

APPLICATION FOR AMERICAN HOMEOWNERS ASSOCIATION AND HOME PROTECTION PLAN

Policy #63366-6

YES! PLEASE ENROLL ME AS A MEMBER OF THE AMERICAN HOMEOWNERS ASSOCIATION AND THE HOME PROTECTION PLAN OF INSURANCE for ACCIDENTAL DEATH AND DISMEMBERMENT. Payments will be made as I have indicated for the coverage amount listed below. I understand that AHA membership is available separately for \$19.95 monthly, and is already included in the monthly payment below. I must become a member of American Homeowners Association to be eligible for this coverage. Insurance becomes effective the first of the month following approval of the application and receipt of the first month's payment by us during your lifetime. **Prepared exclusively for customer of AMERICAN INTERNET MTG INC***



HOPE FULLY-CLUELESS
900 OTAY LAKES ROAD
CHULA VISTA, CA 91910

RE: RECENT MORTGAGE LOAN WITH YOUR LENDER

AMOUNT OF COVERAGE: **\$142,000**

(Even if your mortgage balance is less.)

MONTHLY PAYMENTS: **\$50.75** ONE PERSON
\$66.15 TWO PERSONS

A. FILL OUT AND SIGN APPLICATION

CASE NUMBER 46593761

MEMBER APPLICANT		MEMBER CO-APPLICANT	
NAME (FIRST, MIDDLE, LAST) PLEASE PRINT		NAME (FIRST, MIDDLE, LAST) PLEASE PRINT	
APPLICANT'S DATE OF BIRTH	PHONE NO. (HOME) ()	CO-APPLICANT'S DATE OF BIRTH	PHONE NO. (WORK) ()
APPLICANT'S SIGNATURE X	TODAY'S DATE	CO-APPLICANT'S SIGNATURE X	TODAY'S DATE

I designate the current lending institution at the time of my death as beneficiary to the extent of the indebtedness, with additional benefit amounts if any, to be paid to my estate or, I may designate another below. Do not complete this section if you wish your lending institution to be your beneficiary.

(Optional) _____ Applicant's Beneficiary, Relationship _____
(Optional) _____ Co-Applicant's Beneficiary, Relationship _____

A-00726

Underwritten by ReliaStar Life Insurance Company, a member of ING.

Policy Form #: LP04GP

B. SELECT YOUR METHOD OF PAYMENT (Check one please)

- MONTHLY BILLING:** Please send me a bill each month.
- AUTOMATIC CHECKING:** Save time and postage. Automatically paid through my checking account by electronic transfer. **I have enclosed a deposit slip in order to identify my account number.** I send no money now and have signed below. Payments will be automatically drawn on the first of the month or check block for different date: 15th 25th

AUTHORIZATION TO HONOR AUTOMATIC DEBIT DRAWN BY HOME PROTECTION PLAN		
As a convenience to me I hereby request and authorize you to pay and charge to my account debits drawn on my account by and payable to the order of Home Protection Plan, Waldorf, MD provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each debit shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in foregoing any such debit. I further agree that any such debit be dishonored whether with or without cause and whether intentionally or inadvertently you shall be under no liability whatsoever.		
Date	Signature (Please sign here and enclose a deposit slip if using automatic checking)	Both signatures if joint account
	X	X

- USE YOUR CREDIT CARD:** Charge to my Visa, Mastercard, or American Express Monthly. I have completed the credit card information below.

Credit Card Number _____	My card expires _____	
Signature _____	Print Name as Shown on Your Card _____	

C. RETURN IN ENCLOSED PREPAID ENVELOPE-SEND NO PAYMENT NOW

* The American Homeowners Association and Home Protection Plan has obtained your bank or lender's information from public records. This application and any information on this application did not (1) originate from your bank or lender; (2) originate from someone affiliated, connected, or associated in any manner with your bank or lender; and, (3) is not approved or sponsored by your bank or lender.

Any person who knowingly and with intent to defraud, submits an application or files a statement or claim containing any materially false, incomplete or misleading information commits a fraudulent act, which is a crime.

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