ISI INSURANCE TRUST

Accidental Death & Dismemberment Plan Request for Coverage Form

Control #50006

Return this completed form to: Insurance Specialists, Inc. P.O. Box 2327 Beaufort, SC 29901

Phone: 800-241-7753 • Fax: 866-871-2170 • E-mail: sales@isi1959

Member Information	Association Name					
	First Name MI Last Name					
	Street Apt.					
	City State ZIP code					
	Date of Birth (mm/dd/yyyy) Social Security Number Daytime Telephone Number					
	Date of bird (fillin) dulyyyyy) Social Security Number Daytime releptione Number					
	Sex Height Weight Evening Telephone Number					
	Male Female in. lbs.					
Complete if you ire requesting overage for our spouse or domestic eartner.	First Name MI Last Name Date of Birth (mm/dd/yyyy) Social Security Number Daytime Telephone Number Sex Height Weight Evening Telephone Number In. Ibs.					
Coverage	Accidental Death & Dismemberment Insurance Plan Coverage Amounts (please check one):					
Amounts	\$50,000 \$150,000 \$250,000 \$350,000 \$450,000					
Choose the type of coverage and mounts for	\$100,000 \$200,000 \$300,000 \$400,000 \$500,000					
Choose the type of coverage and omounts for which you are						
Choose the type of coverage and mounts for	Optional Coverage(s) Requested:					
Choose the type of coverage and omounts for which you are						

Dependent child coverage equals 10% of Member's coverage.

^{**} Spouse coverage equals 50% of Member's coverage without dependent child coverage and 40% of Member's coverage with dependent child coverage.

First Name	MI	Last Name	Address (include city, state, ZIP)		Relationship	Date of Birth	0/. Char	
Thethame	1711	Lust Numb	ridaress (metade erry, state, zii j		петацопъптр	Date of Billi	70 31141	
					Total (Must	equal 100%)	10	
Contribution	l request	t the following pa	nyment basis <i>(please check on</i>	el:				
Payment Basis								
•	Annual Semi-Annual Iviolitily Electronic rund Iransier (EF1)							
	*It el	lecting EFT, you mus	st complete the Electronic Fund Tra	ansfer Authoriza	tion section b	elow		
	*It el	lecting EFT, you mus	st complete the Electronic Fund Tra	ansfer Authoriza	tion section b	elow		
Flactronic			· 				ı wish	
	If you w	ish to use your cl	hecking account, enclose a bla t. vou must confirm that vour	nk voided chec	ck for that ac	ccount. If you	als fr	
Fund Transfer	If you w use your savings	ish to use your cl r savings account accounts. By my s	hecking account, enclose a bla t, you must confirm that your signature below I authorize the	nk voided chec bank permits e administrator i	ck for that ac electronic fu n accordance	ccount. If you nd withdraw e with the Ag	als fi Ireem	
Fund Transfer	If you w use your savings a (included	ish to use your cl r savings accoun accounts. By my s d on page 2 of thi	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc	nk voided chec bank permits e administrator i bunt for the am	ck for that acelectronic fundacelectronic fundacelectroni	ccount. If you nd withdraw e with the Ag nsurance con	als fr reem	
Fund Transfer	If you w use your savings a (included payment	ish to use your cl r savings accoun accounts. By my s d on page 2 of thi t until such time a	hecking account, enclose a bla t, you must confirm that your signature below I authorize the	nk voided chec bank permits e administrator i bunt for the am	ck for that acelectronic fundacelectronic fundacelectroni	ccount. If you nd withdraw e with the Ag nsurance con	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A	ish to use your class accounts. By my seed on page 2 of this tuntil such time account:	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca	nk voided chec bank permits e administrator i bunt for the am	ck for that acelectronic fundacelectronic fundacelectroni	ccount. If you nd withdraw e with the Ag nsurance con	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A	ish to use your cl r savings accoun accounts. By my s d on page 2 of thi t until such time a	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca	nk voided chec bank permits e administrator i bunt for the am	ck for that acelectronic fundacelectronic fundacelectroni	ccount. If you nd withdraw e with the Ag nsurance con	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A	ish to use your class accounts. By my seed on page 2 of this tuntil such time account:	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca	nk voided chec bank permits e administrator i bunt for the am	ck for that acelectronic fundacelectronic fundacelectroni	ccount. If you nd withdraw e with the Ag nsurance con	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A	ish to use your class accounts. By my seed on page 2 of this tuntil such time account:	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca	nk voided chec bank permits e administrator i bunt for the am	ck for that ace electronic fu n accordance nount of my in nsurance is t	ccount. If you nd withdraw e with the Ag nsurance con	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A	ish to use your classifier savings accounts. By my self on page 2 of this tantil such time account: Checking Savi	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca	nk voided chec bank permits e administrator i ount for the am ncellation, or in	ck for that ace electronic fu n accordance nount of my in nsurance is t	ccount. If you nd withdraw e with the Ag nsurance con	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A	ish to use your classifier savings accounts. By my seed on page 2 of this tuntil such time account: Checking Savi	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca	nk voided chec bank permits e administrator i ount for the am ncellation, or in Bank Name	ck for that ace electronic fu n accordance nount of my in nsurance is t	ccount. If you nd withdraw e with the Ag nsurance con erminated.	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A Account (ish to use your control of the savings accounts. By my sometime account of the saving	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca sings	nk voided chec bank permits e administrator i ount for the am ncellation, or in Bank Name	ck for that acelectronic fund accordance industrial count of my insurance is t	ccount. If you nd withdraw e with the Ag nsurance con erminated.	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A Account (ish to use your classifier savings accounts. By my seed on page 2 of this tuntil such time account: Checking Savi	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca sings	nk voided chec bank permits e administrator i ount for the am ncellation, or in Bank Name	ck for that acelectronic fund accordance industrial count of my insurance is t	ccount. If you nd withdraw e with the Ag nsurance con erminated.	als fr reem	
Fund Transfer	If you w use your savings a (included payment Type of A Account (ish to use your control of the savings accounts. By my sometime account of the saving	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca sings	nk voided chec bank permits e administrator i ount for the am ncellation, or in Bank Name	ck for that acelectronic fund accordance industrial count of my insurance is t	ccount. If you nd withdraw e with the Ag nsurance con erminated.	als fr reem	
Electronic Fund Transfer Authorization	If you w use your savings a (included payment Type of A Account (ish to use your control of the savings accounts. By my sometime account of the saving	hecking account, enclose a bla t, you must confirm that your signature below I authorize the s Form) to charge my bank acc as I provide written notice of ca sings	nk voided chec bank permits e administrator i ount for the am ncellation, or in Bank Name	ck for that acelectronic fund accordance industrial count of my insurance is t	ccount. If you nd withdraw e with the Ag nsurance con erminated.	als fr reem	

Electronic Fund Transfer Authorization: Insurance Specialists, Inc. Automatic Insurance Payment Program Agreement provides for Electronic Fund Transfer for the purpose of making your insurance payment without the use of a check. Your signed authorization is required. The electronic debit will occur on the tenth of each month that the payment is due. If the transfer falls on a weekend or bank holiday, your checking/savings account will be charged the next business day. The amount of the automatic debit may vary due to changes in the amounts of insurance or a premium contribution charge. You will be notified in advance of changes to the amount of your debit due to premium contribution charges.

Please keep this notice for your records.