amount of your monthly premium will change if: 1) we change the premium rates; or 2) we are notified by the plan sponsor of a change in your monthly mortgage payment that requires a corresponding change in your monthly premium amount according to the terms of the Monthly Disability Benefit section of this certificate.

Can we change the premium rates?

Yes. After your coverage has been effective for 12 months, we have the right to change the premium rates on any premium due date, but not more than once in any policy year. We will provide you with at least 30 days notice in the event of any premium rate change we initiate.

Can premiums be paid after the due date?

Yes. This certificate has a 31-day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31-day period. The premium payment, however, must be received in our home office within the 31-day grace period. This certificate will remain in effect during the 31-day grace period. This grace period does not apply to the first premium payment.

Will any unearned premium be refunded?

Yes. If your coverage terminates at a time when there is unearned premium, we will refund any unearned premium to you.

Termination

When does your coverage under this certificate end?

Your insurance under this certificate will end on the earliest of:

- (1) the last day for which premiums have been paid following notice of termination of the group policy or notice of termination of a plan sponsor's participation under the group policy; or
- (2) 31 days after the due date of any premium which is not paid; or
- (3) the last day of the calendar month in which we receive your written request to terminate your insurance; or
- (4) the date the insured loan is paid off early or refinanced and you have not made arrangements for continuation of coverage; or
- (5) the date the insured loan is sold or transferred to a lender that does not sponsor this insurance plan and you have not made arrangements for continuation of coverage; or
- (6) the date you attain the termination age; or
- (7) the date the total amount of disability benefits paid under this certificate for you equals the maximum aggregate disability benefit; or
- (8) the original loan maturity date, or in the event the loan has been refinanced and coverage has been continued under the group policy, the earlier of the maturity date of the new refinanced loan or the original loan maturity date; or
- (9) the date of your death.

Insurance terminated for nonpayment of premiums may be reinstated, during your lifetime, and within 31 days following the date of termination. No evidence of insurability will be required during this 31-day period. In order for reinstatement to be effective, we must receive your reinstatement request and premium owed while you are living.

Additional Information

Can you assign your coverage?

No.

What if your age is misstated?

If your age has been misstated, the amount of the monthly disability benefit payable under this certificate will be that amount which the premiums paid would have purchased based upon your correct age. If we determine that you were not eligible for coverage under

the group policy due to your age, our liability under this certificate is limited to an amount equal to the premium payments you made.

When does the original issuance of your coverage become incontestable?

Except for fraud or the nonpayment of premiums, after your coverage has been in force during your lifetime for two years from the original effective date of your coverage (excluding any period during which you were disabled), we cannot contest the original issuance of your coverage for any disability that begins more than two years after the effective date. Your coverage

remains subject to all other certificate provisions and exclusions without time limitations unless specifically noted in the relevant section.

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have you medically examined at our own expense to verify your medical condition. We may do this as often as reasonably required while benefits are being considered or paid.

State Notices and Provisions

[The following applies to **Arkansas** residents:

1. The following **Notice** is added to the face page of the policy:

Notice

This is to advise you that should any questions arise regarding this insurance, you may contact the following: Minnesota Life Insurance Company, Group Division, 400 Robert Street North, St. Paul, Minnesota 55101-2098. Telephone (651) 665-3500.

If we at Minnesota Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, Arkansas 72201-1904. Telephone: (800) 832-5494 or (501) 371-2640.]

[The following applies to **District of Columbia** residents:

1. The “**Notice of Claim**” provision is amended to reflect that notice of claim must be given within **20 days** after the occurrence or commencement of any disability covered under this certificate, or as soon thereafter as is reasonably possible.

2. The first paragraph of the “**Proof of Loss**” provision is replaced with the following:

Written proof of loss must be given within 90 days after the occurrence of any disability covered by this certificate. If the disability is one for which the certificate requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as we may reasonably require. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time. However, proof of loss must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 1 year from the time proof is otherwise required.]

[The following applies to **Indiana** residents:

1. The first paragraph of the “**Notice of Claim**” section is replaced with the following:

Notice of Claim

Notice of claim must be given within 20 days after the occurrence or commencement of any disability covered under this certificate, or as soon as reasonably possible. The notice of claim must be in writing and contain enough information for Us to identify the Insured Person. The notice of claim must be given to Our authorized agent, [Our designated Plan Administrator] or sent to Our home office in St. Paul, Minnesota.

2. The first paragraph for the **Proof of Loss** section is replaced with the following:

Written proof of loss must be given within 90 days after the occurrence of any disability covered by this certificate. If the disability is one for which the certificate requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as we may reasonably require. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time. However, proof of loss must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 1 year from the time proof is otherwise required.]

[The following applies to **Nebraska** residents:

1. The “**Proof of Loss**” section is replaced with the following:

Proof of Loss

Written proof of loss must be given within one year after the occurrence of any disability covered by this policy. If the disability is one for which the policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as we may reasonably require. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time. However, proof of loss must be furnished as soon as reasonably possible.]

[The following applies to **Virginia** residents:

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number:

Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098
Telephone: (651) 665-3500]

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Life and Health Division
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
1-800-552-7945 (Toll Free Within Virginia)
1-877-310-6560 (toll Free For Out-of-State Callers)

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, the company, or the Bureau of Insurance, have your policy number available.]

MINNESOTA LIFE

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP MORTGAGE DISABILITY INSURANCE • MONTHLY PREMIUMS • MONTHLY RENEWABLE •
NONPARTICIPATING**

Benefit Schedule

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

MINNESOTA LIFE

NAME & ADDRESS

Plan Sponsor:

COVERAGE INFORMATION

Insured Debtor:

[Second Insured Debtor:]

Coverage Type: [Single] [Joint] [Shared]

Contract Number:

Service Number:

Effective Date:

[Insured Debtor's] Initial Monthly Premium:

[Second Insured Debtor's Initial Monthly Premium:]

First Premium Due Date:

Benefit Option Selected by Plan Sponsor: [Fixed]
[Adjustable]

Original Loan Maturity Date:

Termination Age: [55, 60, 65, 70]

[Insured Debtor's Percent of Coverage: [10% - 90%]]

[Second Insured Debtor's Percent of Coverage: [10%-90%]]

Initial Monthly Mortgage Payment:

Initial Monthly Disability Benefit [(Shared)]:

Maximum Monthly Disability Benefit [(Shared)]:
[\$1,000 - \$3,000]

Maximum Aggregate Disability Benefit [(per insured debtor)][(Shared)]: [\$15,000 - \$50,000]

Benefit Type: [Retroactive] [Nonretroactive]

Elimination Period: [14, 30, 60, 90, 120, 180] days

[Insured Debtor's] Maximum Benefit Period: [3, 6, 12, 18, 24] months]

[Second Insured Debtor's Maximum Benefit Period:
[3, 6, 12, 18, 24] months]]

[Plan Name]
Insurance Request and Authorization Form

Insurance provided by: Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098

[Reserved Exclusively For:]

[Sample A. Sample] [A/P# XXXXXX]
[Sample B. Sample]
[Address 1]
[Address 2]
[Any City, USA 12345]

[Please Choose] Single [or] [Joint] [Shared] Coverage			
<input type="checkbox"/> Single		<input type="checkbox"/> [Joint] [Shared]	
[Monthly Premium]			
[Age Band]	[Single]	[Shared] [First Applicant premium at X%] [Joint] [Based on age of older applicant]	[Shared] [Second Applicant premium at X%]
[18-29]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]
[30-39]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]
[40-49]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]
[50-59]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]

[Joint Coverage- each applicant will be insured for 100% of the monthly disability benefit.]

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

[First] Applicant's Information

[Second Applicant's Information]

Name (First,Middle,Last) _____
Applicant's address _____
Applicant's address (unit, apt) _____
City, state, zip _____
Applicant's date of birth _____
Phone number _____

Name (First,Middle,Last) _____
Second Applicant's Address _____
Second Applicant's Address (unit, apt) _____
City, state, zip _____
Second Applicant's date of birth _____
Phone 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)
- I have not been advised to have a consultation, referral, test, hospitalization, surgery or treatment which has not yet been completed.

By signing below [I/we]:

1. Verify 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 [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].

[First] Applicant's Signature

Date (mm/dd/yy)

Second Applicant's Signature

Date (mm/dd/yy)

X

X

10-50611

For Office Use Only

[XXXXXX]

Financial Institution _____ Group Policy Number _____
Service Number _____ Original Loan Maturity Date _____
Initial Monthly Mortgage Payment _____ Initial Monthly Disability Benefit _____
Original Loan Term _____



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.

[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 \$ _____.

[Application for [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] [Joint] [Shared] Coverage

Single [[Joint] [Shared]]

[Joint Coverage - each applicant will be insured for 100% of the monthly disability benefit.]

[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-xxx-xxxx**

[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 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 [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].

[First] applicant's signature (first, middle, last) X	Date (mo/day/yr)	Second applicant's signature (first, middle, last) X	Date (mo/day/yr)
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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) X	Date (mo/day/yr)	Second applicant's signature (first, middle, last) X	Date (mo/day/yr)
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10-50612

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.

SERFF Tracking Number: MNNL-127176156 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 48823
 Company Tracking Number: JAB-2088
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.004 Other
 Product Name: Group Mortgage Disability Insurance
 Project Name/Number: SecurePayment Mortgage Disability Insurance/JAB-2088

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: MHC-41371 2-2010 no sec.pdf MHC-36450-G 6-2006.pdf CERTIFICATION OF READABILITY.pdf	Approved-Closed	06/02/2011
Satisfied - Item: Application Comments: Attachments: 10-50611.pdf 10-50612.pdf	Approved-Closed	06/02/2011
Satisfied - Item: Explanation of Variables Comments: Attachments: Explanation of Variables 10-50608T.pdf Explanation of Variables 10-50609T.pdf Explanation of Variables 10-50610.pdf Explanation of Variables 10-50611.pdf Explanation of Variables 10-50612.pdf Explanation of Variables 10-50614.pdf	Approved-Closed	06/02/2011

Important Notice

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55105-2098

MINNESOTA LIFE

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, AR 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(please turn to back of page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contractholder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal Law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

This notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

Minnesota Life Insurance Company
Group Division
400 Robert Street North
St. Paul, Minnesota 55101-2098
TEL: 651-665-3500

If we at Minnesota Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
TEL: (501) 371-2640
Toll-Free: (800) 852-5494

CERTIFICATION OF READABILITY

This is to certify that the attached Group Mortgage Disability Insurance Policy
Form Number 10-50608T has achieved a Flesch Reading Ease Score of 40.0
and complies with the requirements of Ark. Stat. Ann. §66-3251 through 66-3258, cited as the
Life and Disability Insurance Policy Language Simplification Act.



Signature (Must be an Officer)

Name: Jeanine A. Berfeldt

Title: Assistant Secretary

Date: May 19, 2011

[Plan Name]
Insurance Request and Authorization Form

Insurance provided by: Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098

[Reserved Exclusively For:]

[Sample A. Sample] [A/P# XXXXXX]
[Sample B. Sample]
[Address 1]
[Address 2]
[Any City, USA 12345]

[Please Choose] Single [or] [Joint] [Shared] Coverage			
<input type="checkbox"/> Single		<input type="checkbox"/> [Joint] [Shared]	
[Monthly Premium]			
[Age Band]	[Single]	[Shared] [First Applicant premium at X%] [Joint] [Based on age of older applicant]	[Shared] [Second Applicant premium at X%]
[18-29]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]
[30-39]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]
[40-49]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]
[50-59]	[\$xx.xx]	[\$xx.xx]	[\$xx.xx]

[Joint Coverage- each applicant will be insured for 100% of the monthly disability benefit.]

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

[First] Applicant's Information

[Second Applicant's Information]

Name (First,Middle,Last) _____
Applicant's address _____
Applicant's address (unit, apt) _____
City, state, zip _____
Applicant's date of birth _____
Phone number _____

Name (First,Middle,Last) _____
Second Applicant's Address _____
Second Applicant's Address (unit, apt) _____
City, state, zip _____
Second Applicant's date of birth _____
Phone 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)
- I have not been advised to have a consultation, referral, test, hospitalization, surgery or treatment which has not yet been completed.

By signing below [I/we]:

1. Verify 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 [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].

[First] Applicant's Signature

Date (mm/dd/yy)

Second Applicant's Signature

Date (mm/dd/yy)

X

X

10-50611

For Office Use Only

[XXXXXX]

Financial Institution _____ Group Policy Number _____
Service Number _____ Original Loan Maturity Date _____
Initial Monthly Mortgage Payment _____ Initial Monthly Disability Benefit _____
Original Loan Term _____



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.

[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 \$ _____.

[Application for [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] [Joint] [Shared] Coverage

Single [[Joint] [Shared]]

[Joint Coverage - each applicant will be insured for 100% of the monthly disability benefit.]

[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-xxx-xxxx**

[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 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 [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].

[First] applicant's signature (first, middle, last) X	Date (mo/day/yr)	Second applicant's signature (first, middle, last) X	Date (mo/day/yr)
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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) X	Date (mo/day/yr)	Second applicant's signature (first, middle, last) X	Date (mo/day/yr)
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10-50612

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.

Minnesota Life Insurance Company

10-50608T GROUP MORTGAGE DISABILITY INSURANCE POLICY

EXPLANATION OF VARIABLES

ALL VARIABLE MATERIAL IS BRACKETED

SECTION	VARIABLE DATA	EXPLANATION
Page 1 - top	Company Address	In the event there is a change to the Company's Home Office Address.
Page 1 - top	Plan Administrator name, address and phone number	The plan administrator name, address and phone number will be included if Minnesota Life has designated a third party to administer this insurance plan.
Page 1 - top	Policyholder	In the event there is a change in the name of the trustee, or the trust.
Page 1 - middle	Date, time, and location of the Minnesota Mutual Companies, Inc. annual meeting	In the event there is a change in the date, time or location of the annual meeting of Minnesota Mutual Companies, Inc.
Officer Titles and Signatures	Change in name or title of the officer signing the policy	In the event the name or title of an officer signing the policy changes, the new signature and/or title of the officer will be used.
Page 1 – Table of Contents	<ul style="list-style-type: none"> • Joint Disability Coverage • Shared Disability Coverage 	<ul style="list-style-type: none"> • Will be included if joint disability coverage is offered • Will be included if shared disability coverage is offered
Pages 2 through 4 – Definitions	<ul style="list-style-type: none"> • Actively at work – number of hours per week required • Coverage type – “or joint shared” • Eligible debtor – second paragraph – joint or shared • Eligible loan – minimum term • Initial monthly disability benefit – shared disability coverage • Insured debtor – “or second insured debtor” • Joint disability coverage • Maximum aggregate disability benefit – shared disability coverage 	<ul style="list-style-type: none"> • The number of hours required to be considered actively at work may be “twenty-four (24)” or “thirty (30)”. • Coverage type can be offered as single only, single and joint, or single and shared. • If either joint or shared disability coverage is offered the entire second paragraph as well as the appropriate references to joint or shared will be included. • The minimum term may be changed based on the scope of a state's short-term credit act to ensure this product falls outside the scope of credit insurance. • The shared disability coverage language will be included if shared disability coverage is offered. • If either joint or shared disability coverage is offered the reference to second insured debtor will be included. • The definition of joint disability coverage will be included if joint disability coverage is offered. • The shared disability coverage language will be included if shared disability coverage is offered.

	<ul style="list-style-type: none"> • Maximum benefit period – joint disability coverage, shared disability coverage • Maximum monthly disability benefit – shared disability coverage • Monthly disability benefit – shared disability coverage • Percent of coverage • Plan administrator • Shared disability coverage 	<ul style="list-style-type: none"> • The joint disability coverage language will be included if joint disability coverage is offered. The shared disability coverage language will be included if shared disability coverage is offered. • The shared disability coverage language will be included if shared disability coverage is offered. • The shared disability coverage language will be included if shared disability coverage is offered. • The percent of coverage definition will be included if shared disability coverage is offered. • The plan administrator definition will be included if Minnesota Life has designated a third party to administer this insurance plan. • The definition of shared disability coverage will be included if shared disability coverage is offered.
Page 5 – Monthly Disability Benefit	In the last paragraph of the provision “When will the monthly disability benefit be payable?” the reference to “our designated plan administrator”.	The reference to “our designated plan administrator” will be included if Minnesota Life has designated a third party to administer this insurance plan.
Page 6 – Joint Disability Coverage	Entire section	This entire section will be included if joint disability coverage is offered.
Page 6 – Shared Disability Coverage	Entire section	This entire section will be included if shared disability coverage is offered.
Page 7 – Refinanced Loans	In the first paragraph of the provision “What if the insured loan is paid off early, or refinanced with a lender that does not sponsor this insurance plan?” the references to “us” and “the plan administrator”.	If Minnesota Life has designated a third party to administer this insurance plan, the references to “the plan administrator” will be included; otherwise, the references to “us” will be included.
Pages 7 & 8 – Loans Sold or Transferred	In the first paragraph of the provision “What happens to the insured debtor’s coverage if the insured loan is sold or transferred to a lender that does not sponsor this insurance plan?” the references to “us” and “the plan administrator”.	If Minnesota Life has designated a third party to administer this insurance plan, the references to “the plan administrator” will be included; otherwise, the references to “us” will be included.
Page 8 – Notice of Claim	In the first paragraph the reference to “our designated plan administrator”.	The reference to “our designated plan administrator” will be included if Minnesota Life has designated a third party to administer this insurance plan.
Page 8 - Premiums	In the provision “How are premium contributions from insured debtors to be paid?” the references to “us” and “the plan administrator”.	If Minnesota Life has designated a third party to administer this insurance plan, the references to “the plan administrator” will be included; otherwise, the references to “us” will be included.

Page 11 – State Notices and Provisions	Entire section	This section will be used to include state-specific language required to comply with laws and regulations in a given state. We may also choose to incorporate the language contained in this section into the body of the policy for issue purposes.
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Minnesota Life Insurance Company

10-50609T GROUP MORTGAGE DISABILITY INSURANCE CERTIFICATE

EXPLANATION OF VARIABLES

ALL VARIABLE MATERIAL IS BRACKETED

SECTION	VARIABLE DATA	EXPLANATION
Page 1 - top	Company Address	In the event there is a change to the Company's Home Office Address.
Page 1 - top	Plan Administrator name, address and phone number	The plan administrator name, address and phone number will be included if Minnesota Life has designated a third party to administer this insurance plan.
Officer Titles and Signatures	Change in name or title of the officer signing the policy	In the event the name or title of an officer signing the policy changes, the new signature and/or title of the officer will be used.
Page 1 – Table of Contents	<ul style="list-style-type: none"> Joint Disability Coverage Shared Disability Coverage 	<ul style="list-style-type: none"> Will be included if joint disability coverage is offered Will be included if shared disability coverage is offered
Page 2 - Eligibility	Second paragraph – joint or shared disability coverage	If either joint or shared disability coverage is offered the entire second paragraph as well as the appropriate references to joint or shared will be included.
Pages 2 through 4 – Definitions	<ul style="list-style-type: none"> Actively at work – number of hours per week required Coverage type – “or joint shared” Eligible loan – minimum term Initial monthly disability benefit – shared disability coverage Insured debtor – “or second insured debtor” Joint disability coverage Maximum aggregate disability benefit – shared disability coverage Maximum benefit period – joint disability coverage, shared disability coverage Maximum monthly disability benefit – shared disability coverage 	<ul style="list-style-type: none"> The number of hours required to be considered actively at work may be “twenty-four (24)” or “thirty (30)”. Coverage type can be offered as single only, single and joint, or single and shared. The minimum term may be changed based on the scope of a state’s short-term credit act to ensure this product falls outside the scope of credit insurance The shared disability coverage language will be included if shared disability coverage is offered. If either joint or shared disability coverage is offered the reference to second insured debtor will be included. The definition of joint disability coverage will be included if joint disability coverage is offered. The shared disability coverage language will be included if shared disability coverage is offered. The joint disability coverage language will be included if joint disability coverage is offered. The shared disability coverage language will be included if shared disability coverage is offered. The shared disability coverage language will be included if shared disability coverage is offered.

	<ul style="list-style-type: none"> • Monthly disability benefit – shared disability coverage • Percent of coverage • Plan administrator • Shared disability coverage • You, your – second insured debtor language 	<ul style="list-style-type: none"> • The shared disability coverage language will be included if shared disability coverage is offered. • The percent of coverage definition will be included if shared disability coverage is offered. • The plan administrator definition will be included if Minnesota Life has designated a third party to administer this insurance plan. • The definition of shared disability coverage will be included if shared disability coverage is offered. • If either joint or shared disability coverage is offered the entire phrase regarding the second insured debtor as well as the appropriate reference to joint or shared will be included.
Page 5 – Monthly Disability Benefit	In the last paragraph of the provision “When will the monthly disability benefit be payable?” the reference to “our designated plan administrator”.	The reference to “our designated plan administrator” will be included if Minnesota Life has designated a third party to administer this insurance plan.
Page 6 – Joint Disability Coverage	Entire section	This entire section will be included if joint disability coverage is offered.
Page 6 – Shared Disability Coverage	Entire section	This entire section will be included if shared disability coverage is offered.
Page 7 – Refinanced Loans	In the first paragraph of the provision “What if the insured loan is paid off early, or refinanced with a lender that does not sponsor this insurance plan?” the references to “us” and “the plan administrator”.	If Minnesota Life has designated a third party to administer this insurance plan, the references to “the plan administrator” will be included; otherwise, the references to “us” will be included.
Pages 7 – Loans Sold or Transferred	In the first paragraph of the provision “What happens to your coverage if your insured loan is sold or transferred to a lender that does not sponsor this insurance plan?” the references to “us” and “the plan administrator”.	If Minnesota Life has designated a third party to administer this insurance plan, the references to “the plan administrator” will be included; otherwise, the references to “us” will be included.
Page 8 – Notice of Claim	In the first paragraph the reference to “our designated plan administrator”.	The reference to “our designated plan administrator” will be included if Minnesota Life has designated a third party to administer this insurance plan.
Page 8 - Premiums	<ul style="list-style-type: none"> • In the provision “How are you to pay premiums?” the references to “us” and “the plan administrator”. • In the provision “What is the amount of your monthly premium?” the joint disability coverage and shared disability coverage language. 	<ul style="list-style-type: none"> • If Minnesota Life has designated a third party to administer this insurance plan, the references to “the plan administrator” will be included; otherwise, the references to “us” will be included. • The joint disability coverage language will be included if joint disability coverage is offered. The shared disability coverage language will be included if shared disability coverage is offered.

10-50609T Group Mortgage Disability Insurance Certificate

Explanation of Variables

Page 3

Page 11 – State Notices and Provisions	Entire section	This section will be used to include state-specific language required to comply with laws and regulations in a given state. We may also choose to incorporate the language contained in this section into the body of the policy for issue purposes.
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Minnesota Life Insurance Company

10-50610 PLAN SPONSOR'S APPLICATION

EXPLANATION OF VARIABLES

ALL VARIABLE MATERIAL IS BRACKETED

SECTION	VARIABLE DATA	EXPLANATION
Top	Company Address	In the event there is a change to the Company's Home Office Address.
Plan Sponsor information	Name, address, and phone number of plan sponsor	This information will vary by plan sponsor.
Class and Condition of Eligibility	Second sentence – joint or shared disability coverage	If either joint or shared disability coverage is offered the entire second sentence as well as the appropriate reference to joint or shared will be included.
Monthly Disability Benefit	Shared disability coverage language	The shared disability coverage language will be included if shared disability coverage is offered.
Elimination Period	Number of days of elimination period	The elimination period will be 14, 30, 60, 90, 120 or 180 days. Minnesota Life will determine the elimination period that will be offered under a given plan made available to eligible debtors through a specific plan sponsor. The appropriate elimination period will be included on the plan sponsor's application.
Benefit Type	Retroactive or Nonretroactive	Minnesota Life will determine whether the plan made available to eligible debtors through a specific plan sponsor will provide benefits on a retroactive or nonretroactive basis. The appropriate benefit type will be included on the plan sponsor's application.
Coverage Type	Single; Single and Joint; Single and Shared	Minnesota Life will determine whether the plan made available to eligible debtors through a specific plan sponsor will provide for joint or shared disability coverage in addition to single disability coverage. The available coverage types will be included on the plan sponsor's application.
Maximum Monthly Disability Benefit	<ul style="list-style-type: none"> • Maximum amount • Shared disability coverage language 	<ul style="list-style-type: none"> • The maximum monthly disability amount may range from \$1,000 to \$3,000. • The shared disability coverage language will be included if shared disability coverage is offered.
Maximum Aggregate Disability Benefit	<ul style="list-style-type: none"> • Maximum amount • Shared disability coverage language 	<ul style="list-style-type: none"> • The maximum aggregate disability amount may range from \$15,000 to \$50,000. • The shared disability coverage language will be included if shared disability coverage is offered.
Termination Age	Age	The termination age may be 55, 60, 65, or 70.
Maximum Benefit Period	<ul style="list-style-type: none"> • Joint disability coverage language 	<ul style="list-style-type: none"> • The joint disability coverage language will be included if joint disability coverage is offered.

	<ul style="list-style-type: none"> • Shared disability coverage language • Maximum benefit period schedule by age 	<ul style="list-style-type: none"> • The shared disability coverage language will be included if shared disability coverage is offered. • The maximum benefit period will vary by age on effective date. Several different age brackets may be used. Minimum eligibility age is 18. The maximum eligibility age may vary. Possible maximum eligibility ages are 54, 59, or 64. The possible benefit periods are 3, 6, 12, 18 or 24 months.
<p>Premium Contribution Rates</p>	<ul style="list-style-type: none"> • Rates for shared disability coverage • Rates for joint disability coverage • Joint disability coverage language • Shared disability coverage language 	<ul style="list-style-type: none"> • The shared disability coverage rates will be included if shared disability coverage is offered. • The joint disability coverage rates will be included if shared disability coverage is offered. • The joint disability coverage language will be included if shared disability coverage is offered. • The shared disability coverage language will be included if joint disability coverage is offered.
<p>Benefit Option</p>	<ul style="list-style-type: none"> • Fixed benefit • Adjustable benefit 	<ul style="list-style-type: none"> • The fixed benefit language will be included if benefits will be provided on a fixed basis under the plan offered by the plan sponsor. • The adjustable benefit option will be included if benefits will be provided on an adjustable basis under the plan offered by the plan sponsor.

Minnesota Life Insurance Company

10-50611 INSURANCE REQUEST AND AUTHORIZATION FORM

EXPLANATION OF VARIABLES

ALL VARIABLE MATERIAL IS BRACKETED

SECTION	VARIABLE DATA	EXPLANATION
Form Title	<ul style="list-style-type: none"> • Plan Name • Insurance Request and Authorization Form 	<ul style="list-style-type: none"> • The name of the product (i.e. mortgage disability) or a marketing name given to the product may be added above the title of the form. • The title may be changed to "Application" or "Enrollment Form"
Top	<ul style="list-style-type: none"> • Company Address 	<ul style="list-style-type: none"> • In the event there is a change to the Company's Home Office Address.
Address block	<ul style="list-style-type: none"> • Reserved Exclusively For: • Name and address information 	<ul style="list-style-type: none"> • May be removed or language may vary depending on marketing approached used for a specific plan sponsor. • The name(s) and address of the debtor(s) will be personalized in each mailing package.
Premium rate table	<ul style="list-style-type: none"> • Rates in table • "Please Choose", "or", "Joint", "Shared" • Second line of rate chart • "Monthly Premium" • "Age Band" • "Shared" and "First Applicant premium at X%" • "Joint" and "Based on age of older applicant" 	<ul style="list-style-type: none"> • The rates in the table will vary by plan design and will be personalized based on the debtor's monthly mortgage payment. • "Please choose" and "or" will be included when joint or shared coverage is offered in addition to single coverage. "Joint" will be used when joint coverage is offered. "Shared" will be used when shared coverage is offered. • This line will be included when joint or shared coverage is offered in addition to single coverage. • This may be changed to "Monthly Cost" or something similar. • The title may be changed to "Age on Effective Date", "Current Age", "Attained Age" or something similar. The age brackets shown may vary depending on the pricing of the benefits being offered. • These terms and this rate column will be included when shared coverage is offered. The rates will be calculated to show the rates applicable to the first applicant based on the percent of coverage. The percent of coverage for each applicant can vary from 10%-90%. The total shared coverage cannot exceed 100%. • These terms and this rate column will be included when joint coverage is offered.

	<ul style="list-style-type: none"> • “Shared” and “Second Applicant premium at X%” 	<ul style="list-style-type: none"> • These terms and this rate column will be included when shared coverage is offered. The rates will be calculated to show the rates applicable to the first applicant based on the percent of coverage. The percent of coverage for each applicant can vary from 10%-90%. The total shared coverage cannot exceed 100%.
Text below premium rate table	<ul style="list-style-type: none"> • Joint Coverage language • Shared Coverage language 	<ul style="list-style-type: none"> • The joint coverage language will be included if joint disability coverage is offered. • The shared coverage language will be included if shared disability coverage is offered.
Applicant’s Information boxes	<ul style="list-style-type: none"> • “First” • “Second Applicant’s Information” • Applicant name, address, date of birth, and phone number 	<ul style="list-style-type: none"> • The word “First” will be included when either joint or shared coverage is offered in addition to single coverage. • This title and section will be included when either joint or shared coverage is offered in addition to single coverage. • This information will be completed by applicant(s).
Mortgage Disability Eligibility Statement	<ul style="list-style-type: none"> • Age “60” • Number of hours per week required - “twenty-four(24)” 	<ul style="list-style-type: none"> • The maximum eligibility age may vary by plan design. The possible eligibility ages are under age 55, 60 or 65. • The number of hours required to be considered actively at work may be “twenty-four (24)” or “thirty (30)”.
Section below eligibility statement	<ul style="list-style-type: none"> • “I/we” and “my/our” – all references • Statement #3 – “\$2,000”; “\$30,000” and shared coverage language • Statement #6 premium payment authorization • Statement #7 – “on the back of this application” 	<ul style="list-style-type: none"> • If only single coverage is offered, all references will read either “I” or “my”. If joint or shared coverage is offered in addition to single coverage all references will read “I/we” or “my/our”. • The reference to \$2,000 (maximum monthly disability benefit) may vary between \$1,000 and \$3,000; the references to \$30,000 (maximum aggregate disability benefit) may vary between \$15,000 and \$50,000; the shared coverage language will be included if shared coverage is offered. • This language will vary by plan sponsor and product offering to correctly identify the entity being authorized to collect premium as well as the method and frequency of the premium payment. The last phrase of this statement regarding providing information on the application will be included when requested by a plan sponsor. • The reference to “on the back of this application” will be removed if the fraud notice is required to be placed on the front of the application.

	<ul style="list-style-type: none"> • Statement #8 – “Consumer Protection Disclosures” and “on the back of this application” 	<ul style="list-style-type: none"> • The title “Consumer Protection Disclosures” may change if a plan sponsor requires a different title. For example, “FDIC disclosures” or something similar. The reference to “on the back of this application” will be removed if the Consumer Protection Disclosures are included in a separate piece in the mailing package.
Signatures	<ul style="list-style-type: none"> • First” • “Second Applicant’s Signature” 	<ul style="list-style-type: none"> • The word “First” will be included when either joint or shared coverage is offered in addition to single coverage. • The Second Applicant’s Signature box will be included when either joint or shared coverage is offered in addition to single coverage.
For Office Use Only section	<ul style="list-style-type: none"> • Entire section 	<ul style="list-style-type: none"> • The information contained in this section will be personalized by mailing campaign.

Minnesota Life Insurance Company

10-50612 APPLICATION FOR MORTGAGE DISABILITY INSURANCE

EXPLANATION OF VARIABLES

ALL VARIABLE MATERIAL IS BRACKETED

SECTION	VARIABLE DATA	EXPLANATION
Entire form	<ul style="list-style-type: none"> All references to "I/we" and "my/our" 	<ul style="list-style-type: none"> If only single coverage is offered, all references throughout the form will be to "I" or "my". If joint or shared coverage is offered in addition to single coverage all references will be to "I/we" or "my/our".
Top	<ul style="list-style-type: none"> Form title 	<ul style="list-style-type: none"> The name of the product (mortgage disability) may be changed to a marketing name. The title may be changed to "Insurance Request and Authorization Form" or "Enrollment Form".
Top	<ul style="list-style-type: none"> Company Address 	<ul style="list-style-type: none"> In the event there is a change to the Company's Home Office Address.
Coverage Options	<ul style="list-style-type: none"> "Please Choose", "or", "Joint", "Shared" Joint Coverage language Shared Coverage language 	<ul style="list-style-type: none"> "Please choose" and "or" will be included when joint or shared coverage is offered in addition to single coverage. "Joint" will be used when joint coverage is offered. "Shared" will be used when shared coverage is offered. The checkbox for "Joint" or "Shared" coverage will only appear if joint or shared coverage is offered. The joint coverage language will be included if joint disability coverage is offered. The shared coverage language will be included if shared disability coverage is offered. The percent of coverage for each applicant can vary from 10%-90%. The total shared coverage cannot exceed 100%.
Applicant's Information boxes	<ul style="list-style-type: none"> "First" "Second Applicant's Information" Applicant name, address, date of birth, and phone number 	<ul style="list-style-type: none"> The word "First" will be included when either joint or shared coverage is offered in addition to single coverage. This title and section will be included when either joint or shared coverage is offered in addition to single coverage. This information will be completed by applicant(s).
Mortgage Disability Eligibility Statement	<ul style="list-style-type: none"> Age "60" Number of hours per week required - "twenty-four(24)" 	<ul style="list-style-type: none"> The maximum eligibility age may vary by plan design. The possible eligibility ages are under age 55, 60 or 65. The number of hours required to be considered actively at work may be "twenty-four (24)" or "thirty (30)".
Section below eligibility statement	<ul style="list-style-type: none"> Statement #3 – "\$2,000"; "\$30,000" and shared coverage language 	<ul style="list-style-type: none"> The reference to \$2,000 (maximum monthly disability benefit) may vary between \$1,000 and \$3,000; the references to \$30,000 (maximum

	<ul style="list-style-type: none"> • Statement #6 premium payment authorization • Statement #7 – “on the back of this application” • Statement #8 – “Consumer Protection Disclosures” and “on the back of this application” 	<p>aggregate disability benefit) may vary between \$15,000 and \$50,000; the shared coverage language will be included if shared coverage is offered.</p> <ul style="list-style-type: none"> • This language will vary by plan sponsor and product offering to correctly identify the entity being authorized to collect premium as well as the method and frequency of the premium payment. The last phrase of this statement regarding providing information on the application will be included when requested by a plan sponsor. • The reference to “on the back of this application” will be removed if the fraud notice is required to be placed on the front of the application. • The title “Consumer Protection Disclosures” may change if a plan sponsor requires a different title. For example, “FDIC disclosures” or something similar. The reference to “on the back of this application” will be removed if the Consumer Protection Disclosures are included in a separate piece in the mailing package.
Signatures	<ul style="list-style-type: none"> • First” • “Second Applicant’s Signature” 	<ul style="list-style-type: none"> • The word “First” will be included when either joint or shared coverage is offered in addition to single coverage. • The Second Applicant’s Signature box will be included when either joint or shared coverage is offered in addition to single coverage.
To be completed by financial institution	<ul style="list-style-type: none"> • Entire section 	<ul style="list-style-type: none"> • The information contained in this section will be personalized by plan sponsor. The plan sponsor will complete the information specific to the debtor’s mortgage loan.

Minnesota Life Insurance Company

10-50614 BENEFIT SCHEDULE

EXPLANATION OF VARIABLES

ALL VARIABLE MATERIAL IS BRACKETED

SECTION	VARIABLE DATA	EXPLANATION
Entire Form	All fields	All of the fields on this form will be personalized for each insured debtor. The variability of material bracketed on this form is explained below.
Top	Company Address	In the event there is a change to the Company's Home Office Address.
Name & Address	Insured Debtor's name and address	This information will vary by insured debtor.
Plan Sponsor	Plan Sponsor Name	This information will vary for each plan sponsor.
Coverage Information – First column	<ul style="list-style-type: none"> • Second Insured Debtor • Coverage Type • "Insured Debtor's" Initial Monthly Premium • "Second Insured Debtor's Initial Monthly Premium • Benefit Option Selected by Plan Sponsor • Termination Age 	<ul style="list-style-type: none"> • If two debtors are insured for either joint or shared disability coverage the name of the second insured debtor will be included in addition to the name of the insured debtor. • The coverage type applicable to the insured debtor(s) coverage will be indicated. The possible coverage types are Single, Joint, or Shared. • The words "Insured Debtor's" will only appear in the title if two debtors are insured for shared disability coverage. • The "Second Insured Debtor's Initial Monthly Premium" field will only appear if two debtors are insured for shared disability coverage. • The benefit option will show either "Fixed" or "Adjustable" depending on the benefit option shown on the plan sponsor's application. • The termination age will reflect the termination age applicable to an insured debtor's coverage. The possible termination ages are 55, 60, 65, or 70.
Coverage Information – Second column	<ul style="list-style-type: none"> • Insured Debtor's Percent of Coverage • Second Insured Debtor's Percent of Coverage 	<ul style="list-style-type: none"> • The "Insured Debtor's Percent of Coverage" field will only appear if two debtors are insured for shared disability coverage. The possible percentages range from 10% to 90%. The total percent of coverage combined for the two debtors must equal 100%. • The "Second Insured Debtor's Percent of Coverage" field will only appear if two debtors are insured for shared disability coverage. The possible percentages range from 10% to 90%. The combined percent of coverage for the two debtors must equal 100%.

	<ul style="list-style-type: none"> • Initial Monthly Disability Benefit “(Shared)” • Maximum Monthly Disability Benefit • Maximum Monthly Disability Benefit “(Shared)” • Maximum Aggregate Disability Benefit • Maximum Aggregate Disability Benefit “(per insured debtor)” “(Shared)” • Benefit Type • Elimination Period • Maximum Benefit Period 	<ul style="list-style-type: none"> • The word “(Shared)” will only appear at the end of this title if two debtors are insured for shared disability coverage. • The maximum monthly disability benefit will be the maximum benefit applicable to an insured debtor’s coverage. The maximum benefit may range from \$1,000 to \$3,000. • The word “(Shared)” will only appear at the end of this title if two debtors are insured for shared disability coverage. This indicates that the maximum benefit amount is the total amount being shared between the two debtors. • The maximum aggregate disability benefit will be the maximum aggregate benefit applicable to an insured debtor’s coverage. The maximum aggregate disability benefit may range from \$15,000 to \$50,000. • The words “(per insured debtor)” will only appear at the end of this title if a debtor is insured for single coverage two debtors are insured for joint coverage. For single and joint coverage the maximum aggregate benefit is per insured debtor. The word “(Shared)” will only appear at the end of this title if two debtors are insured for shared disability coverage. This indicates that the maximum aggregate benefit amount is the total amount being shared between the two debtors. • The benefit type applicable to the insured debtor(s) coverage will be indicated. The possible benefit types are Retroactive or Nonretroactive. • The elimination period applicable to the insured debtor(s) coverage will be indicated. The possible elimination periods are 14, 30, 60, 90, 120 or 180 days. • The maximum benefit period applicable to the insured debtor(s) coverage will be indicated. The possible maximum benefit periods are 3, 6, 12, 18 or 24 months. For joint disability coverage both joint insureds will have the same benefit period, determined by the age of the older joint insured on the effective date of coverage.
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	<ul style="list-style-type: none">• "Insured Debtor's" Maximum Benefit Period • "Second Insured Debtor's Maximum Benefit Period	<ul style="list-style-type: none">• The words "Insured Debtor's" will only appear in the title if two debtors are insured for shared disability coverage. For shared disability coverage the maximum benefit period is determined separately for each debtor based on each debtor's age on the effective date of coverage. The possible maximum benefit periods are 3, 6, 12, 18 or 24 months.• The "Second Insured Debtor's Maximum Benefit Period" field will only appear if two debtors are insured for shared disability coverage. This field will indicate the maximum benefit period applicable to the second insured debtor's coverage. The possible maximum benefit periods are 3, 6, 12, 18 or 24 months.
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