



World Finance Documents

FIRST NAME: CLAUDETTE
LAST NAME: JACKSON
LOAN DATE: 04/19/2023
ID: 1007175698002643450
TYPE: LOAN PACKAGE

CONSUMER CREDIT DISCLOSURE - PROMISSORY NOTE

Account/Contract No. : 2643
 Creditor/Lender : WFC Limited Partnership
 DBA : WORLD FINANCE CORPORATION
 Address : 3021 BACHMAN DRIVE
SUITE 106
DALLAS, TX 75220

Date of Note : 04/19/23
 Borrower : CLAUDETTE JACKSON
 Co-Borrower : _____
 Address : 4919 LINNET LN
DALLAS, TX 75209

"I" and "me" and similar words mean each person who signs as a Borrower. "You" and "your" and similar words mean the Lender.

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
(The cost of my credit as a yearly rate.) 28.25 %	(The dollar amount the credit will cost me.) \$ 848.76	(The amount of credit provided to me or on my behalf.) \$ 3,561.24	(The amount I will have paid after I have made all payments as scheduled.) \$ 4,410.00

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
18	\$245.00	EVERY MONTH BEGINNING 05/19/23
		WITH FINAL PAYMENT DUE 10/19/24

Security: You will have a security interest in the following described collateral SEE EXHIBIT A

If checked, Borrower is giving a security interest in:

Motor Vehicle Property Purchased with the Money from this Loan Personal Property Other

Late Charge: If any part of a payment is unpaid for 10 days after it is due, I may be charged 5% of the amount of payment.

Prepayment: If I pay off early, I may be entitled to a refund of part of the finance charge and I will not have to pay a penalty.

Additional Information: See the contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

I promise to pay the Total of Payments to the order of you, the Lender. I will make the payments at your address above. I will make the payments on the dates and in the amounts shown in the Payment Schedule. If I don't pay all of a payment within 10 days after it is due, you can charge me a late charge. The late charge will be 5% of the scheduled payment. If I don't pay all I owe when the final payment becomes due, I will pay interest on the amount that is still unpaid. That interest will be the higher rate of 18% per year or the maximum rate allowed by law. That interest will begin the day after the final payment becomes due.

I can make a whole payment early. Unless you agree otherwise in writing, I may not skip payments. If I make a payment early, my next payment will still be due as scheduled. The annual rate of interest is: (1) 30% on the unpaid cash advance that is \$3,550 or less; (2) 24% on the unpaid cash advance that is greater than

\$3,550 through \$7,455; and (3) 18% on the unpaid cash advance that is greater than \$7,455

through \$17,750. You figure the Finance Charge by applying the scheduled installment earnings method as defined by the Texas Finance Code. The unpaid cash advance does not include the administrative fee, late charges, and returned check charges. If I prepay my loan in full before the final payment is due, I may save a portion of the Finance Charge. I will not get a refund if the refund would be less than \$1.00. You base the Finance Charge and Total of Payments as if I will make each payment on the day it is due. My final payment may be larger or smaller than my regular payment.

ITEMIZATION OF THE AMOUNT FINANCED

1. Amount Financed: (2+3+4)	\$ 3,561.24
2. Amount given to me directly	\$ 228.51
3. Amount paid on my account (Net Balance - Prior Account)	\$ 3,145.99
4. Amount paid to others on my behalf (A+B+C+D+E+F)	\$ 186.74
(You may be retaining a portion of this amount.)	
A. Cost of personal property insurance paid to insurance company	\$ 79.79
B. Cost of single-interest insurance paid to insurance company	\$.00
C. Cost of optional credit insurance paid to insurance company or companies	
Life	\$ 26.95
Disability	\$.00
Involuntary Unemployment Insurance	\$.00
Total C:	\$ 26.95
D. Non-Filing Insurance paid to insurance company	\$.00
E. Official fees paid to government agencies	\$.00
F. Payable to: <u>UNITED MOTOR CLUB</u>	\$ 80.00
Payable to: _____	\$.00
Payable to: _____	\$.00
Total F:	\$ 80.00
5. Prepaid Finance Charge (Administrative Fee)	\$.00

If I ask for more time to make any payment and you agree, I will pay more interest to extend the payment. The extra interest will be figured under the Finance Commission rules. I agree to pay you a fee of up to \$30 for a returned check. You can add the fee to the amount I owe or collect it separately.

I will be in default if:

I do not timely make a payment;

I allow a judgment to be entered against me or the collateral;

I use the collateral for an illegal purpose;

I break any promise I made in this agreement;

I sell, lease, or dispose of the collateral;

or you believe in good faith that I am not going to keep any of my promises.

If there is more than one Borrower, each Borrower agrees to keep all of the promises in the loan documents.

A SECURITY INTEREST IN THIS DOCUMENT HAS BEEN GRANTED TO WELLS FARGO BANK, N.A. AS COLLATERAL AGENT, PURSUANT TO A SECURITY AGREEMENT, PLEDGE AND INDENTURE OF TRUST.

PROPERTY INSURANCE: I must keep the collateral insured against damage or loss in the amount I owe. I may obtain property insurance from anyone I want or provide proof of insurance I already have. The insurer must be authorized to do business in Texas. If I buy personal property insurance through you, the rate is not fixed or approved by the Texas Department of Insurance.

I agree to give you proof of property insurance. I must name you as the person to be paid under the policy in the event of damage or loss. If I obtain the insurance through you, I will pay the premium shown below. However, I have 5 days from the date of this loan to furnish like (equivalent) coverage from another source. If I fail to meet any of these requirements, you may obtain collateral protection insurance at my expense. If you obtain collateral protection insurance, you will mail notice to my last known address.

Personal Property Insurance \$ 79.79 Term 18 Single Interest Insurance (Vehicle) \$ Term

CREDIT INSURANCE IS OPTIONAL.

Credit life insurance, credit disability insurance and involuntary unemployment insurance are not required to obtain credit. They will not be provided unless I sign and agree to pay the extra cost.

Credit Life, one borrower \$ 26.95 Credit Life, both borrowers \$ Term 18

Credit Disability, one borrower \$ Credit Disability, both borrowers \$ Term

Credit Involuntary Unemployment Insurance, one borrower Term

If this box is marked, the premium for the insurance coverage(s) above is not fixed or approved by the Texas Insurance Commissioner.

I want the insurance above.

Borrower's Signature: CLAUDETTE JACKSON Date: 04 / 19 / 2023

Co-Borrower's Signature: Date:

I agree:

- 1. You can mail any notice to me at my last address in your records. Your duty to give me notice will be satisfied when you mail it.
- 2. I promise that all information I gave you is true.
- 3. If I am in default, you may require me to repay the entire unpaid principal balance, and any accrued interest at once. You don't have to give me notice that you are demanding or intend to demand immediate payment of all that I owe. If you don't enforce your rights every time, you can still enforce them later. If this debt is referred to an attorney for collection, I will pay any attorney fees set by the court plus court costs.
- 4. I understand that you may seek payment from only me without first looking to any other Borrower.
- 5. I don't have to pay interest or other amounts that are more than the law allows.
- 6. If any part of this contract is declared invalid, the rest of the contract remains valid.
- 7. This written loan agreement is the final agreement between you and me and may not be changed by prior, current, or future oral agreements between you and me. There are no oral agreements between you and me relating to this loan agreement. Any change to this agreement must be in writing. Both you and I have to sign written agreements.
- 8. If I am giving collateral for this loan, I will see the separate security agreement for more information and agreements.
- 9. Federal law and Texas law apply to this contract.

**ARBITRATION AGREEMENT
READ CAREFULLY BEFORE SIGNING**

- 1. You and I agree to use binding arbitration to settle any dispute or claim related to this contract, the servicing or collecting of the contract, or any other transaction between us. This includes any contract claim, tort claim, or claim under a statute or rule. It includes claims by you against me and claims by me against you or your employees, agents, subsidiaries, or affiliates. The Federal Arbitration Act will govern the arbitration. The American Arbitration Association will administer the arbitration under its Commercial Arbitration Rules. The arbitration will occur in my state of residence. A court with jurisdiction may enter judgment on the arbitrator's award. By accepting this Arbitration Agreement both parties waive their right to jury trial and to any class action. This paragraph is limited by paragraphs 2., 3., and 4 below.
 - 2. Notwithstanding paragraph 1., this Arbitration Agreement does not apply to any legal remedies that may be pursued to collect monies owed under the Agreement or within the jurisdiction of small claims court. For such actions, the parties will have the right to initiate a court proceeding in lieu of an arbitration proceeding, and may do so in the courts of Texas. If this paragraph 2. is unenforceable, the entire Arbitration Agreement is null and void and claims between us must be settled in court.
 - 3. No dispute or claim between us will be resolved in class arbitration. No dispute or claim between us will be joined with those of persons who are not parties to our contract or included in an arbitration that includes persons who are not parties to our contract. If this paragraph 3. is unenforceable, the entire Arbitration Agreement is null and void and claims between us must be settled in court.
 - 4. I may opt out of this Arbitration Agreement by sending a rejection notice to World Acceptance Corp., P.O. Box 6429, Greenville, SC 29606. The notice must be sent certified mail within 30 days of signing this contract and contain my full name, signature, address, telephone number, and account number.
- For questions or complaints about this loan, contact WFC Limited Partnership, at 104 S. Main Street, Suite 400, Greenville, SC 29601; (864)298-9800; or www.loansbyworld.com. The lender is licensed and examined under Texas law by the Office of Consumer Credit Commissioner (OCCC), a state agency. If a complaint or question cannot be resolved by contacting the lender, consumers can contact the OCCC to file a complaint or ask a general credit-related question. OCCC address: 2601 N. Lamar Blvd., Austin, Texas 78705. Phone: (800) 538-1579. Fax: (512) 936-7610. Website: occc.texas.gov. E-mail: consumer.complaints@occc.texas.gov.

I agree to the terms of this contract. I received a completed copy on 04 / 19 / 2023

Borrower: CLAUDETTE JACKSON

Recibí un resumen del contrato en español. (I received a summary of the contract in Spanish.)

Borrower:

Closed by: Bianca Rosario

Witness: E-Signature

1756-002643-20250413-0108-FST1826-02

SECURITY AGREEMENT

Account/Contract No. :	<u>2643</u>	Date of Note :	<u>04/19/23</u>
Creditor/Lender :	<u>WFC LIMITED PARTNERSHIP</u>	Borrower :	<u>CLAUDETTE JACKSON</u>
DBA :	<u>WORLD FINANCE CORPORATION</u>	Co-Borrower :	
Address :	<u>3021 BACHMAN DRIVE</u>	Address :	<u>4919 LINNET LN</u>
	<u>SUITE 106</u>		<u>DALLAS, TX 75209</u>
	<u>DALLAS, TX 75220</u>		

"I" and "me" means each person who signs as a Borrower. "You" means the Lender/Secured Party.

We are entering into this security agreement at the same time that we are entering into a loan.

In exchange for the loan referenced above, I agree to the following terms and conditions:

1. To secure this loan, I give you a security interest in the collateral. The collateral includes the property listed below, anything that becomes attached to it, and all proceeds of the collateral. This security interest also secures all other debt I owe you now. I understand that all collateral that I have given to secure loans may also be used to secure this and any other loans you may make to me.
2. I own the collateral. I won't sell or transfer it without your written permission. I won't allow anyone else to have an interest in the collateral except you.
3. I will keep the collateral at my address shown above. I will promptly tell you in writing if I change my address. I won't permanently remove the collateral from Texas unless you give me written permission.
4. I will timely pay all taxes and license fees on the collateral. I will keep it in good repair. I won't use the collateral illegally.
5. Any change to this security agreement has to be in writing. Both you and I have to sign it.
6. Any default under my agreements with you will be a default of this security agreement.
7. Federal law and Texas law apply to this security agreement.
8. If I don't keep any of my promises, you can take the collateral. You will only take the collateral lawfully and without a breach of the peace. If you take my collateral, you will tell me how much I have to pay to get it back. If I don't pay you to get the collateral back, you can sell it or take other action allowed by law. You will send me notice at least 10 days before you sell it. My right to get the collateral back ends when you sell it. You can use the money you get from selling it to pay amounts the law allows, and to reduce the amount I owe. If any money is left, you will pay it to me. If the money from the sale is not enough to pay all I owe, I must pay the rest of what I owe you plus interest.

SEE PAGE 2 FOR COMPLETE COLLATERAL LISTING.

Borrower acknowledges receipt of a signed copy of this Security Agreement, signed this 19 day of April, 2023

Accepted by Secured Party:

x CLAUDETTE JACKSON
Borrower

By: Bianca Rosario

x _____
Co-Borrower

Name & Title: Bianca FSE

EXHIBIT A - PERSONAL PROPERTY

CHECK ONE:

Appraised Outside

Verbally Given

Application NO. 7052539

Description of collateral given as security to:

Name **World Finance Corporation**
 Address **3021 Bachman Drive, Suite 106**
 City **Dallas** State **TX** Zip **75220-5903**

by the undersigned to secure as numbered made on date started. This document is made a part of Disclosure Statement-Note-Security Agreement, of even date and further identified but Account Number.

Consumer Goods (Valued at current actual value of each item):

<u>CATEGORY</u>	<u>SUB-CATEGORY</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>VALUE</u>	<u>DATE</u>
Electronic Equipment	Television	1 OF 5 52"TV SONY	1	\$500.00	04/19/23
Electronic Equipment	Television	2 OF 5 32"TV VIZIO	1	\$300.00	04/19/23
Electronic Equipment	Television	3 OF 5 32"TV VIZIO	1	\$300.00	04/19/23
Electronic Equipment	Television	4 OF 5 19"TV RCA	1	\$200.00	04/19/23
Electronic Equipment	Blue Ray Player	1 OF 2 SONY	1	\$100.00	04/19/23
Electronic Equipment	Ipod	1 OF 2 APPLE	1	\$150.00	04/19/23
Electronic Equipment	Computer/Laptop	1 OF 3 LAPTOP	1	\$300.00	04/19/23
Household Equipment	Luggage	6PCS SET	1	\$150.00	04/19/23
General	Jewelry (Except Wedding/Engagement Rings)	14K GLD RING	1	\$150.00	04/19/23
General	Jewelry (Except Wedding/Engagement Rings)	10K GLD NECKLACE	1	\$100.00	04/19/23
Electronic Equipment	Television	50" INCH SAMSUNG TV	1	\$800.00	04/19/23
Electronic Equipment	Ipad/Tablet	TABLET	1	\$250.00	04/19/23
Electronic Equipment	Surround Sound System	1 OF 2 SONY	1	\$200.00	04/19/23
Electronic Equipment	Ipad/Tablet	1 OF 2 IPAD	1	\$300.00	04/19/23
Lawn & Garden Equipment	Weedeater	1 OF 2 WEBBER	1	\$200.00	04/19/23
Electronic Equipment	X-Box	1 OF 2 XBOX ONE S	1	\$400.00	04/19/23
Musical Instruments	Guitar	1 OF 2 YAMAHA	1	\$150.00	04/19/23
TOTAL VALUE				\$4550.00	

Also the following motor vehicle(s), complete with all attachments and equipment, now located at the address of the borrower(s) shown above to wit:

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>VIN #</u>	<u>NADA VALUE</u>
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The above described items are fully paid for and free of any liens or encumbrances whatsoever and are given as collateral for monies loaned. Further said collateral is located at the address shown on Disclosure Statement-Note-Security Agreement. You will notify us in writing if any security is permanently moved from your residence until this indebtedness is satisfied in full.

EXCLUSIONS

You specifically exclude from this security agreement the following items on a loan for a personal, family or household purpose, unless we have a purchase money security interest in the items: Clothing, furniture, appliances, one radio and one television, linens, china, crockery, kitchenware, and personal effects (including wedding rings) of the borrower(s) and his/her/their dependents. If any item(s) listed above fall within the excluded items listed here and we do not have a purchase money security interest in the item(s), then this pre-printed Exclusion will supersede the item(s) typed or written above and we do not take a security interest in any excluded item(s).

Main Applicant

Name **claudette jackson**
 Address **4919 LINNET LN**
 City **DALLAS** State **TX** Zip **75209**

CO-Applicant

Name
 Address
 City State Zip

Loan Account Number **2643**

Bianca Rosario
 Witness

CLAUDETTE JACKSON
 Borrower

Date of Loan
4-19-23
 Date
04 / 19 / 2023
 Date

CREDIT INSURANCE "OPT-IN" DISCLOSURE STATEMENT

Account Number: 1756/002643 Date: 04/19/23
Lender: WORLD FINANCE CORPORATION Borrower: CLAUDETTE JACKSON
Lender Address: 3021 BACHMAN DRIVE Co-Borrower: _____
SUITE 106 Address: 4919 LINNET LN
DALLAS ,TX 75220 DALLAS, TX 75209
214-350-1644

We may offer credit life insurance, credit accident and health insurance, involuntary unemployment insurance, accidental death and dismemberment insurance and personal property and/or vehicle insurance covering the collateral for this loan (property and/or vehicle insurance on the collateral is required but you may furnish this insurance through anyone you choose, or you may provide it through an existing policy, or you may obtain it from us at the price shown below). Whether or not you decide to purchase any or all of these insurance products from us will not be a consideration for approving you for your loan. Purchasing these products from us is completely optional and, although we believe that these products add significant value to your loan, the decision to purchase them is entirely up to you. If you have decided to purchase any of these products from us, the premium amount(s) shown below will be deducted from the net loan proceeds. We, of course, have a financial interest in the sale of this insurance by virtue of commission income or other income which we may receive and, in addition, under our agreement with the insurance company, we may retain a portion of the premium.

Credit Life Insurance	Premium/Cost to You \$	26.95
Credit Accident & Health Insurance	Premium/Cost to You \$	N/A
Involuntary Unemployment Insurance	Premium/Cost to You \$	N/A
Accident Death and Dismemberment Insurance	Premium/Cost to You \$	N/A
Personal Property Insurance	Premium/Cost to You \$	79.79
Single Interest Vehicle Insurance	Premium/Cost to You \$	N/A

BORROWER'S STATEMENT

I acknowledge that a copy of this Disclosure Statement was given to me prior to the closing of my loan, that I read this Disclosure Statement and that I understand the types of insurance that I have decided to purchase with this loan. I will confirm on the loan contract the insurance products, if any, which I chose to buy. I also acknowledge that I have received a copy of this Credit Insurance Disclosure Statement and that the original is to be retained in my loan file.

CLAUDETTE JACKSON

Borrower Signature

Co-Borrower Signature

Bianca Rosario

Loan Closer for Lender

04 / 19 / 2023

Date

Life of the South Insurance Company
 Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
 Jacksonville, FL 32256

GROUP POLICY NUMBER 0020824
CERTIFICATE NO. 1756 002643
CUSTOMER ACCOUNT NO.

INSURED DEBTOR CLAUDETTE JACKSON		AGE 68	SOCIAL SECURITY #	ADDRESS 4919 LINNET LN DALLAS, TX 75209			
JOINT INSURED DEBTOR (if any)		AGE	SOCIAL SECURITY #	ADDRESS			
FIRST BENEFICIARY - CREDITOR & ADDRESS WORLD FINANCE CORPORATION, 3021 BACHMAN DRIVE, SUITE 106, DALLAS, TX 75220				SECOND BENEFICIARY (if any) (if none, to the estate) & ADDRESS <i>Leonard Jackson</i>			
COMPLETE THE FOLLOWING LOAN INFORMATION:				PAYMENTS PER YEAR:			
INTEREST RATE <u>28.25</u>	NET CASH ADVANCE \$ <u>3561.24</u>	1st PAYMENT DUE DATE <u>05/19/23</u>		<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY			
AMORTIZED TERM <u>18</u> MOS	LOAN PAYMENT \$ <u>245.00</u>	BALLOON PAYMENT \$ <u>N/A</u>					
TYPE OF CREDIT LIFE & DISABILITY INSURANCE	EFFECTIVE DATE OF INSURANCE	ORIGINAL TERM OF INSURANCE	SCHEDULED MATURITY DATE	EXPIRATION DATE	ORIGINAL AMOUNT OF INSURANCE	A&H MONTHLY BENEFIT	PREMIUMS
DECREASING LIFE COVERAGE <input checked="" type="checkbox"/> Single <input type="checkbox"/> Joint	04/19/23	18		10/19/24	\$4410.00		\$26.95
NET BALANCE DECREASING LIFE <input type="checkbox"/> Single <input type="checkbox"/> Joint							
LEVEL LIFE COVERAGE <input type="checkbox"/> Single <input type="checkbox"/> Joint							
DISABILITY 14 DAY WAITING PERIOD <input type="checkbox"/> Single <input checked="" type="checkbox"/> Retro <input type="checkbox"/> Non-Retro							
Maximum Terms: Decreasing Life Level Life Disability	120 months 60 months 60 months	Maximum Life Insurance Benefit \$25,000.00		Maximum Disability Benefit of \$25,000.00 divided by the Loan Term not to exceed \$500.00 per month. Disability Coverage commences on the effective date of the Certificate as shown in the Schedule.			

APPLICATION FOR CREDIT INSURANCE - SINGLE PREMIUM COVERAGE

NOTICE: THE AMOUNT OF COVERAGE MAY NOT BE ENOUGH TO PAY THE TOTAL DEBT AND/OR THE TERM OF COVERAGE MAY BE LESS THAN THE TERM OF THE LOAN. IN THE EVENT OF PRE-PAYMENT, REFER TO SECTION; WHEN INSURANCE STOPS-REFUNDS ON PAGE 4 OF 4 OF THE CERTIFICATE OF INSURANCE.

I (We) understand that the Company may void this Certificate or deny claim within the time frame of the Misstatement of Age and Incontestability provisions of the Certificate. I (We) understand that the Company's acceptance or denial of this application are based on my (our) representations contained herein.

I (We) understand that the insurance applied for herein is not compulsory, nor a precedent to any loan or credit transaction.

I (We) hereby state that I (we) have been given the option to purchase such credit insurance or other insurance from any insurer or agent of my (our) choice and that I (we) freely choose Life of the South Insurance Company. I (We) understand that commissions may be paid to someone or some entity who is connected to this credit transaction and who is acting as an agent for the Company. Upon acceptance of the insurance by Life of the South Insurance Company, I (We) acknowledge that I (we) have received a copy of the Certificate of Insurance for my (our) records. Otherwise, we will receive a copy of the Certificate of Insurance within 45 days after the date the indebtedness was incurred. If it is determined I (we) are not eligible for coverage a full refund of any premium paid and an immediate written notification will be given to me (us) and the appropriate credit made to my (our) account.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE PARAGRAPHS.

Date this 19 day of APRIL, 2023.

[Signature]
President

CLAUDETTE JACKSON
Signature of Debtor
Bianca Rosario
Signature of Witness

10-23-54
Date of Birth
04/19/2023
Date

Signature of Joint Debtor

Date of Birth

COPY REGISTER

This information shown above is a true transcript of the data appearing on the below numbered certificate.

Life of the South Insurance Company
 Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
 Jacksonville, FL 32256

GROUP POLICY NUMBER 0020824
CERTIFICATE NO. 1756 002643
CUSTOMER ACCOUNT NO.

INSURED DEBTOR CLAUDETTE JACKSON		AGE 68	SOCIAL SECURITY #	ADDRESS 4919 LINNET LN DALLAS, TX 75209			
JOINT INSURED DEBTOR (if any)		AGE	SOCIAL SECURITY #	ADDRESS			
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LOAN PAYMENT \$ <u>245.00</u>	BALLOON PAYMENT \$ <u>N/A</u>				<input type="checkbox"/> SEMI-ANNUAL		
					<input type="checkbox"/> QUARTERLY		
					<input type="checkbox"/>		
TYPE OF CREDIT LIFE & DISABILITY INSURANCE	EFFECTIVE DATE OF INSURANCE	ORIGINAL TERM OF INSURANCE	SCHEDULED MATURITY DATE	EXPIRATION DATE	ORIGINAL AMOUNT OF INSURANCE	A&H MONTHLY BENEFIT	PREMIUMS
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NET BALANCE DECREASING LIFE <input type="checkbox"/> Single <input type="checkbox"/> Joint							
LEVEL LIFE COVERAGE <input type="checkbox"/> Single <input type="checkbox"/> Joint							
DISABILITY <u>14 DAY</u> WAITING PERIOD <input type="checkbox"/> Single <input checked="" type="checkbox"/> Retro <input type="checkbox"/> Non-Retro							
Maximum Terms: Decreasing Life Level Life Disability	120 months 60 months 60 months	Maximum Life Insurance Benefit \$25,000.00		Maximum Disability Benefit of \$25,000.00 divided by the Loan Term not to exceed \$500.00 per month. Disability Coverage commences on the effective date of the Certificate as shown in the Schedule.			

APPLICATION FOR CREDIT INSURANCE - SINGLE PREMIUM COVERAGE

NOTICE: THE AMOUNT OF COVERAGE MAY NOT BE ENOUGH TO PAY THE TOTAL DEBT AND/OR THE TERM OF COVERAGE MAY BE LESS THAN THE TERM OF THE LOAN. IN THE EVENT OF PRE-PAYMENT, REFER TO SECTION; WHEN INSURANCE STOPS-REFUNDS ON PAGE 4 OF 4 OF THE CERTIFICATE OF INSURANCE.

I (We) understand that the Company may void this Certificate or deny claim within the time frame of the Misstatement of Age and Incontestability provisions of the Certificate. I (We) understand that the Company's acceptance or denial of this application are based on my (our) representations contained herein.

I (We) understand that the insurance applied for herein is not compulsory, nor a precedent to any loan or credit transaction.

I (We) hereby state that I (we) have been given the option to purchase such credit insurance or other insurance from any insurer or agent of my (our) choice and that I (we) freely choose Life of the South Insurance Company. I (We) understand that commissions may be paid to someone or some entity who is connected to this credit transaction and who is acting as an agent for the Company. Upon acceptance of the insurance by Life of the South Insurance Company, I (We) acknowledge that I (we) have received a copy of the Certificate of Insurance for my (our) records. Otherwise, we will receive a copy of the Certificate of Insurance within 45 days after the date the indebtedness was incurred. If it is determined I (we) are not eligible for coverage a full refund of any premium paid and an immediate written notification will be given to me (us) and the appropriate credit made to my (our) account.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE PARAGRAPHS.

Date this 19 day of APRIL, 2023.

[Signature]
 President

CLAUDETTE JACKSON
 Signature of Debtor

10-23-84
 Date of Birth

 Signature of Joint Debtor

 Date of Birth

Bianca Rosario
 Signature of Witness

04/19/2023
 Date

CERTIFICATE OF INSURANCE

RIGHT TO RESCIND: Within the first 15 days after this certificate is received, you may surrender it and receive a full refund of premiums paid. Please return the Certificate to us if you wish to rescind coverage.

LIFE INSURANCE BENEFIT

WHO IS INSURED: The Insured Debtor is the Primary Debtor. The Insured Debtor may be insured for both life and disability insurance. The Joint Insured Debtor may be insured for life insurance only. The Joint Insured Debtor must be a spouse or business partner and be jointly and severally liable for repayment of the indebtedness.

WHAT YOU GET: We certify that if we have been paid the premium shown in the Schedule you are insured for the coverage shown in the Schedule, subject to the terms of the Group Policy issued to the Policyholder and this Certificate.

WHO GETS PAID: Immediately upon proof of your death or disability, we will pay the benefits provided under this Certificate to the Creditor. The Creditor will apply such payment(s) to pay off or reduce your debt. If the amount of insurance exceeds the balance of your debt, the excess will be paid by separate check to you, if living, or to the second beneficiary named in the Schedule, or if no second beneficiary is named, then to your estate.

SINGLE LIFE INSURANCE BENEFIT: If you die while you are insured for single life coverage, we will pay the amount of life insurance in force at the time of your death.

JOINT LIFE INSURANCE BENEFIT: If you or the Joint Insured Debtor die while insured for joint life coverage, we will pay the amount of insurance in force at the time you or the Joint Insured Debtor die. Only one death benefit is payable under this Certificate. Should you and the Joint Insured Debtor die at the same time, or under such circumstances that it is impossible to determine who dies first, then one death benefit will be based on the death of the Primary Insured Debtor.

AMOUNT OF LIFE INSURANCE:

Decreasing Life - The amount of insurance decreases each month throughout the scheduled term of the coverage. On the effective date, the amount of insurance is equal to the Original Amount of Insurance shown on the Schedule. Thereafter, the amount of insurance decreases each month by an amount equal to the original amount divided by the number of months in the term of the coverage.

Net Balance - If the insurance shown in the Schedule is Net Balance, the proceeds we will pay consist of: (a) the unpaid scheduled debt on the date of death; plus (b) any payments made that were not scheduled until after the date of death.

The proceeds determined above will be reduced if the Original Debt exceeds the Original Amount of Life Insurance. The proceeds payable will be the Original Amount of Life Insurance divided by the Original Debt multiplied by the scheduled unpaid balance as described above.

Level Life - The amount of insurance in force will be the Original Amount of Life Insurance, without decreasing during the scheduled term of coverage.

LIFE EXCLUSIONS: We will not pay a death benefit if death is a result of any of the following; (a) War or military service hazard; (b) Flight in a non-scheduled aircraft or (c) Suicide: If the Insured Debtor or the Joint Insured Debtor die as a result of suicide while sane or insane within two (2) years after the effective date of coverage, our liability will be limited to the refund of premiums paid for single coverage, or if joint coverage is applicable, forty percent (40%) of the premium paid.

In the event a death claim is denied due to any above exclusionary provisions, within two years of the effective date of coverage, a full refund of the premiums charged in connection with such indebtedness shall be made for single life coverage. If Joint life coverage is provided, our liability will be limited to a refund equal to the difference between the single and joint premium amounts.

Single life insurance covering the surviving Insured Debtor will be continued unless a written cancellation is requested by the surviving Debtor. The written cancellation must be sent to the Administrative Office. Any Accident and Health unearned premiums paid will be refunded in full in the event a life claim is denied.

TOTAL DISABILITY INSURANCE BENEFIT

THIS BENEFIT IS AVAILABLE ONLY IF YOUR INSTALLMENTS ARE PAID ON A MONTHLY BASIS.

SINGLE DISABILITY INSURANCE BENEFIT: If you become totally disabled during the term of coverage and continue to be totally disabled for at least the number of days as stated in the Waiting Period, then you will become eligible for benefits under this Certificate.

FULL DISABILITY COVERAGE: If you become totally disabled within the term of coverage and such total disability continues uninterrupted for at least the number of days as stated in the Waiting Period, we will pay a disability benefit equal to 1/30th of your **MONTHLY DISABILITY BENEFIT** for each day of continuous total disability during your benefit period, but not more than your installment payment then due.

BENEFIT BASIS: Any disability benefits payable under this Certificate will be calculated based on one of the following methods which is indicated in your Certificate Schedule.

- (a) **Retroactive Coverage:** This plan provides benefits after the Waiting Period has been satisfied, retroactive to the first day.
- (b) **Non Retroactive Coverage:** This plan is also known as Elimination Coverage and provides benefits beginning with the first day after the Waiting Period. Benefits are not retroactive to the first day.

BENEFIT LIMITATIONS: The following items are benefit limitations which apply under this Certificate. Regardless of the specific limitation which may apply, you will be responsible for the payment of all installment payments and/or deficiency amounts required to keep the insured debt from becoming delinquent.

- (a) After the first benefit month, each subsequent benefit month will begin on the same day as the first benefit month. If the last day of total disability for which benefits are payable falls on a date which does not equal a full benefit month, we will pay to the Creditor, a daily benefit of 1/30th of the **MONTHLY DISABILITY BENEFIT** for each day. In no event will we pay a benefit for an amount greater than the **MONTHLY DISABILITY BENEFIT** shown in the Schedule.

- (b) In the months when your loan payment exceeds the **MONTHLY DISABILITY BENEFIT** shown in the Schedule, you will be insured only for an amount equal to the **MONTHLY DISABILITY BENEFIT** shown in the Schedule.
- (c) If the term of disability coverage is less than the term of your debt, no disability benefit will be paid for any payment after the term of coverage for disability coverage has expired.
- (d) If your debt includes a balloon payment (a scheduled payment that is larger than the others) and the term of disability coverage is the same as the term of the debt, the balloon payment will only be insured up to an amount equal to the **MONTHLY DISABILITY BENEFIT** as shown in the Schedule.
- (e) Benefits will end when you are no longer totally disabled, or the insurance expires or terminates, which ever occurs first. We reserve the right to require evidence of total disability from a licensed doctor of medicine or osteopathy other than yourself, at monthly or at reasonable intervals as determined by us in order to justify the continuing payment of benefits. We will cease to pay benefits if the required proof is not given to us at our Administrative Office. If the amount of insurance qualified and payable under the terms and conditions exceeds the unpaid indebtedness, such excess will be paid by separate check to you, if living, otherwise to the second beneficiary named in this Certificate, or to the estate.

Total Disability is disability which: (1) begins while you are covered by this Certificate; (2) results from accidental bodily injury or sickness as defined below; (3) continues uninterrupted for at least the number of days of the Waiting Period shown in the Certificate Schedule; (4) prevents you during the first twelve (12) months of total disability from performing the essential and customary duties of your occupation (or previous occupation if unemployed or retired) at the time disability occurs; and (5) prevents you after the initial twelve (12) months of total disability from performing any occupation for which you are reasonably suited by education, training or experience. **Injury** means accidental bodily Injury that occurs while this Certificate is in force and which causes you to become totally disabled. **Sickness** means illness or disease, and which manifests itself while this Certificate is in force and which causes you to become totally disabled.

RULES FOR FILING A DISABILITY CLAIM

NOTICE OF CLAIM: You must write to us or our agent about your total disability claim within twenty (20) days after such disability begins or as soon after that as you can.

CLAIM FORMS: Upon receipt of written notice of claim, by the Administrative Office, we will send you claim forms within fifteen (15) days. If we do not send you the claim forms within fifteen (15) days you may simply send us written proof of your disability. The proof must show the date and the cause of the total disability, how serious it is, and must be signed by a licensed doctor of medicine or osteopathy other than yourself.

TIMELY PAYMENT OF CLAIMS: Benefits payable under this Certificate for any loss other than the loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this Certificate provides periodic payment will be paid monthly. Any eligible benefits which are then unpaid will be paid in one lump sum to the Creditor or to you if living, otherwise to the second beneficiary, or the Joint Insured Debtor, or in absence of such designation, your surviving spouse or to your estate, upon receipt of due written proof.

PHYSICAL EXAMINATION: We, at our own expense, will have the right and opportunity to have you examined when and as often as we reasonably require during the pendency of a claim hereunder.

EXCEPTIONS OF DISABILITY COVERAGE: We do not cover disabilities resulting from:

- (1) normal pregnancy; (2) intentionally self-inflicted injury; (3) elective abortion; (4) foreign travel or foreign residence; (5) flight in a non-scheduled aircraft; (6) war or military service hazard; or (7) a preexisting condition as defined below.

PREEXISTING EXCLUSION: A preexisting condition is a disease, injury or condition of health for which you received medical diagnosis or treatment within the six (6) months preceding the effective date of the Certificate and which caused disability within the six (6) months following the effective date of this Certificate. If the original term of coverage is less than six (6) months, this time period is equal to the term of coverage. Disability commencing or re-commencing after the preexisting period will be covered.

GENERAL PROVISIONS

The amount charged by the Policyholder for this coverage will not exceed the premium paid by the Policyholder to us.

WHO WE PAY: Immediately upon proof of death or disability of you or the Joint Insured Debtor, if applicable, we will pay benefits provided under this Certificate to the Creditor. The Creditor will apply such payment(s) to pay off or reduce the debt. If the amount of insurance exceeds the balance of the debt, the excess will be paid by separate check to you, if living, or to the Second Beneficiary named in the Schedule, if living, or the Joint Insured Debtor or in absence of such designation, the surviving spouse otherwise to your estate. For Level Coverage, any excess will be paid by separate check to your estate. All sums paid will be applied to the indebtedness for which coverage was written. No benefits shall be applied to any other debt.

LIMITS OF COVERAGE: At no time will the amount of coverage issued under this Certificate be afforded to anyone for a term, an original amount of life insurance or original amount of disability insurance (sum of all monthly disability benefits payable), or a monthly benefit in excess of the maximum indicated in this Certificate or permitted by law. If you have more than one Certificate in effect, then the total aggregate of insurance coverage under all Certificates will not exceed, at any time, the amount permitted under the Group Policy as defined in the Limits of Coverage. If the maximum limits are exceeded, we will terminate the excess coverage as outlined below under **EXCESS COVERAGE**.

EXCESS INSURANCE: If coverage is issued in excess of our maximum limits, we have the right, within 90 days of the effective date of coverage, to reduce the excess coverage and refund the charge for the excess insurance, provided such adjustment is accomplished and the refund is made prior to the incurred date of a claim; otherwise the coverage remains in force as originally issued.

MISSTATEMENT OF AGE: If you have misstated your age and your correct age would have made you ineligible for coverage, we will cancel your coverage and return any premiums paid. If you correctly stated your age and were over the maximum age and coverage was issued in error, we will terminate the coverage within 90 days of the effective date and prior to a claim and refund the entire premium paid, otherwise coverage will remain in force. If joint life coverage is provided, and coverage is canceled on either Debtor, a refund will be made equal to the portion of the premium paid for the second Debtor and coverage will remain in force on the survivor at the single Debtor rate.

RENEWAL OR REFINANCED INDEBTEDNESS: If the indebtedness issued under this Certificate is discharged prior to the scheduled maturity date due to renewal or refinancing, the effective date for the renewed or refinanced indebtedness will be the first date on which you became insured under the Group Policy. Liability for the renewed or refinanced indebtedness is limited to the remaining term and conditions of the original indebtedness outstanding at the time of renewal or refinancing. Any period of exclusion will be reduced by any period that insurance was in force in connection with the prior indebtedness which was renewed or refinanced. Any portion of the new debt which was not renewed or refinanced is not covered by this renewal and refinancing provision. Nothing in this provision shall preclude the Incontestability Clause. Any claim for benefits occurring prior to the debt being paid off, renewed or refinanced shall not be prejudiced by the termination of coverage.

INCONTESTABILITY: This Certificate is incontestable, except for non-payment of premiums, after it has been in force for 2 years from the effective date. No statements made by you relating to your insurability will be used in contesting the validity of your coverage with respect to which such statement was made after your coverage has been in force prior to the contest for a period of 2 years during your lifetime, nor unless it is contained in a written instrument signed by you, a copy of which instrument has been furnished to such person or to his beneficiary.

ENTIRE CONTRACT: This Certificate together with the application, endorsements if any, and Group Policy make up the entire contract between the parties. Only an Officer of the Administrative Office may waive or otherwise change any provision of the Group Policy or our rights thereunder. No action, statement or agreement by any person or persons other than an Officer of the Administrative Office in writing shall in any way bind or estop us from enforcing the provisions of the Group Policy or our rights thereunder. No agreement in conflict with, modifying or extending the Group Policy shall be valid unless in writing signed by an Officer of the Administrative Office and made part of the Group Policy.

PROOF OF LOSS DISABILITY: Written proof of disability must be sent to us no later than ninety (90) days after your total disability begins. If you cannot file proof within ninety (90) days, you must file as soon as possible. No claim will be reduced or denied if you file as soon as possible. Subsequent written proofs of the continuation of such disability must be furnished to the insurer at such intervals as the insurer may reasonably require. In no event, except in the absence of legal capacity, can proof be filed later than one (1) year from the time proof is normally required.

PROOF OF DEATH: Upon the death of an Insured Debtor, we must receive proof of death satisfactory to the Company as soon as reasonably possible after death occurs. Such proof must include, but is not limited to, a death certificate and a valid completed claim form. Settlement of benefits will be made no later than two (2) months after the receipt of due proof of death as described above and the right of the Insured Debtor to the proceeds.

LEGAL ACTION: No action at law or equity shall be brought to recover on this Certificate sooner than sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the Certificate and Group Policy. No such action shall be brought later than three (3) years after the date of death or after three (3) years from the date the cause of action accrues, whichever occurs first.

AUTOPSY: We have the right to have an autopsy performed, at our expense, unless forbidden by law.

REPRESENTATIONS: In the absence of fraud, all statements made by you will be deemed representations and not warranties. No statement made by you will be used in any contest unless a copy of that statement is furnished to you or your beneficiary.

TERMINATION OF INDIVIDUAL COVERAGE: Your insurance will terminate on the earliest of the following dates: (1) the date the debt is discharged by renewal or refinancing; (2) the scheduled maturity date of the debt; (3) the date the debt is transferred to another Debtor; (4) the date that the collateral, if any, which is security for the debt, or upon which the debt is based, has been repossessed; (5) the date the debt becomes the subject of a judicial proceeding for collection, bankruptcy or a court judgment; (6) the date the death benefit becomes due under the Group Policy; (7) the date we receive written request to end the coverage; (8) the date the debt is discharged by prepayment (**Refer to WHEN INSURANCE STOPS - REFUNDS below, for information on how to notify the company or agent;** or (9) the end of the term of coverage shown in the Schedule.

In the event of a life or disability claim originating prior to such termination, the claim will be processed as if such termination had not occurred.

In the event of a life claim, the unearned disability premiums will be refunded.

In the event of a continuing accident and health claim prior to the termination date of coverage, the refund may be withheld until you are no longer considered to be totally disabled. This statement will apply provided it does not conflict with any state law. However, if you are no longer considered totally disabled as required, you will be entitled to a refund of unearned premiums as of the date you are no longer disabled. In the event the debt is prepaid while a claim is in progress, such claim will continue as if there had been no prepayment of debt.

Upon termination of the continuing claim, a refund will be made of any unearned premium, if any. You retain the right to cancel coverage as of any date upon receipt of written notice of the request by the Administrative Office. If you elect to cancel the coverage, benefits will cease.

In the event of termination of the Group Policy for any reason, the insurance coverage with respect to any debtor insured under this Group Policy for which single premium has been paid to the insurer, the insurance coverage must be continued for the entire period for which the single premium has been paid, subject to the provisions of the Group Policy relative to early termination of insurance,

WHEN INSURANCE STOPS - REFUNDS: If your insurance stops before the end of the term of coverage shown in the Schedule, you will be given a refund or credit to your account of the unearned premiums. If termination is due to death, the life premium will be considered fully earned where allowed by law, and no refund will be made. If we discharge the debt by payment of a lump sum disability benefit, the accident and health premium will be considered fully earned. In such instance any unearned life premium will be refunded in accordance with the refund methodologies specified below. The unearned premium is computed by subtracting the premium earned from the original premium charged. This refund will be calculated using the Rule of Anticipation or any method that produces an equal amount and has been approved by the Texas Insurance Department, for Decreasing, Net Balance and Disability Coverages and Pro-Rata for Level Coverage.

In the event that the underlying debt or the insurance terminates before the originally scheduled termination date of the insurance, including the termination of a debt by renewing or refinancing the debt, the Creditor, on the date the debt terminates shall, no later than 60 days after the termination of the insurance, provide notice to the Company of the termination of the debt, that includes the name and address of the Insured Debtor and the payoff date of the underlying debt. Notice must be mailed to us at 10151 Deerwood Park Boulevard, Building 100, Suite 500, Jacksonville, FL 32256, or to the agent that sold the Creditor this insurance. We have the right to require proof of the date of termination of the loan. If you have any questions about a refund, call 1-800-888-2738.

The refund of any amount of unearned premium paid by or charged to the Insured Debtor for insurance shall be paid or credited promptly, to the person entitled to the refund, no later than 30 days after the Company receives the notice of termination on the debt.

The Insurer shall be entitled to indemnity in any claim or action asserted by an Insured against an Insurer for failure to refund any unearned premium, the insurer is entitled to indemnity from a holder who failed to provide notice.

The period between the effective date of coverage and the premature termination date will be computed in whole months using the 15/16 day rule. Upon termination, no charge for credit insurance will be made for the first 15 days of the loan month, and a full month will be charged for 16 days or more of the loan month. Refunds of less than \$ 3.00 will not be made.

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IMPORTANT NOTICE

AVISO IMPORTANTE

To obtain information or make a complaint:

You may call Life of the South Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-888-2738

You may also write to the Life of the South Insurance Company at:

10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
Jacksonville, FL 32256

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104,
Austin, TX 78714-9104
FAX #: (512) 490-1007
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Life of the South Insurance Company's para obtener información o para presentar una queja al:

1-800-888-2738

Usted también puede escribir a Life of the South Insurance Company:

10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
Jacksonville, FL 32256

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104,
Austin, TX 78714-9104
FAX #: (512) 490-1007
Sitio web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE
TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
(For insurers declared insolvent or impaired on or after September 1, 2011)**

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, ONLY if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contract holder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.texas.gov

**Consumer Bill of Rights for Credit Life, Credit Disability, and
Credit Involuntary Unemployment Insurance**

AVISO: Este documento es un resumen de sus derechos como asegurado. Usted tiene el derecho a llamar a su compañía y pedir una copia de estos derechos en español.

What is the Bill of Rights?

This Bill of Rights is a summary of your rights and does not become a part of your policy. The Texas Department of Insurance (TDI) adopted this Bill of Rights and requires insurance companies to provide you a copy when they issue your policy. In this document the term "policy" includes a certificate of insurance.

Texas law gives you certain rights regarding your credit life, credit disability (also called credit accident and health), and credit involuntary unemployment insurance. This Bill of Rights identifies your rights specified by rule or state statute but does not include all of your rights. Some exceptions to the rights are not listed here, and legislative or regulatory changes enacted since the adoption of this notice are not reflected. Contact TDI if your agent, company, or adjuster tells you that one of these rights does not apply to you.

This Bill of Rights does not address your responsibilities. Your responsibilities concerning your insurance can be found in your policy. Failure to meet your obligations may affect your rights. Keep this notice and your policy with your other important documents.

The Bill of Rights

Purchasing Credit Insurance

1. If credit insurance is required by the creditor to obtain the debt, the creditor must provide you a written statement that it is required.
2. If credit insurance is required, a creditor cannot require that you buy it from a particular company or agent and must advise you of your right to obtain insurance from other sources before you complete the transaction. You may purchase a policy yourself, or you may be able to use an existing insurance policy.
3. Your application and policy must separately include the amount of the premium or total identifiable charge, if any, you must pay for credit insurance and the amount, term and description of the coverage provided. When you buy credit insurance, your creditor must give you a copy of your policy, your application for insurance, or a notice of proposed insurance.
4. An insurance company may not refuse to insure you, limit your coverage, or charge a different rate for the same coverage because of your race, color, religion, or national origin.
5. Unless it is based on sound underwriting or actuarial principles or permitted by applicable law or rule, an insurance company cannot refuse to insure you, limit your coverage, or charge a different rate for the same coverage because of your age, gender, marital status, geographic location, disability, or partial disability. Under some circumstances, an insurer may be able to refuse coverage or charge a different rate based on age or limit coverage based on a disability. For example, an insurer may refuse to issue you a credit health policy if you are age 65 or older or charge you a higher premium based on your age for a credit life policy.

Restrictions on Premiums and Coverage

6. A creditor cannot charge you a higher premium for credit insurance than what the insurer charges for that coverage but may include the premium for the credit insurance in your debt amount with a finance charge, subject to the Finance Code.
7. A creditor cannot require you to obtain credit insurance in an amount larger than the total amount of your debt.
8. If your rate changes, a creditor must notify you at least 30 days before any unscheduled premium increases are direct drafted from your bank account. Your company must send you notice by U.S. mail and it must include a toll-free number and mailing address to accept your objection. You must object to the increased draft at least five days before it goes into effect to stop the direct draft.
9. A credit card company must give you at least 30 days written notice before changing credit insurance providers. The notice must tell you about any rate increase, your right to cancel your insurance, and explain any major decrease, if any, in coverage resulting from the change.

Cancellation and Refunds

10. Unless the credit insurance is required by the creditor, you can cancel your credit insurance policy at any time. Before canceling your policy, you should contact your creditor or attorney to make sure you are not breaking the terms of your loan.
11. If your debt is paid off early, you may be entitled to a refund or credit of the unearned premiums. Please read your policy for more information regarding refunds.
12. Your creditor has 60 days to tell your insurance company that you have paid off your debt. They must give the insurance company your name, address, and the date your debt was paid off so that any unearned premiums may be credited to your account or refunded to you.

Protecting Your Privacy

13. You may prevent an insurance company from disclosing your private personal financial information to unaffiliated companies. Some examples of private personal information are income, social security number, credit history, and premium payment history. You may not prevent the release of information that is publicly available, information the company must share in order to conduct ordinary business activities, or when the disclosure is required by law.
14. Before sharing your private personal financial information with an unaffiliated business, an insurance company must provide you with a privacy notice explaining that it intends to share your private personal financial information.

15. An insurance company must give you at least 30 days from the date you receive the privacy notice to object, or "opt out," of the disclosure of your personal financial information. You have the right to opt out at any time, and your decision remains in effect until you revoke it.

Filing a Claim on your Credit Insurance

16. When you, or your beneficiary file a claim, your insurance company must acknowledge receipt of the claim, request any additional information relevant to the claim, and commence any investigation within 15 days.
17. When the insurance company receives all the information necessary to process the claim, it has 15 business days to send a written explanation denying the claim or a written notice approving the claim. The company can extend this deadline for an additional 45 days if it sends a written explanation of why it needs more time.
18. Your insurance company must pay a claim within five (5) days of the date you, or your beneficiary, receive written notice that the company approved your claim.
19. Your insurance company must provide a written notice stating the reason for any claim that it denies. An insurance company cannot deny a claim because of a false statement on your application unless there is proof that the misstatement was material to your risk or contributed to the cause of your claim. If the company discovers a false statement, they must notify you within 90 days in order to use the misrepresentation as a defense at trial.
20. You, or your beneficiary, can reject any settlement amount offered by the insurance company.
21. If there is a claim on your policy and the benefits paid exceed the debt pay-off, the settlement must include a payment to you, or your beneficiary, for the excess amount.
22. You, or your beneficiary, may sue your insurance company for the claim amount plus 18 percent annual interest and attorney's fees if the claim is covered under your policy and the company fails to meet the required claims processing or payment deadlines listed in Rights 16, 17, and 18.

Enforcing Your Rights

23. You can file a complaint with TDI about an insurance company or insurance matter.
24. You have the right to sue your insurance company with or without an attorney.
25. You may request that TDI make or change rules regarding any insurance issue that concerns you.

Where to Find More Information

<p>To file a complaint with TDI about an insurance company or insurance matter or for more information about:</p> <ul style="list-style-type: none"> ● your rights as an insurance consumer ● the license status of an insurance company or agent ● the financial condition of an insurance company ● the complaint history of an insurance company or agent ● insurance companies' rates, and ● other insurance consumer concerns. 	<p>Texas Department of Insurance Consumer Protection Mail Code 111-1A P.O. Box 149091 Austin, Texas 78714-9091 Consumer Helpline - 1-800-252-3439 or 512-463-6515 TDI Publication and Complaint Form Order Line - 1-800-599-7467 or 512-305-7211. The order line is available 24 hours a day, seven days a week. Email - ConsumerProtection@tdi.texas.gov Website - www.tdi.texas.gov</p>
<p>To request an administrative rule or rule change.</p>	<p>Texas Department of Insurance Attn.: Commissioner (Mail Code 113-2A) P.O. Box 149104 Austin, Texas 78714-9104</p>
<p>For questions, comments, or a list of the specific law(s) and rule(s) summarized in this Bill of Rights</p>	<p>Office of Public Insurance Counsel 333 Guadalupe St., Suite 3-120 Austin, Texas 78701 1-877-611-6742 Website - www.opic.state.tx.us</p>
<p>For information about noninsurance credit issues.</p>	<p>Office of Consumer Credit Commissioner Consumer Helpline - 1-800-538-1579 Email Address - info@occc.state.tx.us Website - www.occc.state.tx.us</p>
<p>For information about your policy or to make a claim or complaint with your insurance company.</p>	<p>Your insurance company must maintain a toll-free number and include that number on each insurance policy.</p>

1756-002643-20250419-0105-PSI:269-10

**INFORMACION IMPORTANTE SOBRE COBERTURA BAJO
LA ASOCIACION TEXAS LIFE Y HEALTH INSURANCE GUARANTY
(Para aseguradores declarados insolventes o menoscabados en o después del 1 de septiembre de 2011)**

La ley de Texas establece un sistema para proteger tenedores de pólizas si su compañía de seguro de vida o de salud quebra. La Asociación Texas Life y Health Insurance Guaranty ("la asociación") administra este sistema de protección. Sólo los tenedores de pólizas de seguro quienes son miembros de la asociación son elegibles para esta protección la cual es sujeto a los terminos, limitaciones y condiciones de la ley asociación. (Se encuentra la ley en el Texas Insurance Code, Capítulo 463.)

Es posible que la asociación no cubra su póliza en total o en parte a causa de limitaciones estatutarias.

Elegibilidad para protección por la Asociación

Cuando una compañía de seguro miembro se está declarado insolvente y está sometido a un orden de liquidación por una corte o clasificado como menoscabado por el Comisionado de Seguro de Texas, la asociación provee cobertura a los tenedores de pólizas quienes son:

- Residentes de Texas a la vez (**sin consideración a la residencia del tenedor de póliza al tiempo de emitir de la póliza**)
- Residentes de otros estados, SOLO si las condiciones siguientes existen:
 1. El tenedor de póliza tiene una póliza con una compañía que domicilia en Texas;
 2. El estado de residencia del tenedor de póliza tiene una asociación garantía similar; y
 3. El tenedor de póliza no es elegible para cobertura por la Asociación garantía del estado de residencia del tenedor de póliza

Limites de protección por la Asociación

Accidente, Accidente y Salud o Seguro de Salud:

- Para cada individuo cubierto bajo una o más pólizas: hasta una suma de \$500.000 USD para seguro de hospital básico, médico-quirúrgico, y "major medical", \$300.000 USD para seguro de incapacidad o cuidado a largo plazo, y \$200.000 USD para otros tipos de seguro de salud.

Seguro de vida:

- Valor de rescate de efectivo neto retirado hasta una suma de \$100.000 USD bajo una o más pólizas en solo una vida; o
- Indemnización por fallecimiento hasta una suma de \$300.000 USD bajo uno o más pólizas en solo una vida; o
- Beneficios totales hasta una suma de \$5.000.000 para cualquier dueño de pólizas multiples de vida de tipo no- grupo

Anualidades individuales:

- Valor actual de beneficios hasta una suma de \$250.000 USD bajo uno o más contratos de solo una vida.

Anualidad de grupo:

- Valor actual de beneficios asignados hasta una suma de \$250.000 USD en solo una vida; o
- Valor actual de beneficios asignados hasta una suma de \$5.000.000 USD para un tenedor de contrato sin tener en cuenta el número de contratos.

Limite total:

- \$300.000 USD en sólo una vida con la excepción del limite de \$500.000 USD para seguro de salud, el limite de \$5.000.000 USD para seguro de vida, y el limite de \$5.000.000 USD de anualidad de grupo no asignado.

Compañías de seguro y sus agentes se están prohibidos por ley de usar la existencia de la Asociación para el propósito de vender, solicitar o incentivo para comprar cualquiera forma de seguro. Cuando se necesita seleccionar una compañía de seguro, no se debe depender de la cobertura de la Asociación. Para preguntas adicionales sobre la protección de la Asociación o información general sobre una compañía de seguro, por favor use la información de contacto siguiente.

**Texas Life and Health Insurance Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
800-982-6362 or www.txlifega.org**

**Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.texas.gov**

**DECLARACIÓN DE DERECHOS DEL CONSUMIDOR
SEGUROS DE VIDA DE CRÉDITO, SEGURO DE CRÉDITO POR INCAPACIDAD, Y SEGURO DE CRÉDITO POR
DESEMPLEO INVOLUNTARIO**

¿Qué es la Declaración de Derechos?

Esta Declaración de Derechos es un resumen de sus derechos, y no forma parte de su póliza. El Departamento de Seguros de Texas (Texas Department of Insurance -TDI, por su nombre y siglas en inglés) adoptó esta Declaración de Derechos y exige que las compañías de seguros le proporcionen una copia cuando le expidan su póliza. En este documento, el término "póliza" incluye un certificado de seguro.

La ley de Texas le otorga ciertos derechos respecto a su seguro de vida de crédito, seguro de crédito por incapacidad (también llamado crédito de accidente y salud), y seguro de crédito por desempleo involuntario. Esta Declaración de Derechos identifica sus derechos, los cuales han sido especificados por reglamento o por estatuto estatal, pero no incluye todos sus derechos. Algunas excepciones a los derechos no están incluidas aquí, así como tampoco reflejan los cambios legislativos o reguladores que se adoptaron desde la última vez que se revisó este aviso. Si su agente, compañía o ajustador le dice que alguno de estos derechos no le corresponde a usted, comuníquese con TDI.

Esta Declaración de Derechos no menciona las responsabilidades suyas. Sus responsabilidades referentes a su seguro pueden ser encontradas en su póliza. No cumplir con sus obligaciones podría afectar sus derechos. Mantenga este aviso y su póliza junto con sus otros documentos importantes.

La Declaración de Derechos

Cómo Comprar un Seguro de Crédito

1. Si un seguro de crédito es requerido por el acreedor para obtener la deuda, el acreedor tiene que proporcionarle a usted una declaración por escrito que indique que éste es requerido.
2. Si un crédito de seguro es requerido, un acreedor no puede requerir que usted lo compre de una compañía o agente en particular y tiene que informarle sobre su derecho a obtener el seguro de otras fuentes antes de que usted complete la transacción. Usted puede comprar una póliza por sí mismo, o es posible que pueda usar una póliza de seguro existente.
3. Su solicitud y póliza tienen que incluir por separado la cantidad de la prima o el total del cobro identificable, si es que lo hay, que usted debe pagar por el seguro de crédito, así como la cantidad, término, y una descripción de la cobertura que es proporcionada. Cuando usted compra un seguro de crédito, su acreedor tiene que darle una copia de su póliza, su solicitud para obtener el seguro, o un aviso del seguro propuesto.
4. Una compañía de seguros no puede rehusarse a asegurarlo, limitarle su cobertura, o cobrar un precio diferente por la misma cobertura debido a su raza, color, religión u origen nacional.
5. A menos que esté basado en principios aseguradores sólidos de actuario o esté permitido por la ley o un reglamento aplicable, una aseguradora no puede rehusarse a asegurarlo, limitarle su cobertura, o cobrar un precio diferente por la misma cobertura debido a su edad, sexo, estado civil, ubicación geográfica, incapacidad, o incapacidad parcial. Bajo ciertas circunstancias, una aseguradora puede rehusarse a asegurar o cobrar un precio diferente basándose en la edad o limitar la cobertura basándose en una incapacidad. Por ejemplo, una aseguradora puede rehusarse a expedirle una póliza de crédito de salud si usted tiene 65 años de edad o más o cobrarle un precio más alto por su prima, basándose en su edad para una póliza de seguro de vida de crédito.

Restricción es en las Primas y Coberturas

6. Un acreedor no puede cobrarle una prima más alta por un seguro de crédito de lo que la aseguradora cobra por esa cobertura, pero sí puede incluir la prima para el seguro de crédito en la cantidad de su deuda con un cargo de financiamiento, el cual está sujeto al Código de Financiamiento (Finance Code, por su nombre en inglés).
7. Un acreedor no puede requerir que usted obtenga un seguro de crédito en una cantidad mayor que la cantidad total de su deuda.
8. Si su precio cambia, el acreedor tiene que notificarle por lo menos 30 días antes de que cualquier aumento no programado a la prima sea retirado directamente de su cuenta bancaria. Su compañía tiene que enviarle un aviso por medio del correo postal de los Estados Unidos y dicho aviso debe incluir un número de teléfono gratuito y una dirección de correo postal para aceptar su objeción. Usted tiene que oponerse al aumento por lo menos cinco días antes de que entre en vigor para poder evitar que los fondos sean retirados automáticamente de su cuenta bancaria.
9. Una compañía de tarjeta de crédito tiene que darle un aviso por escrito por lo menos 30 días antes de cambiar de proveedor de seguro de crédito. El aviso tiene que informarle sobre cualquier aumento de precio, su derecho para cancelar su seguro, y explicar cualquier reducción importante en la cobertura que resulte del cambio, si es que la hay.

Cancelación y Reembolsos

10. Al menos que el seguro de crédito sea requerido por el acreedor, usted puede cancelar su póliza de seguro de crédito en cualquier momento. Antes de cancelar su póliza, usted debe comunicarse con su acreedor o abogado para asegurarse de no estar quebrantando los términos de su préstamo.
11. Si su deuda es pagada anticipadamente, usted puede tener derecho a que le reembolsen o le den un crédito por las primas que no han sido usadas. Por favor lea su póliza para obtener más información sobre los reembolsos.
12. Su acreedor tiene 60 días para informarle a su compañía de seguros que usted ha pagado su deuda. Ellos tienen que entregar a la compañía de seguros su nombre, dirección, y la fecha en que la deuda fue pagada para que cualquier prima que no haya sido usada, pueda ser acreditada a su cuenta o reembolsada a usted.

Protección de su Privacidad

13. Usted puede evitar que una compañía de seguros revele sus datos financieros personales privados a las compañías que no están afiliadas. Algunos ejemplos de los datos personales privados son el ingreso, el número de seguro social, la información de crédito y su historial de pago de primas. Usted no puede prevenir que se revelen los datos que están públicamente disponibles, así como la información que la compañía tiene que compartir para poder llevar a cabo las actividades ordinarias del negocio, o cuando por ley se debe revelar la información.
14. Antes de compartir sus datos financieros personales privados con un negocio que no está afiliado, una compañía de seguros tiene que darle a usted un aviso de privacidad que explica que tiene la intención de compartir sus datos financieros personales privados.

15. Una compañía de seguros tiene que darle un mínimo de 30 días, a partir de la fecha en que usted recibe el aviso de privacidad para que pueda rehusarse a permitir que revelen sus datos financieros personales privados. El rehusarse a que revelen sus datos se conoce como optar por no participar (opting out, por su nombre en inglés). Usted tiene derecho a optar por no participar (opt out) en cualquier momento y su decisión para optar por no participar permanece vigente, a menos que usted la revoque.

Cómo Presentar una Reclamación en su Seguro de Crédito

16. Cuando usted, o su beneficiario, presentan una reclamación, su compañía de seguros tiene que acusar recibo de la reclamación, solicitar cualquier información adicional que sea relevante a la misma y comenzar cualquier investigación dentro de un plazo de 15 días.
17. Cuando la compañía de seguros recibe toda la información que es requerida para procesar la reclamación, la compañía tiene 15 días hábiles para enviar una explicación por escrito donde explica el porqué ha denegado la reclamación o un aviso por escrito donde aprueba la reclamación. La compañía puede extender este periodo de tiempo hasta por 45 días si le envía un aviso por escrito donde le explica el motivo por el cual necesita más tiempo.
18. Su compañía de seguros tiene que pagar dentro de cinco (5) días, a partir de la fecha en que usted, o su beneficiario, reciben un aviso por escrito donde se les informa que la compañía de seguros aprobó su reclamación.
19. Su compañía de seguros tiene que proporcionar un aviso por escrito donde informa las razones por las cuales cualquier reclamación es denegada. Una compañía de seguros no puede denegar una reclamación debido a una declaración falsa hecha en su solicitud al menos que existan pruebas de que la declaración falsa fue relevante para el riesgo, o contribuida a la causa de su reclamación. Si la compañía descubre una declaración falsa, deben notificarle a usted esta información dentro de 90 días para poder utilizar la declaración falsa como material de defensa en un juicio.
20. Usted, o su beneficiario pueden rechazar cualquier cantidad de liquidación que es ofrecida por la compañía de seguros.
21. Si existe una reclamación en su póliza y los beneficios que han sido pagados sobrepasan la cantidad de liquidación de la deuda, el pago de liquidación tiene que incluir un pago a usted, o a su beneficiario, por la cantidad en exceso.
22. Usted, o su beneficiario, pueden demandar a su compañía de seguros por la cantidad de la reclamación, más un 18 por ciento de interés anual y honorarios de abogado, si la reclamación está cubierta bajo su póliza y la compañía no cumple con el proceso que es requerido para las reclamaciones o con los marcos de tiempo para el pago que se muestran en los Derechos 16, 17 y 18.

El Cumplimiento de sus Derechos

23. Usted puede presentar una queja ante TDI sobre cualquier compañía de seguros o asunto de seguros.
24. Usted tiene derecho a demandar a su compañía de seguros con o sin un abogado.
25. Usted puede solicitar que TDI establezca o cambie reglamentos, respecto a cualquier cuestión de seguros que a usted le interese.

Donde Encontrar Más Información

<p>Para presentar una queja ante TDI sobre una compañía o asunto de seguros o para obtener más información sobre:</p> <ul style="list-style-type: none"> ● sus derechos como consumidor de seguros ● el estado de la licencia de una compañía de seguros o agente ● la condición financiera de una compañía de seguros ● el historial de quejas de una compañía de seguros o agente ● los precios de una compañía de seguros, y ● otros asuntos relacionados con el consumidor. 	<p>Texas Department of Insurance Consumer Protection Mail Code 111-1A P.O. Box 149091 Austin, Texas 78714-9091 Línea de Ayuda al Consumidor - 1-800-252-3439 o 512-463-6515 Línea para Pedidos de Publicaciones y Formularios de Queja de TDI - 1-800-599-7467 o 512-305-7211. La línea para pedidos está disponible las 24 horas del día, siete días a la semana. Email - ConsumerProtection@tdi.texas.gov Sitio Web - www.tdi.texas.gov</p>
<p>Para solicitar que se establezca un reglamento administrativo o para que se hagan cambios a un reglamento.</p>	<p>Texas Department of Insurance Attn.: Commissioner (Mail Code 113-2A) P.O. Box 149104 Austin, Texas 78714-9104</p>
<p>Para preguntas, comentarios, o para una lista de la ley(es) y reglamento(s) que han sido resumidos en esta Declaración de Derechos.</p>	<p>Office of Public Insurance Counsel 333 Guadalupe St., Suite 3-120 Austin, Texas 78701 1-877-611-6742 Sitio Web - www.opic.state.tx.us</p>
<p>Para obtener información sobre asuntos de crédito, no relacionados con el seguro.</p>	<p>Office of Consumer Credit Commissioner Línea de Ayuda al Consumidor - 1-800-538-1579 Email - info@occc.state.tx.us Sitio Web - www.occc.state.tx.us</p>
<p>Para obtener información sobre su póliza o para presentar una reclamación o queja con su compañía de seguros.</p>	<p>Su compañía de seguros tiene que mantener un número de teléfono gratuito y tiene que incluir el número en cada póliza de seguro.</p>

1/56-002643-20230419-0103-PSI269-13

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. Please read this Notice carefully.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

INSURED DEBTOR CLAUDETTE JACKSON		AGE 68	SOCIAL SECURITY #	ADDRESS 4919 LINNET LN DALLAS, TX 75209				
JOINT INSURED DEBTOR (if any)		AGE	SOCIAL SECURITY #	ADDRESS				
FIRST BENEFICIARY - CREDITOR & ADDRESS WORLD FINANCE CORPORATION, 3021 BACHMAN DRIVE, SUITE 106, DALLAS, TX 75220				SECOND BENEFICIARY (if any) (if none, to the estate) & ADDRESS				
COMPLETE THE FOLLOWING LOAN INFORMATION:				PAYMENTS PER YEAR:				
INTEREST RATE <u>28.25</u>		NET CASH ADVANCE \$ <u>3561.24</u>		<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> _____				
AMORTIZED TERM <u>18</u> MOS		1st PAYMENT DUE DATE <u>05/19/23</u>						
LOAN PAYMENT \$ <u>245.00</u>		BALLOON PAYMENT \$ <u>N/A</u>						
TYPE OF CREDIT LIFE & DISABILITY INSURANCE		EFFECTIVE DATE OF INSURANCE	ORIGINAL TERM OF INSURANCE	SCHEDULED MATURITY DATE	EXPIRATION DATE	ORIGINAL AMOUNT OF INSURANCE	A&H MONTHLY BENEFIT	PREMIUMS
DECREASING LIFE COVERAGE <input checked="" type="checkbox"/> Single <input type="checkbox"/> Joint		04/19/23	18		10/19/24	\$4410.00		\$26.95
NET BALANCE DECREASING LIFE <input type="checkbox"/> Single <input type="checkbox"/> Joint								
LEVEL LIFE COVERAGE <input type="checkbox"/> Single <input type="checkbox"/> Joint								
DISABILITY <u>14 DAY</u> WAITING PERIOD <input type="checkbox"/> Single <input checked="" type="checkbox"/> Retro <input type="checkbox"/> Non-Retro								
Maximum Terms: Decreasing Life		120 months		Maximum Life Insurance Benefit		Maximum Disability Benefit of \$25,000.00 divided by the Loan Term not to exceed \$500.00 per month. Disability Coverage commences on the effective date of the Certificate as shown in the Schedule.		
Level Life		60 months		\$25,000.00				
Disability		60 months						

REQUEST FOR CANCELLATION OF INSURANCE

Please cancel, effective immediately: _____ Effective Date of Cancellation: _____

- my credit involuntary unemployment insurance with Life of the South Insurance Company.
- my credit disability insurance with Life of the South Insurance Company.

I understand that:

1. in the event my debt is not paid off, my signature is required below to cancel coverage;
2. the creditor may have the option of applying the refund due to reduce my debt;
3. after cancellation, I must still make all the scheduled debt payments; and
4. my debt will not be covered by the type(s) of insurance canceled.

 Date Insured Debtor's Signature Witness

Credit Life Insurance Premium Refund Amt. : _____
 Credit Disability Insurance Premium Refund Amt. : _____
TOTAL AMOUNT OF PREMIUM REFUND: _____

1756-002643-20230419-0103-PSI:269-15

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Ste. 500, Jacksonville, FL 32256 - (800) 888-2738

PERSONAL PROPERTY COLLATERAL INSURANCE - DECLARATIONS

POLICY NUMBER MUST APPEAR ON ALL CORRESPONDENCE

MASTER POLICY NUMBER (If Applicable): 0020824

CERTIFICATE/POLICY NUMBER: 2643

DEBTOR OR BORROWER NAME (FIRST / MI / LAST) CLAUDETTE JACKSON		STREET ADDRESS / CITY / STATE / ZIP 4919 LINNET LN DALLAS, TX 75209			
CREDITOR OR LENDER NAME WFC - DALLAS WEST		STREET ADDRESS / CITY / STATE / ZIP 3021 BACHMAN DRIVE, DALLAS, TX 75220			
BASIS COVERAGES: Dual Interest Basic Personal Property Collateral Insurance Form, PPC-E2750a-TX 03/10	TERM		MAXIMUM AMOUNT OF INSURANCE	DEDUCTIBLE (if applicable)	PREMIUM AMOUNT
	FROM	EFFECTIVE TO			
	04/19/23	10/19/24	\$4,410.00	\$0.00	\$79.79
(12:01 a.m. Standard Time at Address of Insured Debtor)					
ENDORSEMENTS: PPC-E2750b-TX 03/10; PPC-E2750c-TX 03/10		INSURED PROPERTY: N/A			
NOTICE: This coverage might duplicate existing coverage if you have a residential property insurance policy. This coverage ceases when you have fully paid the debt. This coverage is primary, so it is the first source to be used in the event of a loss on property it covers. You may cancel this coverage at any time by calling the insurer at the toll-free telephone number provided to you, or by writing to the insurer.					

COPY REGISTER

This information shown above is a true transcript of the data appearing on the below numbered certificate.

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Ste. 500, Jacksonville, FL 32256 - (800) 888-2738

PERSONAL PROPERTY COLLATERAL INSURANCE - DECLARATIONS

POLICY NUMBER MUST APPEAR ON ALL CORRESPONDENCE

MASTER POLICY NUMBER (If Applicable): 0020824

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DEBTOR OR BORROWER NAME (FIRST / MI / LAST) CLAUDETTE JACKSON		STREET ADDRESS / CITY / STATE / ZIP 4919 LINNET LN DALLAS, TX 75209			
CREDITOR OR LENDER NAME WFC - DALLAS WEST		STREET ADDRESS / CITY / STATE / ZIP 3021 BACHMAN DRIVE, DALLAS, TX 75220			
BASIS COVERAGES: Dual Interest Basic Personal Property Collateral Insurance Form, PPC-E2750a-TX 03/10	TERM		MAXIMUM AMOUNT OF INSURANCE	DEDUCTIBLE (if applicable)	PREMIUM AMOUNT
	FROM	EFFECTIVE TO			
	04/19/23	10/19/24	\$4,410.00	\$0.00	\$79.79
(12:01 a.m. Standard Time at Address of Insured Debtor)					
ENDORSEMENTS: PPC-E2750b-TX 03/10; PPC-E2750c-TX 03/10			INSURED PROPERTY: N/A		
NOTICE: This coverage might duplicate existing coverage if you have a residential property insurance policy. This coverage ceases when you have fully paid the debt. This coverage is primary, so it is the first source to be used in the event of a loss on property it covers. You may cancel this coverage at any time by calling the insurer at the toll-free telephone number provided to you, or by writing to the insurer.					

PERSONAL PROPERTY COLLATERAL INSURANCE CERTIFICATE - INDEX

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DEFINITIONS

"Creditor" means the person or organization to whom a debt is owed and as shown on the Declarations Page.

"We," "Us" and "Our" means Lyndon Southern Insurance Company.

"Debtor" means the borrower or purchaser as shown on the Declarations Page.

"Property" means the insured property described in the Declarations Page.

"Outstanding Balance" means the unpaid balance of the loan less:

1. payments more than 60 days past due;
2. unearned interest and finance charges; and
3. salvage.

"Insured" means:

1. for single interest coverage - the Creditor; and
2. for dual interest coverage - the Creditor and Debtor as their interests may appear.

INSURING AGREEMENT

We agree to provide the coverage outlined in this Certificate subject to:

1. the specific endorsements for which coverage is indicated on the Declarations Page;
2. the amount of insurance shown on the Declarations Page;
3. the payment of premium; and
4. all other Certificate terms and conditions.

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US. READ YOUR CERTIFICATE CAREFULLY

GENERAL CONDITIONS

CERTIFICATE PERIOD/TERRITORY: Coverage applies to losses which occur on or after the Effective Date as shown on the Declarations Page. Coverage ends when the first of the following occurs:

1. the expiration date shown on the Declarations Page; or
2. the loan is paid off.

The Property must be within:

1. the United States of America;
 - a. its territories; or
 - b. its possessions; or
2. Canada; or
3. transported between ports stated in 1. and 2. above.

DUTIES WHEN LOSS OCCURS: In the event of loss or damage to the Property, the Insured will:

1. promptly notify;
 - a. Us; or
 - b. the fire department in the event of loss or damage as a result of a fire; or
 - c. the police in the event of loss or damage as a result of burglary, robbery or vandalism and malicious mischief, and
 - d. Our authorized agent; and
2. file proof of loss:
 - a. within 90 days from the date of loss; or
 - b. as soon as reasonably possible; and
3. protect the Property from further damage.

A claim may be invalidated if the Insured fails, as stated above, to:

1. report the loss or damage; and
2. file proof of loss.

Not later than the 15th day after the date We receive notice of a claim, We shall:

- a) acknowledge receipt of the claim;
- b) commence any investigation of the claim, and;
- c) request from the claimant all items, statements, and forms that We reasonably believe, at that time, will be required from the claimant.

We may make additional requests for information if during the investigation of the claim the additional requests are necessary. If the acknowledgment of receipt of a claim is not made in writing, We shall make a record of the date, manner, and content of the acknowledgment.

We shall notify you in writing of the acceptance or rejection of a claim not later than the 15th business day (or the 30th business day if We have reason to believe the loss was the result of arson) after the date We received all items, statements, and forms required by Us to secure final proof of loss.

If We do not approve payment of the claim or require more time for processing the claim, We must:

- a) give the reasons for denying the claim; or
- b) give the reasons why We require more time to process the claim, but We must either approve or deny the claim within forty-five (45) days after requesting more time.

If We notify the Insured that a claim or part of a claim will be paid, We shall pay the claim not later than the 5th business day after the date notice is made. If payment of the claim or part of the claim is conditioned on the performance of an act by the Insured, We shall pay the claim not later than the 5th business day after the date the act is performed.

We will notify the Insured in writing of:

- a) an initial offer to compromise or settle a claim made or suit brought against Insured. The notice will be given not later than ten (10) days after the date on which the offer is made; or
- b) any settlement of a claim made or suit brought against Insured under this coverage. The notice will be given not later than thirty (30) days after the date of the settlement.

LEGAL ACTION: Before the Insured can bring legal action against Us, the Insured must:

1. comply with all Certificate terms and conditions; and
2. do so within 2 years of the date of loss.

The period of time for filing suit against **US** will be extended by the number of days between the date the proof of loss was filed and the date the claim was denied in whole or part.

OTHER INSURANCE: This insurance is primary and will not be prorated with any other insurance covering the same loss.

NO BENEFIT TO BAILEE: The proceeds of this insurance may not be assigned to any carrier, bailee or other party.

FRAUD AND MISREPRESENTATION: There will be no coverage under this policy if, whether before or after a loss, the Insured conceals or misrepresents any material fact or circumstance relating to this insurance.

PAIR, SET OR PARTS: In the event of loss to a pair, set or parts, We will be liable as follows:

1. For any article(s) that are a part of a pair or set, We will pay a reasonable and fair proportion to the total value of the pair or set, with consideration given to the importance of such article(s). In no event will such loss mean total loss of the pair or set.
2. For any part of Property which consists of several parts when complete, We will be liable only for the value of the part lost or damaged.

APPRAISAL: If We or the Insured cannot agree on the amount of loss, then both have the right to select a competent and disinterested appraiser. A written request for appraisal must be made by the Insured or Us within 60 days after We receive proof of loss. The appraisers will select an umpire. If they fail to agree upon umpire after 15 days, then at Our or the Insured's request, the umpire will be chosen by a judge of a court of record in the county and state in which the appraisal is pending. The appraisers will determine the amount of loss. If they do not agree, then each appraiser will submit his appraisal to the umpire.

The agreement of any two will determine the amount of loss.

The Insured will pay his appraiser and We will pay Ours. We will share equally in the expenses of the umpire and other expenses of the appraisal.

ABANDONMENT: There will be no abandonment to Us of any Property.

CANCELLATION: The Insured may cancel the Certificate at any time, by mailing written notice:

1. to Us; and
2. stating the effective date of cancellation.

We may cancel the Certificate within the first 60 days for any reason by providing at least 30 days prior written notice of and the reasons for cancellation. We will provide 10 days prior written notice for nonpayment of premium.

After 60 days, We may cancel by providing at least 30 days (10 days prior written notice for nonpayment of premium) prior written notice for any one of the following reasons:

1. Fraud in obtaining coverage;
2. Failure to pay premiums when due;
3. An increase in hazard within the control of the Insured that would produce a rate increase;
4. Loss of the Insurer's reinsurance covering all or part of the risk covered by the Policy; or
5. If the Insurer is placed in supervision, conservatorship, or receivership and the cancellation or nonrenewal is approved or directed by the supervisor, conservator, or receiver.

The mailing notice will be:

1. to the last known address of the Insured; and
2. sufficient proof of notice.

The end of the Certificate period will be the date and hour stated in the cancellation notice. Delivery of the notice will be the same as mailing. We may not cancel a Certificate based solely on the fact that the certificate holder is an elected official.

Upon cancellation, unearned premium will be computed on a Pro Rata method. We will refund:

1. upon mailing of the notice of cancellation; or
2. as soon as practicable.

In calculating refunds upon cancellation, no charge will be made for the first 15 days of a certificate month and a full month's premium may be charged for 16 days or more of a certificate month. No refund will be made if the amount is less than one dollar (\$1.00).

Payment or tender of unearned premium is not a condition of cancellation.

OUR RIGHT TO RECOVER: If We make a payment under this Certificate, the Insured will:

1. assign his rights of recovery against any:
 - a. person; or
 - b. organization; and
2. execute and deliver:
 - a. instruments; and
 - b. papers; and
3. do nothing after the loss to prejudice Our rights.

ARBITRATION: Any controversy, dispute or claim by any Insured, or their respective assigns (each referred to herein as "Claimant"), arising out of or relating in any way to this Certificate or the solicitation or sale thereof may, upon consent of both parties, be submitted to binding arbitration pursuant to the provisions of the American Arbitration Association in accordance with the Uniform Arbitration Act, 710ILCS-5/1. Such arbitration shall be governed by the rules and provisions of the Dispute Resolution Program for Insurance Claims of the American Arbitration Association ("AAA"). The arbitration panel shall consist of three (3) arbitrators, one (1) selected by the Company, one (1) selected by the Claimant and one (1) selected by the arbitrators previously selected. It is understood and agreed that should both parties consent to arbitration, the arbitration shall be binding upon the parties, that the parties are waiving their right to seek remedies in court, including the right to jury trial, and that an arbitration award may not be set aside in later litigation except upon the limited circumstances set forth in the Uniform Arbitration Act, 710ILCS-5/1. The cost of all arbitration proceedings shall be borne by the Company, with the exception of the cost of representation of the Claimant. Should the arbitrator find that the dispute is without substantial justification; the arbitrator shall have the authority to order that the cost of the arbitration proceedings be borne by the Claimant.

All arbitration proceedings shall be conducted in the county of residence of the Claimant unless another location is mutually agreed upon by both parties. Arbitration proceedings shall commence within 60 days after the agreement by both parties to arbitrate a dispute regarding the Policy.

ASSIGNMENT: This Certificate is not assignable.

CONFORMITY TO STATE STATUTES: This Certificate is amended to comply with the statutes of the jurisdiction:

1. where it is issued; and
2. on the Effective Date.

IN WITNESS WHEREOF, We have caused this Certificate to be executed and attested.


Authorized Officer


Authorized Officer

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Suite 500, Jacksonville, FL 32256 (800) 888-2738

**PERSONAL PROPERTY COLLATERAL INSURANCE PROGRAM
BASIC PERSONAL PROPERTY COLLATERAL INSURANCE FORM**

In return for payment of premium, We agree to provide the following coverage:

We will provide coverage to the Insured, as his interest may appear, on Property:

1. offered as security or pledged as collateral in connection with a credit transaction; and
2. as described on the Certificate Declarations Page.

PERILS INSURED AGAINST

We will insure against sudden and direct accidental loss or damage to Property caused by:

1. fire or lightning;
2. collision, derailment or overturning of vehicle, collapse of bridges, while being transported by land conveyance; and
3. marine perils while on ferries and/or in cars or transfers in connection with land conveyances.

EXCLUSIONS

Coverage will not be provided against loss or damage:

1. due to frost, cold weather, ice, snow or sleet;
2. due to deterioration, unless it results from insured perils;
3. to motor vehicles, land conveyances, farm equipment, aircraft or boats and their equipment;
4. due to mechanical or electrical breakdown;
5. caused by the Insured's neglect to protect Property during and after any covered loss to the extent of the Insured's neglect;
6. caused by or resulting from:
 - a. hostile or warlike action in time of peace or war, by any government or sovereign power, their military authority or agent, or by any armed forces;
 - b. action taken by governmental authority in hindering, combating or defending against such an occurrence;
 - c. seizure or destruction under quarantine or Custom's regulations; or
 - d. contraband or illegal transportation or trade;
7. by nuclear reaction, nuclear radiation, or radioactive contamination;
8. to antiques or any unique articles. We do not insure the antiquity, uniqueness, aesthetic or sentimental value of such article(s);
9. to electronic apparatus accessories, television and radio antennas and outside wiring; or
10. to accounts, currency, securities, deeds, evidences of debt, records, books of record, manuscripts, bullion or stamp and coin collections.

SETTLEMENT OPTIONS

Our liability for loss or damage to the Property will be:

1. Partial losses - the cost to repair the damaged Property. If the Property is not repairable, We will pay the lessor of:
 - a. actual cash value of the Property at the time of loss; or
 - b. the Outstanding Balance of the loan at the time of loss; or
2. Total losses - the lessor of:
 - a. actual cash value of the Property at the time of loss; or
 - b. the Outstanding Balance of the loan at the time of loss.

A deductible amount:

1. may apply if indicated on the Certificate Declarations Page; and
2. if applicable, will apply on a per occurrence basis.

Loss will be made payable to:

1. for single interest - the Creditor; or
2. for dual interest - the Creditor for the account of the insured Debtor.

Our liability will not exceed the original amount of insurance as shown on the Certificate Declarations Page.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

PPC-E2750a-TX

03/10

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Suite 500, Jacksonville, FL 32256 (800) 888-2738

EXTENDED COVERAGE ENDORSEMENT

In return for additional premium, coverage for loss or damage will be extended to include the following Perils Insured Against:

Extended Coverage

1. windstorm; cyclone; tornado; hail; or explosion;
2. riot; riot attending a strike; and civil commotion;
3. aircraft or private passenger type vehicles;
4. smoke;
5. flood;
6. collapse of buildings;
7. rupture, cracking, burning or freezing of plumbing, heating or air-conditioning systems and domestic appliances; and
8. vandalism and malicious mischief.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

PPC-E2750b-TX

03/10

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Suite 500, Jacksonville, FL 32256 (800) 888-2738

THEFT COVERAGE ENDORSEMENT

In return for additional premium, coverage for loss or damage will be extended to include Theft as a peril insured against.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

PPC-E2750c-TX

03/10

IMPORTANT NOTICE

AVISO IMPORTANTE

To obtain information or make a complaint:

You may call Life of the South Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-888-2738

You may also write to the Life of the South Insurance Company at:

10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
Jacksonville, FL 32256

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax #: (512) 490-1007
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Life of the South Insurance Company's para obtener información o para presentar una queja al:

1-800-888-2738

Usted también puede escribir a Life of the South Insurance Company:

10151 Deerwood Park Blvd., Bldg. 100, Ste. 500
Jacksonville, FL 32256

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax #: (512) 490-1007
Sitio web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

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U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. Please read this Notice carefully.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

LYNDON SOUTHERN INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Blvd., Bldg. 100, Ste. 500, Jacksonville, FL 32256 - (800) 888-2738

PERSONAL PROPERTY COLLATERAL INSURANCE - DECLARATIONS

POLICY NUMBER MUST APPEAR ON ALL CORRESPONDENCE

MASTER POLICY NUMBER (If Applicable): 0020824

CERTIFICATE/POLICY NUMBER: 2643

DEBTOR OR BORROWER NAME (FIRST / MI / LAST) CLAUDETTE JACKSON		STREET ADDRESS / CITY / STATE / ZIP 4919 LINNET LN DALLAS, TX 75209			
CREDITOR OR LENDER NAME WFC - DALLAS WEST		STREET ADDRESS / CITY / STATE / ZIP 3021 BACHMAN DRIVE, DALLAS, TX 75220			
BASIS COVERAGES: Dual Interest Basic Personal Property Collateral Insurance Form, PPC-E2750a-TX 03/10	TERM		MAXIMUM AMOUNT OF INSURANCE	DEDUCTIBLE (if applicable)	PREMIUM AMOUNT
	FROM	EFFECTIVE TO			
	04/19/23	10/19/24	\$4,410.00	\$0.00	\$79.79
(12:01 a.m. Standard Time at Address of Insured Debtor)					
ENDORSEMENTS: PPC-E2750b-TX 03/10; PPC-E2750c-TX 03/10			INSURED PROPERTY: N/A		
NOTICE: This coverage might duplicate existing coverage if you have a residential property insurance policy. This coverage ceases when you have fully paid the debt. This coverage is primary, so it is the first source to be used in the event of a loss on property it covers. You may cancel this coverage at any time by calling the insurer at the toll-free telephone number provided to you, or by writing to the insurer.					

REQUEST FOR CANCELLATION OF INSURANCE

Please cancel, effective immediately.

Effective Date of Cancellation: _____

my personal property collateral insurance with Lyndon Southern Insurance Company.

I understand that:

1. in the event my debt is not paid off, my signature is required below to cancel coverage;
2. the creditor may have the option of applying the refund due to reduce my debt;
3. after cancellation, I must still make all the scheduled debt payments; and
4. my debt will not be covered by the type(s) of insurance canceled.

Date

Insured Debtor's Signature

Witness

Personal Property Collateral Insurance Premium Refund Amt. _____

TOTAL AMOUNT OF PREMIUM REFUND: _____

**UNITED MOTOR CLUB PLATINUM PLUS
APPLICATION FOR MEMBERSHIP**
This is NOT an Automobile Liability Insurance Contract.

TO: United Motor Club
A division of United Motor Club of America, Inc.

P.O. Box 60

Paducah, KY 42002

Membership No. 1756-002643
(To be issued by club)

I hereby apply for membership in the United Motor Club of America, Inc. and in doing so I fully understand that membership is **NOT INSURANCE** of any kind and the benefits to which I will be entitled upon acceptance hereof are governed by applicable state laws pertaining to auto clubs or associations.

Master Member CLAUDETTE JACKSON Associate Member _____

Address 4919 LINNET LN

DALLAS, TX 75209 \$ 80.00 10
(Fee Collected) (Term)

Effective Date 04/19/23 To avoid a lapse in benefits you must renew your Membership on, or before _____

DISCLOSURE AND ACKNOWLEDGEMENT

The undersigned requests WORLD FINANCE CORPORATION to pay membership in United Motor Club of America, Inc. I have been informed and fully understand the following about my Membership:

- (1) Purchase of a Motor Club Membership is not a required condition of the loan.
- (2) The Membership is not Insurance of any kind and does not secure the loan or any collateral for the loan.
- (3) I have immediate Club Membership, but my Application may be refused, or cancelled by Club.
- (4) Membership begins on the date the product has been purchased, or upon expiration of any previously purchased membership. Service will continue based on the Membership fee paid or until Membership is cancelled as per **#18 Cancellation** on the reverse side of this Application for Membership.
- (5) I will not be required to pay any additional sum to Club for use of benefits during the term of this Membership.
- (6) **THIS MEMBERSHIP INCLUDES A BINDING ARBITRATION AGREEMENT.** I acknowledge that I have read and understand the binding arbitration provisions discussed in this Membership. I understand this arbitration agreement requires that any dispute related to this Membership be resolved by binding arbitration and not in a court of law, and I understand that the results of arbitration are final and binding. I further understand that, through my acceptance of this Membership, I am surrendering my right to have any dispute between United Motor Club and myself resolved in court and I am waiving my right to a trial by jury.

WITNESS my hand this 19 day of APRIL, 2023.

CLAUDETTE JACKSON

(Member's Signature)



UNITED MOTOR CLUB, a division of UNITED MOTOR CLUB OF AMERICA, INC.
PO Box 60 • Paducah, KY 42002 • Home Office: 10751 Deerwood Park Blvd., Ste. 200,
Jacksonville, FL 32256
1-800-436-7022
Fax 1-270-443-5556



Members of United Motor Club of America have peace of mind knowing that when the unexpected expenses of travel occur, they can call on their club for these outstanding benefits and expense reimbursements.



BENEFITS AND LIMITATIONS OF MEMBERSHIP



- 1) **Roadside Assistance:** United Motor Club Of America, Inc. (hereinafter referred to as "Club") will provide member 24-Hour emergency dispatch service (See Membership Letter and Card for details and toll-free #) for a maximum benefit of \$150.00, **OR** Member may call a provider of choice for roadside assistance and Club will reimburse member up to a maximum benefit of \$150.00. Covered roadside assistance includes: towing or wrecker service; service call by garage or mechanic for dead battery jump start, gas delivery (the Club will provide up to three (3) gallons of gas, however, You are responsible for the cost of the fuel), flat tire service; and enhanced lockout benefit that will provide service by opening a locked vehicle, or garage door, in the event that key/remote is locked inside Member's vehicle, lost, or broken, **OR** will provide service by unlocking a locked ignition **OR** replacement of (1) one key/remote if key/remote becomes inoperable, is lost, or does not allow access to the vehicle. (Member or Associate Member must provide identification and proof of vehicle ownership at the time that the lockout service is provided). Reimbursement for key replacement will be made to You, with completion of Claim Form, in an amount up to \$150.00 per incident. Tire repair and charging a battery reimbursable up to \$15.00.
The Club will cover only one wrecker charge or service call per disablement. You must be present at time of the disablement to validate the claim. Assistance from a private citizen or services of a family member in the wrecker or repair business is not reimbursable.
- 2) **Emergency Travel Expense:** If You are more than 100 miles from home and Your automobile is disabled, the Club will reimburse up to \$200.00 in actual expense to continue the journey, by car rental or commercial transportation and/or room and board while You are waiting on auto repairs. If You and any Associate Members are traveling together, this benefit is limited to \$300.00. If a disabling event occurs at a location where You are temporarily employed, this benefit is limited to transportation expense only.
- 3) **Emergency Ambulance Expense:** The Club will reimburse up to \$250.00 for transportation by an emergency medical transportation vehicle, to a medical facility from the scene of the traffic accident in which You were injured.
- 4) **Travel Itinerary:** Within fifteen (15) days of receiving Your request, the Club will provide You with a complete travel itinerary giving the most direct, or time saving route from Your home to a destination anywhere in the continental United States or Canada.
- 5) **\$100.00 Traffic Court Defense:** The Club will pay up to \$100.00 to Your attorney for defense of a traffic ticket, not to exceed two (2) in any twelve (12) month period.
- 6) **Stolen Automobile Reward:** The Club will pay a reward of \$2,500.00 to any person giving information to law enforcement officials that directly leads to the arrest and conviction of anyone stealing Your automobile.
- 7) **Personal Defense Fees:** If You are charged with criminal manslaughter due to an automobile accident, the Club will pay an attorney of Your choice up to \$250.00 to defend You in the preliminary hearing and up to \$250.00 for each subsequent trial or hearing, not exceeding \$750.00 per incident.
- 8) **Legal Fees:** The Club will pay an attorney of Your choice a fee up to \$100.00 to prosecute a claim on Your behalf for personal injuries sustained in a traffic accident. An additional fee of up to \$100.00 will be paid to Your attorney to prosecute a claim for damages sustained to Your automobile as a result of a traffic accident. In each situation it is reasonably presumed that a third party is guilty of negligence in causing all damages.
- 9) **Traffic Court Appearance Bond:** The Club will assist You in arranging bond through a bonding agent of Your choice in the event You are arrested for a traffic violation. An appearance bond shall not exceed \$200.00. The Club will not be responsible for Your fine or other costs, but does provide the guarantee of appearance. You agree to repay the Club in the event You fail to appear. This provision does not include an appeal bond of any type.
- 10) **\$10,000.00 Bail Bond:** If You are charged in an accident, in which someone is injured or killed, the Club will assist in arranging bail bond with a bonding company of Your choice. The Club will pay up to 10% of the face of the bail bond set, not to exceed a maximum of \$1,000.00. The Club does not agree to be a surety on any bail bond, but rather, contracts to pay up to a maximum of \$1,000.00 of the bondsman's fees. This provision does not include an appeal bond of any kind.
- 11) **Auto Repair Advocacy:** The Club will provide You with a telephone number to call in order to obtain advice about repair costs and services. If Your vehicle is in need of repair, the Club will provide You with the manufacturer's suggested retail price (MSRP) information about the parts and labor expenses necessary to repair Your vehicle. The Club may also provide Your repair facility with repair and pricing information concerning Your vehicle.
- 12) **Roadside Assistance Plus:** In the event that Your automobile requires roadside assistance and/or becomes inoperable due to a breakdown and requires repairs, the Club will reimburse thirty percent (30%) of the cost of the qualifying repairs, as documented by the repair invoice, up to a maximum of \$600.00. You may receive up to a maximum of \$1,200.00 in repair service reimbursement during a twelve (12) month period. To receive reimbursement, service must be provided by a licensed, certified mechanic and not from private citizen or family member in repair business. To submit a claim for reimbursement under the roadside assistance plus program, You must send a completed claim form along with the following items to United Motor Club, P.O. Box 60, Paducah, KY 42002-0060: 1) an itemized bill or invoice from the repair facility including: automobile year, make and model, date of the repair, problem causing the repair, and amount charged and your signature; 2) proof that You paid the repair facility (copy of check, credit card statement, etc.); 3) a copy of Your automobile title or registration showing that You own the repaired automobile; and 4) a copy of Your driver's license. All claims must be submitted to the Club within ninety (90) days of the date listed on the repair facility invoice. Labor times must be verifiable through a national labor time guide. Parts must not exceed manufacturer's suggested retail price (MSRP).
No benefit is payable for: 1) Replacement because of loss or damage resulting from any cause other than normal use and operation of Your automobile for which the automobile was designed per the manufacturer's guidelines; 2) Damage to or failure of automobile used for commercial purposes; 3) Damage from acts of God; 4) Damage from fire, lightning, hail, wind; 5) Damage from theft, collision, misuse, abuse; 6) Repairs to upgrade or improve the automobile; 7) Cleaning or preventative



BENEFITS AND LIMITATIONS OF MEMBERSHIP



maintenance required to maintain normal operation of the automobile; 8) Any charges other than parts and labor; 9) Repairs or reimbursement for routine maintenance such as oil changes, fluid changes, tires, tire rotation, balancing, or alignment. The reimbursement amount is excess of any other coverage available including, but not limited to: a manufacturer's warranty, auto insurance, credit card benefit, etc.

13) **Additional Services:** The Club offers a generous savings and rewards program.

14) **Definitions:** The following definitions are applicable:

Automobile - means any motorized vehicle on the highways of any state in the U.S.A. or province of Canada. Off-Road, all-terrain, and human-powered machines are specifically excluded. Fleet vehicles are excluded if not personally operated by You. All commercial vehicles and vehicles operated for hire are excluded.

Member - means "You" or "Your" the Individual who pays the full membership fee and is listed on the **Membership** Application Page as an active member. **Associate Member** - means the Individual who is a member of Your household and listed on the **Membership** Application Page in conjunction with You. Associate members receive full benefits of membership except when traveling with You over 100 miles from home.

The **Membership** covers the individual, not the vehicle. You or the Associate Member, where applicable, must be with the vehicle for validation. The territory where services are to be rendered is the United States and Canada.

15) **Dispute Resolution/Arbitration Agreement and Class Action Waiver:** PLEASE READ THIS DISPUTE RESOLUTION/ARBITRATION AGREEMENT AND CLASS ACTION WAIVER, INCLUDING THE OPT-OUT PROVISION, CAREFULLY TO UNDERSTAND YOUR RIGHTS. IT REQUIRES THAT CLAIMS (AS DEFINED BELOW) BE RESOLVED SOLELY THROUGH BINDING ARBITRATION ON AN INDIVIDUAL BASIS, RATHER THAN BY A JURY OR IN A CLASS ACTION.

Arbitration is a method of resolving any Claim without filing a lawsuit. In this Arbitration Agreement and Class Action Waiver (collectively including all of this section of this Membership), You, United Motor Club, Inc. (the "Parties") are agreeing to submit any and all Claims to binding arbitration on an individual basis for resolution. This Arbitration Agreement and Class Action Waiver sets forth the terms and conditions of our agreement to binding arbitration. The Parties agree that any and all claims, disputes and controversies related in any way to this Membership, including but not limited to claims related to the underlying transaction giving rise to this Membership, or claims related to the sale, financing or fulfillment of this Membership (collectively, "Claims"), shall be resolved by final and binding arbitration. "Claims" shall be given the broadest meaning possible and includes, without limitation, Claims arising under contract, tort, statute, regulation, rule, ordinance or other rule of law or equity, and Claims against any of Our owners, shareholders, members, affiliates, subsidiaries, divisions, directors, officers, employees, representatives, agents, successors, or assigns. In arbitration, Claims are resolved by an arbitrator and not by a judge or jury. THE PARTIES, INCLUDING YOU, WAIVE ANY RIGHT TO HAVE CLAIMS DECIDED BY A JUDGE OR JURY. In addition, except as expressly stated in the Class Action Waiver or otherwise expressly stated herein, the arbitrator shall have exclusive authority to decide all issues related to the enforcement, applicability, scope, validity, and interpretation of this Arbitration Agreement, including but not limited to any unconscionability challenge or any other challenge that the Arbitration Agreement is void, voidable or otherwise invalid. Notwithstanding this agreement to arbitrate, each of the Parties retains the right to seek remedies in small claims court to resolve any Claim, on an individual basis, within the jurisdiction of small claims court. You acknowledge Your understanding that all Parties hereunder are waiving their rights to go to court, except for small claims court, to resolve any Claims arising under or related to this Membership.

The Parties agree and acknowledge that the transaction evidenced by this Membership affects interstate commerce. The Parties further agree that all issues relating to this Arbitration Agreement and Class Action Waiver, including its enforcement, scope, validity, interpretation, and implementation, will be determined pursuant to federal substantive law and the substantive and procedural provisions of the Federal Arbitration Act ("Act"), 9 U.S.C. §§ 1-16. If federal substantive law holds that state law should apply to any issue relating to this Arbitration Agreement and Class Action Waiver, then the law of the state where You purchased the Membership shall apply, without regards to conflicts of law.

CLASS ACTION WAIVER. All Claims must be brought solely in an individual capacity, and not as a plaintiff or class member in any purported class action, collective action, representative action, mass action, private attorney general action or action on behalf of the general public, or similar proceeding (any such action is referred to herein as a "Class Action"). NO CLAIM WILL BE ARBITRATED ON A CLASS ACTION BASIS. The Parties, including You, expressly waive any right or ability to bring, assert, maintain, or participate as a class member in any Class Action in court, arbitration, or any other forum, and the right for anyone to do so on Your behalf. The arbitrator may not consolidate more than one person or entity's claims, and may not otherwise preside over any Class Action. The arbitrator shall not have the authority to combine or aggregate multiple persons' or entities' Claims or discovery, to conduct a Class Action or to make an award to any person or entity not a party to the arbitration. Notwithstanding anything to the contrary, the Parties agree that the enforcement, applicability, scope, validity, and/or interpretation of this Class Action Waiver shall be decided by a court of competent jurisdiction and not by an arbitrator. If this Class Action Waiver is ruled unenforceable or is interpreted to not prevent a Class Action, then the Arbitration Agreement shall be null and void, and any Claims shall proceed in a court of law and not in arbitration. The Parties agree that if an arbitrator renders a decision regarding the enforcement, applicability, scope, validity, and/or interpretation of this Class Action Waiver, or



BENEFITS AND LIMITATIONS OF MEMBERSHIP



determines that a Class Action may proceed in arbitration, then: (1) the arbitrator has exceeded his powers, pursuant to §10(a)(4) of the FAA, by taking such action; (2) either party may seek immediate review of that decision by a court of competent jurisdiction; and (3) a court of competent jurisdiction shall apply a “de novo” standard of review of that decision if such standard of review is allowed by the common law or statutes of that state. The Parties, including You, agree that if for any reason a Claim proceeds to Court, rather than arbitration, (1) the Claim will proceed solely on an individual, non-class, non-representative basis, and (2) no Party may be a class representative or class member or otherwise participate in any Class Action.

The arbitration shall be administered by the American Arbitration Association (“AAA”). The arbitration shall be conducted pursuant to the AAA Consumer Arbitration Rules (the “Code”). Information on AAA and a copy of the Code may be found at the following number and URL: American Arbitration Association, (800) 778-7879, www.adr.org. The arbitration will be governed by federal substantive law and the substantive and procedural provisions of the Federal Arbitration Act (“Act”), 9 U.S.C. §§ 1-16. If federal substantive law holds that state law should apply to any issue relating to the arbitration, then the law of the state where You purchased the Membership shall apply, without regards to conflicts of law. The arbitration will occur before a single, neutral arbitrator selected in accordance with the Code in effect at the time the arbitration is commenced. If Your total damage claims (not including attorney’s fees) do not exceed \$25,000, then all Claims shall be resolved by the Code’s Procedures for the Resolution of Disputes through Document Submission, except that a Party may ask for a hearing or the arbitrator may decide that a hearing is necessary. If a hearing is held, You have a right to attend the arbitration hearing in person, and You may choose to have any arbitration hearing held in the county in which You live, the closest AAA location to Your residence, or via telephone. In the event that the specified arbitration forum is unavailable, the Parties may agree on a substitute arbitration forum. If the Parties cannot agree, a court of competent jurisdiction may appoint a substitute arbitration forum. For information about how to initiate arbitration with the AAA, the Parties may refer to the AAA Code and forms at www.adr.org or call (800) 778-7879. If You initiate arbitration with AAA, You must pay the AAA filing fee in an amount no greater than the fee You would have to pay if You filed a complaint in federal court. We will pay any remaining Costs of arbitration required by the Code (“Arbitration Costs”); however, if the arbitrator determines that any of Your claims are frivolous, You shall bear all of the Arbitration Costs. If We initiate arbitration against You, We will pay the AAA filing fee and the Arbitration Costs. Each party will pay his/her/its own attorney’s fees, as well as costs relating to proof and witnesses, regardless of who prevails, unless applicable law and/or the Code gives a party the right to recover any of those fees from the other party. An arbitration award may not be set aside except upon the limited circumstances set forth in the Federal Arbitration Act. An award in arbitration will be enforceable under the Federal Arbitration Act by any court having jurisdiction. The time for commencing an arbitration asserting any Claim shall be determined by reference to the applicable statute(s) of limitations, including the applicable rules governing the commencement of the limitations period, and a Claim in arbitration is barred to the same extent it would be barred if it were asserted in court of law or equity rather than in arbitration.

If any portion of this Arbitration Agreement is deemed invalid or unenforceable, all the remaining portions of this Arbitration Agreement shall nevertheless remain valid and enforceable, provided, however, that if any portion of the Class Action Waiver is deemed invalid or unenforceable, then this Arbitration Agreement shall be invalidated and unenforceable in its entirety. In the event of a conflict or inconsistency between this Arbitration Agreement and Class Action Waiver and the other provisions of this Membership or any other membership, this Arbitration Agreement and Class Action Waiver governs.

OPT-OUT PROVISION. YOU SHALL HAVE THE RIGHT TO OPT OUT OF THIS ARBITRATION AGREEMENT AND CLASS ACTION WAIVER BY PROVIDING WRITTEN NOTICE OF YOUR INTENTION TO DO SO TO US WITHIN THIRTY (30) DAYS OF THE PURCHASE OF THIS MEMBERSHIP (THE DATE OF PURCHASE BEING INDICATED ON YOUR MEMBERSHIP.

To opt out, You must send written notice to either: (1) 10751 Deerwood Park Blvd., Suite 200, Jacksonville, FL 32256, Attn: Legal or (2) legal@fortegra.com, with the subject line, “Arbitration/Class Action Waiver Opt Out.” You must include in Your opt out notice: (a) Your name and address; (b) the date You purchased Your Membership; and (c) the Agent/Lender. If You properly and timely opt out, then all Claims will be resolved in court rather than arbitration.

- 16) **Exclusions:** Benefits of Membership will not be paid if the incident giving rise to a claim occurs while **Member** or the **Associate Member**: a) is intoxicated, or under the influence of a drug or narcotic; b) is charged with illegally leaving the scene of an accident; c) is charged with no, or improper license or permit; d) is charged with operating an over-length or overweight vehicle; e) is operating an unlicensed, or unregistered vehicle; f) if **Member or Associate Member’s** automobile is towed by order of the police or other authority, or is towed for being illegally parked; g) if the receipt for services has been altered in any way; or h) if **Member or Associate Member** fails to pay the Membership fees in a timely manner.

Coverage under this Membership is only provided to **Members** and **Associate Members** listed on the **Membership Application Page**, Membership benefits will not be provided to non-listed individuals. In the event of a fraudulent claim, Membership benefits will not be provided.

- 17) **Claims:** For claim reimbursement, send a written request for benefits. You must provide Your Membership number and include any paid original receipts. The Club may require completion of a claim report or any reasonable proof of claim such as receipts, repair statements, accident reports, medical reports, toxicology reports, or affidavits. All claims and proofs of loss must be submitted to the Club within ninety (90) days of incident to qualify for reimbursement. Mail all claims directly to United Motor Club of America, Inc. P.O. Box 60, Paducah, KY 42002.



BENEFITS AND LIMITATIONS OF MEMBERSHIP



- 18) **Cancellation:** Within the first 30 days, You may cancel Your Membership by providing written notice to the Club for a full refund of fees, less any claims paid, within thirty (30) days of the application date. The Club may refuse or cancel Membership at any time, with or without cause, with written notice to You. If canceled after thirty (30) days by the Club or You, a refund will be made on a pro-rata basis, less any claims paid. You may request a full disclosure of the refund calculation in writing at the time of cancellation.
- 19) **Agent:** The company or individual authorized to sell memberships is authorized to receive fee refunds to the member's credit. Other than the issuance of this Membership, no statements or assurances by the agent or the agent's employees shall be binding upon the Club.
- 20) **Changes:** These benefits, limitations, and exclusions pertain to Memberships in United Motor Club of America, Inc. The Club reserves the right to change benefits, limitations, and exclusions at any time upon notice to the Member. Discount programs may add, change or discontinue providers and benefits from time to time.

STATE REQUIREMENTS AND DISCLOSURES

THIS MEMBERSHIP IS AMENDED TO COMPLY WITH THE FOLLOWING REQUIREMENTS AND DISCLOSURES FOR THE DEALER'S STATE.

ALABAMA: The benefits provided for Members under sections: (5) 100.00 Traffic Court Defense, (7) Personal Defense Fees and (8) Legal Fees do not apply to residents of Alabama.

MISSISSIPPI: All benefits under this membership are promised to the Member. Members will be entitled to a refund of the unused portion of the consideration paid for the membership on a pro-rata basis over the term of the Membership, without any deductions.

Residents of Mississippi may not have claims deducted from any cancellation refunds. ARBITRATION does not apply in Mississippi.

OKLAHOMA: Office Location: c/o Corporate Creations Network Inc., 601 South Boulder #600, Tulsa, OK 74119. The Membership may be canceled at any time by the Club or canceled at any time by the Member. If the Membership is cancelled and the Member has actually paid the consideration, thereupon the Member is entitled to the unused portion of the consideration paid for such Membership, calculated on a pro rata basis over the period of the Membership, without any deductions.

WISCONSIN: Residents of Wisconsin may not have claims deducted from any cancellation refunds. ARBITRATION does not apply in Wisconsin.



Dear Member:

Welcome to United Motor Club! From roadside emergencies to travel discounts, your new Platinum Plus Motor Club membership will keep you driving with confidence.

If your vehicle breaks down, you have access to emergency services, 24 hours a day. Just call our emergency line at 844.266.6049 and our nationwide service network will have someone on site within minutes. Or, if you prefer, you may select your service provider of choice and simply mail us the paid receipt. We'll make sure you're promptly reimbursed for any covered emergency service claim up to the maximum benefit amount disclosed in your membership application. For more details, please see the Benefits and Limitations.

As part of your membership, you can consult one of our certified technicians to validate the diagnosis and help you avoid being overcharged for the repairs. You can access this Auto Repair Advocacy service by calling the number on your membership card.

Ready to Get Started? You'll find your official Platinum Plus Motor Club membership card attached. Please remember to keep your membership card with you at all times, as proper identification will be requested for all services.

As a Platinum Plus Motor Club member you can now enjoy additional protection and peace of mind. Plus, we provide our members with discounts on Avis auto rentals and lodging courtesy of the Wyndham Hotel Group. Your Avis discount code is T684300. Your Wyndham discount code is 1000010096. To place a reservation using one of these services, just call the toll free discount hotline listed on your Platinum Plus Motor Club membership card and provide your discount code.

Questions? Contact United Motor Club anytime at **800.436.7022**. If you have a service request, please call us toll free at **844.266.6049**.

130 Arkansas Street | P.O. Box 60 | Paducah, KY 42002-0060
Toll Free: 800.436.7022 | Fax: 270.443.5556

The Platinum Plus Motor Club program is offered by United Motor Club.

Your Platinum Plus Motor Club Membership Card Benefits include*:

- Emergency Road Service
- Emergency Ambulance Expense
- Emergency Travel Expense
- Flat Tire Repair / Battery Charge
- Enhanced Lockout Service
- Stolen Auto Reward
- Legal Fees
- Personal Defense Fees
- Traffic Court Defense
- Auto Repair Reimbursement
- Auto Repair Advocacy
- Wyndham Hotel Discount
- Avis Auto Rental Discount
- Valuable Savings and Rewards

*See application for full benefit disclosure.

MEMBERSHIP CARD

24 Hour Emergency Road Service:
1.844.266.6049

Membership Number
1756-002643

Expiration Date

For Emergency Roadside Assistance call:
1.844.266.6049
24 hours a day, 7 days a week, 365 days a year

The following based on availability:
For Hotel Discounts Call: 1.877.670.7088
Discount Number: 1000010096

For Avis Car Rental Discounts Call: 1.800.331.1212
Discount Number T684300

MEMBERSHIP CARD

24 Hour Emergency Road Service:
1.844.266.6049

Membership Number
1756-002643

Expiration Date

For Emergency Roadside Assistance call:
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24 hours a day, 7 days a week, 365 days a year

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For Avis Car Rental Discounts Call: 1.800.331.1212
Discount Number T684300

PLATINUM PLUS #19-000046-00

Reorder #04-010149-02

Offered by United Motor Club

1756-002643-20230419-0155-PST50J-06

FACTS

WHAT DOES WORLD ACCEPTANCE CORPORATION DO WITH YOUR PERSONAL INFORMATION?

Why? Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

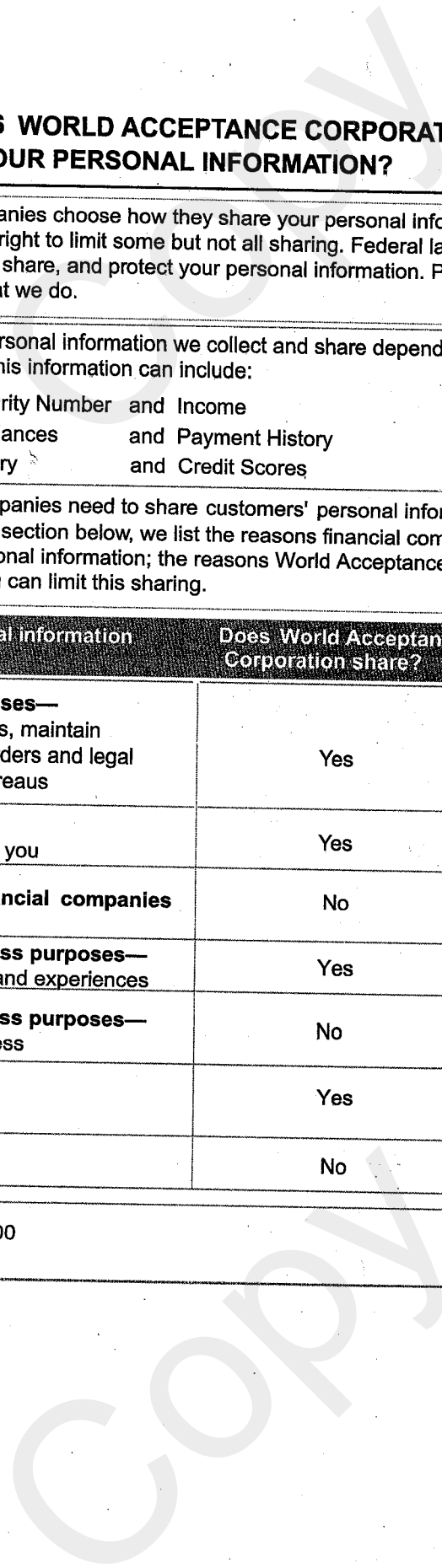
What? The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security Number and Income
- Account Balances and Payment History
- Credit History and Credit Scores

How? All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons World Acceptance Corp. chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does World Acceptance Corporation share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

Questions? Call (864) 298-9800



Who we are	
Who is providing this notice?	World Acceptance Corp. and its affiliated legal entities. Please see below in the section labeled 'World Acceptance Corp. Legal Entities and Trade Names' for a full list of our legal entities and trade names.
What we do	
How does World Acceptance protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does World Acceptance collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ■ open an account or give us your income information ■ apply for a loan or provide employment information ■ give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ■ sharing for affiliates' everyday business purposes—information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Our affiliates include finance companies that use, or have used, the legal and trade names located in the section below labeled 'World Acceptance Corp. Legal Entities and Trade Names'.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>World Acceptance Corporation does not share with nonaffiliates so they can market to you</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>World Acceptance Corporation does not jointly market.</i>

Other important information	
<p>For Texas Residents Only: For questions or complaints about your loan, contact WFC Limited Partnership (World Finance) at (864)298-9800 or you may find the nearest World Finance location by visiting our website at www.loansbyworld.com. WFC Limited Partnership is licensed and examined under Texas law by the Office of Consumer Credit Commissioner (OCCC), a state agency. If a complaint or question cannot be resolved by contacting WFC Limited Partnership (World Finance), consumers may contact the OCCC to file a complaint or ask a general credit-related question. OCCC address: 2601 N. Lamar Blvd., Austin, Texas 78705. Phone: (800)538-1579. Fax: (512)936-7610. Website: occc.texas.gov. E-mail: consumer.complaints@occc.texas.gov.</p>	

World Acceptance Corp. Legal Entities and Trade Names:

Legal Entities include: World Finance Company of South Carolina, LLC; World Finance Company of Georgia, LLC; WFC Limited Partnership; World Acceptance Corporation of Oklahoma, Inc.; World Finance Corporation of Louisiana; World Finance Corporation of Tennessee; World Finance Corporation of Illinois; World Acceptance Corporation of Missouri; World Finance Corporation of New Mexico; World Finance Company of Kentucky, LLC; World Acceptance Corporation of Alabama; World Finance Corporation of Wisconsin; World Finance Company of Indiana, LLC; World Finance Company of Mississippi, LLC; World Finance Company of Idaho, LLC; World Finance Company of Utah, LLC; Trade Names include: World Finance; World Finance Corporation; World Acceptance Corporation.








World Acceptance
Audit Trail

CAMPAIGN: World TX

DOCUMENT ID: 0aebc1ce-06f5-4e38-9217-653c6191b7da

STATUS: COMPLETED

Document History

Status	Date & Time	IP Address	Action Taken
 SENT	04/19/2023 12:04:54 PM CST		Sent for signature to CLAUDETTE JACKSON (+12144264420, JACKSONCLAUDETTE414@YAHOO.COM) from World Acceptance
 AGREED	04/19/2023 12:08:53 PM CST	98.156.215.65	Agreed E-SIGN Consent Agreement by CLAUDETTE JACKSON (+12144264420, JACKSONCLAUDETTE414@YAHOO.COM)
 VIEWED	04/19/2023 12:09:05 PM CST	98.156.215.65	Viewed by CLAUDETTE JACKSON (+12144264420, JACKSONCLAUDETTE414@YAHOO.COM)
 SIGNED	04/19/2023 12:10:11 PM CST	98.156.215.65	Signed by CLAUDETTE JACKSON (+12144264420, JACKSONCLAUDETTE414@YAHOO.COM)
 VIEWED	04/19/2023 12:10:44 PM CST	70.115.226.149	Viewed by Bianca Rosario
 SIGNED	04/19/2023 12:11:00 PM CST	70.115.226.149	Signed by Bianca Rosario
 COMPLETED	04/19/2023 12:11:01 PM CST		The document has been completed.

World Acceptance**E-SIGN Consent Agreement****Introduction**

As part of your relationship with us, we want to ensure you have all of the information you need to effectively manage your accounts. This E-SIGN Consent Agreement ("Agreement") allows us to provide you with electronic versions of important notices and documents associated with opening and managing an account with us. Certain laws and regulations require us to provide notices and disclosures to you in "writing" (traditionally this is defined as a paper notice); with your consent, the E-SIGN Act allows us to provide these documents to you electronically. We also need your general consent to use electronic records and signatures in our relationship with you. So, before you use our Electronic Services you must review and consent to the terms outlined below.

Definitions

The words "we," "our" and "us" mean the lender encapsulated in the company logo above, its affiliates, successors, and assigns.

The words "you" and "your" mean each applicant, account owner, borrower and anyone else with access to the account. If there is more than one borrower, then these words mean each borrower separately, and all account owners jointly.

"Lender Agreement" means the underlying agreement entered into by you for any of Our Products, as defined below.

"Access Device" means any electronic device you use to access your account and view electronic documents. This includes but is not limited to a traditional computer such as a desktop or laptop computer; or a mobile device such as a tablet computer or a smartphone.

"Communications" means each disclosure, notice, agreement, fee schedule, statement, record, document, and other information we provide to you, or that you sign or submit or agree to at our request.

"Electronic Service" means each and every product and service we offer that you apply for, use, administer or access using the Internet, a website, email, messaging services (including text messaging) and/or software applications (including applications for mobile or hand-held devices), either now or in the future.

"Our Product" means each and every account, product or service we offer that you apply for, own, use, administer or access, either now or in the future, including all Electronic Services.

Scope of this Agreement

Your consent covers all Communications relating to any of Our Products. Your consent remains in effect until you give us notice that you are withdrawing it.

From time to time, you may seek to obtain a new Product from us. When you do, we may remind you that you have already given us your consent to use Electronic Records and signatures. If you decide not to use Electronic Records and signatures in connection with the new product or service, your decision does not mean you have withdrawn this consent for any other of our products.

You agree that we may satisfy our obligation to provide you with an annual copy of our Privacy Policy by keeping it available for review on our website with prior notice to you, on another website where we offer Electronic Services.

Electronic Delivery of Documents

Electronic Records may be delivered to you in a variety of ways, including, but not limited to Electronic Services as defined above. You are strongly encouraged to save or print the documentation for future reference.

Requesting Paper Copies of Documents Presented Electronically

You agree and understand that paper versions of electronically presented documents may not be mailed unless you specifically request them. To request a paper copy of any disclosure, notice, or other document, you must contact us in the manner outlined in the Lender Agreement. Copies of disclosures, service agreements, and account agreements will then be mailed to you at no charge upon request.

System Requirements

By consenting to this agreement, you confirm that your Access Device meets the minimum specifications and requirements necessary to view and retain your electronic documents.

To access your electronic documents on a mobile device, you will need:

- A mobile device with any of the following operating systems: Android or iOS (iPhone).
- A data plan provided by your wireless carrier and an up-to-date mobile internet browser that is compatible with, and supported by, your operating system (e.g., Chrome or Safari).
- If you wish to view .pdf files on your mobile device, you will need software that accurately reads and displays .pdf files (such as the mobile version of Adobe Reader).
- A printer and/or storage device if you wish to print or retain any electronic documents.

To access your electronic documents on a traditional computer, you will need:

- A computer with any of the following operating systems: Windows XP or higher, OS X (Apple Macintosh) or higher.
- An internet connection and an up-to-date internet browser that is compatible with, and supported by, your operating system (e.g., Internet Explorer, Firefox, Google Chrome, or Safari).
- Software that accurately reads and displays .pdf files (such as Adobe Reader).
- A printer and/or storage device if you wish to print or retain any electronic documents.

Changes to hardware or software requirements

If our hardware or software requirements change, and that change would create a material risk that you would not be able to access or retain your Electronic Records, we will give you notice of the revised hardware or software requirements. Continuing to use Electronic Services after receiving notice of the change is reaffirmation of your consent.

Withdrawal of Consent

You have the right to withdraw your consent at any time. Please be aware, however, that withdrawal of consent may result in the termination of:

- your access to our Electronic Services;
- your ability to use Our Products.

Your withdrawal of consent will become effective after we have had a reasonable opportunity to act upon it.

If you are receiving online account statements or notifications through your Access device, the termination will cause paper statements to be mailed to you via the U.S. Postal Service or other courier. If you withdraw consent, we may charge higher or additional fees for that product or for services related to it.

To withdraw your consent under this agreement, you must contact us in the manner outlined in the Lender Agreement.

You must keep your contact information current with us

You must promptly notify us of any change in your email or other electronic address. You may change your electronic address, such as an e-mail address or mobile phone number for SMS text messages, by contacting us in the manner outlined in the Lender Agreement.

Acceptance

You will be asked to acknowledge your acceptance of these terms by checking the box before you are able to continue with your application. In doing so, you are confirming that you meet the system requirements described above and that you have demonstrated your ability to receive, retain, and view electronic documents on your Access Device. You are also confirming that you are authorized to, and do, consent to the terms of this Agreement on behalf of yourself and any other account owners, authorized signers, authorized representatives, delegates, product owners and/or service users identified with your use of our products.