



Cancellation of Coverage Debt Protection

Cancellation of Protection

Saratoga's Community Federal Credit Union offers the following products which I understand can protect my family and collateral if certain events occur.

I/we have elected to cancel enrollment for:

- MEMBERS CHOICE Disability Insurance
- MEMBERS CHOICE Life Insurance
- MEMBERS CHOICE Involuntary Unemployment

I/we understand that if I/we suffer a loss arising from an event protected under these offerings, the protection product(s) that could keep my/our loan payments current and protect collateral will not be in effect. I/we further understand that it will be my/our responsibility to keep loan payments current and protect the loan collateral.

I/we also understand that I may apply for this protection at a later date, but that I/we will not be covered for losses that occur prior to enrollment.

Account Number

Loan Account Open Date

Borrower Signature

Date

Co-Borrower Signature

Date