



## SUMMARY OF INSURANCE COVERAGES

**IMPORTANT INFORMATION ON CHARGEARD LIMITATIONS, EXCLUSIONS, COSTS:** Upon acceptance of your enrollment, you will receive your certificates and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need or want to purchase this insurance. This credit insurance is optional. You are not required to purchase the insurance to obtain credit. You are free to cancel anytime. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates and/or policies upon written notice and subject to state regulations.

**COVERAGE IS NOT AVAILABLE IN: KY & MN**

**LIFE, DISABILITY, UNEMPLOYMENT AND LEAVE OF ABSENCE COVERAGES APPLY ONLY TO THE PERSON WHOSE NAME APPEARS FIRST ON THE ACCOUNT.**

**LIFE COVERAGE:** If you die, Chargeard will pay to the Creditor the outstanding account balance as of the date of death, up to the master policy maximum of \$10,000. Suicide is excluded except in MD & MO. Life coverage is replaced with Accidental Death coverage at age 66 in IA. Life is not available in TX.

**DISABILITY:** If you become totally disabled, Chargeard will pay to the Creditor your scheduled minimum monthly payment due on your account on the date of loss. Benefits begin after 30 consecutive days of disability and are retroactive to the first day of loss. In MA, Chargeard will pay to the Creditor your scheduled minimum monthly payments. Disability coverage is not retroactive in MA. Benefits will continue until your balance on the date of loss is paid off; you return to work, you are no longer disabled, or you reach the master policy maximum of \$10,000, whichever occurs first. In GA and SD, you are eligible for coverage if employed full-time in a nonseasonal occupation; in NY if employed 30 hours a week and not a partnership, corporation or association. Disability benefits are not payable for self-inflicted injury (except in AL, GA, IA, MD & SD); flight in nonscheduled aircraft in MA & PA; war or foreign travel or foreign residence in MA; normal pregnancy in CA & PA. Disability is not available in TX.

**UNEMPLOYMENT COVERAGE:** If you become involuntarily unemployed, Chargeard will pay to the Creditor your scheduled minimum monthly payment due on your account as of the date of loss, until your balance is paid off; you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. In MA & TX, you are eligible for coverage if you are employed for 90 days at least 30 hours a week in a nonseasonal occupation for the same employer, and are not self-employed, an independent contractor or a controlling stockholder of your employer; in IA & GA if employed full-time in a nonseasonal occupation; in NY if actively employed by someone else and employed in a nonseasonal occupation. Benefits begin after 30 consecutive days of unemployment and are retroactive to the first day of loss. Unemployment benefits are limited to 12 months in PA. Unemployment excludes discharge for cause (except in AL, AZ, GA, IA, NY, PA, SC & SD); willful or criminal misconduct in AZ, CO, MD, MA, MO, NY & TX; forbidden acts, violation of established policies or neglect of duty in MA, MO & TX; being notified either orally or in writing of pending unemployment in MA & TX; normal seasonal unemployment in MA & TX; strike, lockout or illegal walkout in NY. Unemployment coverage is not available in ND & NE.

**LEAVE OF ABSENCE:** If you take an employer-approved unpaid leave of absence from work due to: accident or illness of an immediate family member; childbirth / adoption; recall to active military service; residing in a federally-declared disaster area; placement of a foster child in your home (in NC only); or petit or grand jury duty (in NC only), Chargeard will pay to the Creditor your scheduled minimum monthly payment based on the outstanding balance as of the date of leave until your balance is paid off; you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. Benefits begin after 30 consecutive days of leave and are retroactive to the first day of leave. In AL, CO, GA, IA, MD, MA & SD, you are eligible for this coverage if employed full-time, in a non-seasonal occupation and are not self-employed. Benefit payments do not apply to leave during the first 90 days of coverage (except in KS, MD, & OR). The number of monthly benefits payments for leave of absence are limited to 6 months in AL, CO, GA, IA, MA, MO, NY, PA, SC & SD; 9 months in OR; 18 months in MD. Leave of Absence coverage is not available in CA, FL, MO, NV, ND, NY, PA, TX & VA.

**GENERAL PROVISIONS:** Maximum enrollment age in all states is 70, except 65 in CO, IA, MA, NY & PA; 69 in AL, AZ, GA & SD; 71 in NM. No maximum enrollment age in TX. Coverage terminates in all states at age 71, except 66 in CO, MA, NY & PA; 70 in AZ, 72 in NM. No termination age in AL, FL, IA, GA, SD & TX.

**COST PER \$100 PER MONTH:** 65¢ in AK; 76¢ in AL; 91¢ in AR; 71¢ in AZ; 52¢ in CA; 43¢ in CO; 83¢ in CT; 85¢ in DC; 89¢ in DE; 59¢ in FL; 79¢ in GA; 72¢ in HI; 86¢ in IL; 73¢ in IA; 82¢ in IL; 67¢ in IN; 85¢ in KS; 96¢ in LA; 65¢ in ME; 41¢ in MD; 45¢ in MA; 82¢ in MI; 53¢ in MN; \$1.068 in MS; 81¢ in MT; 69¢ in NE; 70¢ in NE; 74¢ in NJ; 68¢ in NY; 29¢ in NV; 22¢ in NY; 56¢ in NC; 23¢ in ND; 46¢ in NE; 72¢ in OH; 86¢ in OK; 69¢ in OR; 33¢ in PA; 77¢ in RI; 82¢ in SC; 82¢ in SD; 88¢ in TN; 19¢ in TX; 80¢ in UT; 34¢ in VA; 63¢ in VT; 68¢ in WI; 89¢ in WV; 75¢ in WA; 86¢ in WY. The cost of credit insurance will be financed at the rate specified in your agreement with the creditor.

Coverage is underwritten by American Bankers Life Assurance Company of Florida (ABLAC), American Bankers Insurance Company of Florida (ABIC) and American Reliable Insurance Company (ARIC), 11222 Quail Roost Drive, Miami, FL 33157-6596. In TX unemployment under ABIC certificate number AD9139CO-0499. In CA, life and disability coverage provided by ABLAC and ARIC provides remaining coverages described above. Coverage for life and disability is provided under form numbers AE241SPL-0999 and AC2995CB-0707. In FL, MI and VA, coverage for life and disability are provided under ABLAC policy form numbers AC3755FP-0897, AC3757EQ-0297 and AC3895EQ-0406. In MI coverage for life and disability are provided under ABLAC certificate numbers B3576CO-0997, AC3759EQ-0297 and AC3890EQ-0997. Ana Aguila is the licensed agent for the states of FL, ND & WV.

In New York, credit life and credit disability coverage is underwritten by Union Security Life Insurance Company of New York, Fayetteville, NY. Credit life and credit disability coverages are provided under form numbers UL200DPL-0707 & UL2022PD-0707.

Coverages are only available as a package. If you cancel within 90 days of receiving your certificate, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date. The creditor has a financial interest in the sale of this insurance.

If you have questions or want to file a claim, you should contact us, toll-free, at 1-800-859-0490 between 8:00 a.m. and 8:00 p.m., Eastern Time, Monday through Friday, except for federal holidays. Written correspondence and other documents should be sent via U.S. mail to: DFC Claims Department, P.O. Box 977122, Miami, FL 33197-7122.

**This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, institution, or any Federal Government Agency. We may not condition your extension of credit on either: your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity.**

AR, LA, ME, NM, OH, TN & VA residents: 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 may subject such person to criminal and substantial civil penalties. (VA residents; this notice is not applicable to life and health insurance).

DC residents: 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 insurance benefits if false information materially related to a claim was provided by the applicant.

FL residents: 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.

MD residents: 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 residents: Any person who includes false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

PA residents: 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.

WA residents: 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.

09/09

## CREDIT INSURANCE PRE-PURCHASE DISCLOSURE

This disclosure is required by MA law. You may purchase optional credit life insurance and credit disability insurance.

**CREDIT LIFE INSURANCE:** If you die while coverage is in force, we will pay the outstanding balance of your loan to the creditor. We will not pay a life benefit in the first 2 years if you die as a result of suicide.

**CREDIT DISABILITY COVERAGE:** If you become disabled while this coverage is in force, we will pay up to your minimum monthly payment, as of the date of your disability, to the creditor. We will not pay benefits if your disability is the result of war, a self-inflicted injury, flight in nonscheduled aircraft or foreign residence. You must send proof of disability within 90 days. There is a 30 day waiting period. You are eligible for this coverage if you work 30 hours a week, are in a non-seasonal occupation and meet the age criteria below.

**GENERAL:** See certificate of insurance for specific definitions. You are eligible for optional credit life insurance and credit disability insurance if you are between 18 and 65 years of age. Coverage will expire on your 66th birthday. The maximum benefit is \$10,000. You may cancel this coverage at any time. All unearned premiums will be credited to your account by the actuarial method for life coverage and by the pro-rata rate for disability coverage. The premium rate for the credit life and credit disability insurance is \$0.146 per \$100 of monthly outstanding balance. These coverages can only be purchased as a package. If other insurance exists that covers this risk or that may cover this risk, one may not want or need this coverage.

When you use the...



**Visa® Platinum or Visa® Secured Credit Cards for the purchase of goods or services, the following benefits are yours!**

## ADVANTAGE - COMPLETE

- Travel Reservation Service
- Concierge Services
- Personal Shopper
- Prescription Discounts
- Payment Card Registration
- Key Registration
- Travel Protection
- Lost Luggage Locator Service
- Lost or Damaged Luggage Insurance
- Hotel-Motel Burglary Insurance
- Bonus Travel Dividends
- Automobile Rental Insurance
- Vision Care Discounts
- Medical Assistance Services
- Quarterly Newsletter
- Auto Rental Discount

## TRAVEL ACCIDENT INSURANCE

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

## CREDIT INSURANCE

Our Credit Insurance program can protect your card, your family, and your credit rating when you may need it most due to unexpected events.

## CORE ENHANCEMENT

### Travel & Emergency Services

- Medical Referral Assistance
- Legal Referral Assistance
- Personal Travel Agent Service
- Emergency Transportation Assistance
- Emergency Ticket Replacement Assistance
- Emergency Message Relay Assistance
- Emergency Translation Service & Assistance
- Prescription Assistance & Valuable Document Delivery Assistance
- Emergency Pet Housing and/or Pet Return
- Replacement of Corrective Lenses and Medical Devices
- Pre-Trip Assistance
- Lost Luggage Locator Assistance
- Partner Program Discount

### Warranties Services

- Extended Warranty
- Extended Service Agreements
- Warranty Registration

## SCORECARD® BONUS POINTS

Earn Bonus Points for every net retail purchase you make with our Newfield National Bank Credit Card! You can redeem Bonus Points for brand-name merchandise and exciting travel awards. Visit [www.scorecardrewards.com](http://www.scorecardrewards.com) and browse the current award selections. You'll be amazed at what ScoreCard® has to offer! To find out how the plan works, ask one of our friendly representatives.

# CREDIT APPLICATION

**Check Account Choice:**  
(Signature required for joint applicant)

- Individual Account  
 Joint Account  
 Credit Line Increase

Credit Limit Requested \$ \_\_\_\_\_

Check Card Choice  Visa® Platinum  Visa® Secured

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

<b>APPLICANT</b> Note: All applicable sections should be filled out completely to avoid delay in processing your application.	Last Name		First		Middle		Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ( )	Cell Phone ( )	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Current Address		City		State	Zip Code		How Long (yrs)
	Mailing Address (if different from above)		City		State	Zip Code		How Long (yrs)
	Previous Address (if less than 2 years at present address)		City		State	Zip Code		How Long (yrs)
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )		Date Employed	
	Address				Position/Occupation		Monthly Gross Income \$	
	Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness						Amount per Month \$	
	Nearest Relative (Not Living With You)				Home Phone ( )		Relationship	
<b>CO-APPLICANT</b> Information about a co-applicant is not required for an individual account.	Last Name		First		Middle		Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ( )	Cell Phone ( )	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Current Address		City		State	Zip Code		How Long (yrs)
	Previous Address (if less than 2 years at present address)		City		State	Zip Code		How Long (yrs)
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )		Date Employed	
	Address				Position/Occupation		Monthly Gross Income \$	
	Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)	
<b>CREDIT INFO</b> Attach Additional Sheets if Necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance	
	1. Home Mortgage/Rent							
	2. Bank Credit Card/Bank Name and Address							
<b>CHARGEARD</b>	<b>CHARGEARD INSURANCE PROTECTION REQUEST MD &amp; VA residents:</b> Please contact this institution to obtain the insurance application applicable to your state. By electing optional Chargegard insurance, I acknowledge that Chargegard includes credit life, disability, involuntary unemployment, and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age eligibility requirements shown in the Summary of Insurance*. Monthly premium charges are based on the account balance and the rate shown, I may cancel anytime. *Please see the Summary of Insurance on the back Yes, please enroll me in Chargegard Credit Insurance X _____ Signature Date Date N1991-0299 NonStd ID#19							
	<b>SIGNATURES</b>	<b>PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:</b> This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. X _____ X _____ Applicant Signature Date Co-Applicant Signature Date						
<b>FOR TRANSFER OF BALANCE REQUEST INTERNAL USE ONLY</b>		Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account. <input type="checkbox"/> Credit Card Account Number _____ Amount to be transferred \$ _____ Signature _____						
	Date Approved		Credit Line		Approved By			

Interest Rates and Interest Charges	Visa® Platinum and Visa® Secured	
Annual Percentage Rate (APR) for Purchases	<b>9.99%</b> Fixed	
APR for Balance Transfers	<b>9.99%</b> Fixed	
APR for Cash Advances	<b>9.99%</b> Fixed	
Penalty APR and When it Applies	<b>19.99%</b> If payment is late <b>3</b> times in <b>6</b> month period. This APR may be applied to your account if you: 1) Make a late payment; 2) Go over your credit limit; 3) Make a payment that is returned; or 4) Do any of the above on another account that you have with us. <b>How Long Will the Penalty APR Apply?:</b> If your APRs are increased for any of these reasons, we may keep them at this higher level indefinitely.	
How to Avoid Paying Interest on Purchases	Your due date is at least <b>25</b> days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date (Grace Period) each month.	
Minimum Interest Charge	None	
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Federal Reserve Board at <a href="http://www.federalreserve.gov.creditcard">http://www.federalreserve.gov.creditcard</a> .	
Fees	Visa® Platinum and Visa® Secured	
Annual Fee	None	
<b>Transaction Fees</b> <ul style="list-style-type: none"> <li>• Balance Transfer</li> <li>• Cash Advances</li> <li>• Foreign Transaction</li> </ul>	None  <b>3.0%</b> of the amount advanced (minimum <b>\$5.00</b> /maximum <b>\$20.00</b> ).  None	
<b>Penalty Fees</b> <ul style="list-style-type: none"> <li>• Late Payment</li> <li>• Over-the-Credit-Limit</li> <li>• Returned Payment</li> </ul>	<b>5.0%</b> of payment (minimum <b>\$5.00</b> /maximum <b>\$20.00</b> ).  <b>\$20.00</b> (When limit is exceeded by <b>\$50.00</b> ).  <b>\$20.00</b>	
Other Fees	None	

**How We Will Calculate Your Balance:** We use a method called "average daily balance" (including new transactions). \* An explanation of this method is provided in your account agreement.  
**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.