

MEMBER'S CHOICE GUARANTEED ASSET PROTECTION 90-DAY FREE LOOK OFFER

PROTECT YOUR VEHICLE.

Recently you decided to protect your vehicle with MEMBER'S CHOICE™ Guaranteed Asset Protection (GAP). You're taking responsibility for your financial future.

PROTECTING THE DIFFERENCE MAKES ALL THE DIFFERENCE.

Sometimes your asset, such as a car, is worth less than what is owed. In the event of an unrecovered theft or total loss from an accident, your insurance company will only protect the value of the car, possibly leaving you with the balance. GAP may pay the difference, protecting you from owing on the balance.

TRY IT FREE FOR 90 DAYS.

It's nice to have time to think it over. Try MEMBER'S CHOICE GAP for 90 days. Starting on your enrollment date, and for the next 90 days, you can benefit from the security of having GAP. During this time you can cancel your protection by filling out the form located below. Just make sure it is postmarked within 90 days of your enrollment date and we will be happy to refund any fee you were charged. If you're enjoying the protection MEMBER'S CHOICE GAP gives you, you can continue without filling out any paperwork.

If at a later date you determine you no longer need MEMBER'S CHOICE GAP, you can cancel at any time.

Your purchase of MEMBER'S CHOICE™ Guaranteed Asset Protection is optional and will not affect your application for credit or the terms of any credit agreement required to obtain a loan. Certain eligibility requirements, conditions, and exclusions may apply. Please contact your loan representative, or refer to the Member Agreement for a full explanation of the terms of MEMBER'S CHOICE™ Guaranteed Asset Protection. If you choose GAP, adding the product fee to your loan amount will increase the cost of GAP.

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PROTECTION

PLEASE DISCONTINUE MY MEMBER'S CHOICE GUARANTEED ASSET PROTECTION.

To discontinue your MEMBER'S CHOICE Guaranteed Asset Protection, please complete, detach, and mail this form to your credit union.

At this point, I am no longer interested in continuing my MEMBER'S CHOICE protection.

I would like to cancel my policy (if postmarked within 90 days of enrollment, I will be expecting a full refund).

NAME: _____

JOINT INSURED'S NAME: _____
(IF APPLICABLE)

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

LOAN ACCOUNT NUMBER: _____

SIGNATURE: _____

DATE: _____

JOINT SIGNATURE: _____
(IF APPLICABLE)

PREFERRED PHONE NUMBER: _____

PREFERRED E-MAIL ADDRESS: _____