



AMERICAN HOMEOWNERS ASSOCIATION AND HOME PROTECTION PLAN APPLICATION

YES! PLEASE ENROLL ME AS 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.



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RE: YOUR MORTGAGE WITH ~~XXXXXXXXXXXXXXXXXXXX~~

AMOUNT OF COVERAGE: **\$323,000**

(Even if your mortgage balance is less.)

MONTHLY **\$90.35** ONE PERSON

PAYMENTS: **\$125.55** TWO PERSONS

09/19/90

Yes, I am interested in becoming a member of the AHA and the HOME PROTECTION PLAN OF INSURANCE.

A. FILL OUT AND SIGN ENROLLMENT FORM

CASE NUMBER 49969600

| 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 (REQUIRED) X | TODAY'S DATE | CO-APPLICANT'S SIGNATURE (REQUIRED) 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 _____ | |

Underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa

MZ0925747H0001A

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 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 should 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) X | Both signatures if joint account 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 X _____ | Print Name as Shown on Your Card _____ | |

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

IMPORTANT IMPORTANT**RECOMMENDED BY AMERICAN HOMEOWNERS ASSOCIATION
A NON-PROFIT ORGANIZATION**

YOUR IMMEDIATE DECISION IS REQUESTED.

WE URGE YOU TO FULLY CONSIDER THE HOME PROTECTION PLAN AND YOUR FAMILY'S FUTURE FINANCIAL SECURITY.

This AD&D group insurance plan could help your family continue to enjoy your home without worrying about their largest single debt – your mortgage. You know the consequences a sudden, unexpected tragedy could cause. And, unfortunately, *none of us* are immune to misfortune. Consider that by completing the enclosed Member Application:

- **ACCEPTANCE IS GUARANTEED FOR YOU OR CO-APPLICANT AGE 18 TO 79.** NO MEDICAL EXAMS REQUIRED AND NO HEALTH QUESTIONS ASKED.
- **THIS COVERAGE IS LIMITED TO \$500,000 PER PERSON.** COVERAGE DOES NOT DECLINE AS YOUR MORTGAGE BALANCE DECLINES.
- **THIS PROTECTION IS MORE ECONOMICAL THAN YOU MAY THINK,** AS DETAILS ON THE ENCLOSED APPLICATION SHOW.
- **A SECOND CO-APPLICANT CAN BE COVERED FOR HALF PRICE,** WHEN BOTH APPLY TOGETHER. EACH WILL BE COVERED FOR THE SAME AMOUNT AS SHOWN ON THE APPLICATION.
- **YOU CAN SIGN UP AND FORGET ABOUT IT.** YOUR MONTHLY PAYMENT CAN BE PAID AUTOMATICALLY THROUGH EITHER YOUR CHECKING ACCOUNT OR YOUR CREDIT CARD, OR YOU MAY CHOOSE TO RECEIVE BILLS THROUGH THE MAIL.
- **ENROLLING IS EASY.** JUST COMPLETE YOUR ENROLLMENT FORM AND DROP IT IN THE MAIL NO PAYMENT IS NECESSARY NOW. DON'T PUT THIS NOTICE ASIDE WITHOUT THINKING ABOUT THE IMPORTANCE OF HELPING TO PROTECT YOUR FAMILY AND THE MORTGAGE OBLIGATION OF YOUR HOME. **PLEASE CALL THE TOLL-FREE NUMBER, 1-800-777-7590 IF YOU HAVE ANY QUESTIONS.** THIS VALUABLE GROUP INSURANCE PROGRAM COVERS ACCIDENTAL DEATH UP TO THE AMOUNT OF YOUR MORTGAGE.

REMEMBER THE 30-DAY "NO-RISK LOOK." IF YOU DECIDE THIS AD&D HOME PROTECTION PLAN ISN'T FOR YOU, RETURN YOUR CERTIFICATE AND ANY PAYMENT MADE WILL BE REFUNDED.

THE HOME PROTECTION PLAN

ORIGINAL LENDER **CASHCALL INC**
BENEFICIARY:*

EXCLUSIVELY ENDORSED AND SPONSORED BY THE AMERICAN HOMEOWNERS ASSOCIATION.



GROUP INSURANCE POLICIES ARE UNDERWRITTEN BY: MONUMENTAL LIFE INSURANCE COMPANY, CEDAR RAPIDS, IOWA AND TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY (FOR NEW YORK RESIDENTS), HARRISON, NY.

NOTE: PLEASE COMPARE HOME PROTECTION PLAN'S GROUP BENEFITS WITH OTHER PLANS YOU MAY HAVE SEEN. REMEMBER, HOME PROTECTION PLAN COVERAGE DOES NOT DECLINE AS YOUR MORTGAGE BALANCE DECLINES, AND YOUR COVERAGE NEVER TERMINATES DUE TO AGE.

*You may designate your lender or anyone you choose as your beneficiary.

REMEMBER-Misfortune can occur at any time. DON'T BE TOO LATE – SIGN UP NOW!!!

