

MEMBER'S CHOICE MECHANICAL REPAIR COVERAGE 30-DAY FREE LOOK OFFER

COVERAGE THAT KEEPS YOU ON THE ROAD.

Recently you made the decision to cover your vehicle with MEMBER'S CHOICE® Mechanical Repair Coverage. You're taking responsibility for your financial future.



UNEXPECTED REPAIRS, EXPECTED RESULTS.

It's hard to anticipate vehicle repairs and maintenance. Budgeting for this can be difficult and can tie up funds earmarked for other needs. Mechanical Repair Coverage will help pay for repairs on your vehicle,* helping your car stay on the road where it should be.

TRY IT FREE FOR 30 DAYS.

It's nice to have time to think it over. Try MEMBER'S CHOICE Mechanical Repair Coverage for 30 days. Starting on your enrollment date, and for the next 30 days, you can benefit from the security of having Mechanical Repair Coverage. During those 30 days you can cancel your coverage by filling out the form located below. Just make sure it is postmarked within 30 days of your enrollment date and we will be happy to refund any premium you were charged. If you're enjoying the protection MEMBER'S CHOICE Mechanical Repair Coverage gives you, you can continue without filling out any paperwork.

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

*For terms of your contract agreement; up to your policy maximum.

Be sure to read the contract which will explain the exact terms, conditions, and exclusions of this voluntary program.

In those states where MEMBER'S CHOICE Mechanical Repair Coverage is offered as an insurance product, it is underwritten by Virginia Surety Company, Inc., Glenview, Illinois. The Mechanical Repair program is administered by Consumer Program Administrator, Inc., and Automotive Warranty Services of Florida, Inc., Florida License #60023.

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CONTROL

PLEASE DISCONTINUE MY MEMBER'S CHOICE MECHANICAL REPAIR COVERAGE.

To discontinue your MEMBER'S CHOICE Mechanical Repair Coverage, 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 Mechanical Repair Coverage. I would like to cancel my policy (if postmarked within 30 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: _____