

**The
GOLDEN
HARVEST
Savings Plan**

MEMBER ENROLLMENT FORM



CUNA MUTUAL INSURANCE GROUP

Date of Enrollment in Golden Harvest Savings Plan _____
Day Month Year

Name _____
Last First

Address _____
Street City Country

Telephone _____ Date of Birth _____ Age _____
Day Month Year

Male Female

Credit Union Name _____ Date of Membership _____
Day Month Year

Membership Number _____

Designated Beneficiary _____ Relationship to you _____

Golden Harvest Savings Plan Contract

Savings Goal _____

Monthly Deposit Required _____

Term (in months) of Savings Contract _____

Annual Interest Rate _____

Within the last five years have you ever been treated for or been advised that you have any of the following conditions: diabetes, heart disorders, any cancer, acquired immune deficiency syndrome (AIDS), HIV infection or Aids related complex? Yes No

(Answering Yes to the above question makes the applicant ineligible for insurance under the Golden Harvest Savings Plan.)

I understand that if I fail to make the contracted monthly savings goal deposits on a timely basis the contract will terminate and the total amount of any insurance premiums paid on this contract by the Credit Union may be deducted from my accumulated savings balance to date.

I have provided the above information and acknowledge all statements to be correct to the best of my knowledge.

Member's Signature _____ Date _____
Day Month Year

To be completed by Credit Union Personnel

Enrollment taken by _____ Insurance Coverage approved by _____

Insurance Coverage Effective Date _____
Day Month Year

Golden Harvest Savings Plan Account Number Assigned _____

This Enrollment Form should be made in 3 copies, the white (original copy) is for the office administering the insurance, the yellow copy is for the Credit Union and the pink copy is for the Member.