

## 2021 APPLICATION TO JOIN WATERFORD CU DEATH BENEFIT INSURANCE SCHEME

I confirm I wish to join the Waterford Credit Union's Death Benefit Scheme ("Scheme"). This scheme will commence on January 1st 2021.

I have read and understood the **Death Benefit Scheme Key Facts document. This is available at the credit union offices and on the credit union's website.**

I understand that the insurance policy exists solely between Waterford Credit Union Ltd. and the insurer, ECCU Assurance DAC. **I understand that ECCU can opt not to renew Waterford Credit Union's insurance policy and in such circumstances Waterford Credit Union will terminate the Scheme at the end of the current Scheme period.** The 2021 Scheme period will commence on January 1st 2021. Unless otherwise notified by Waterford Credit Union, the Scheme will auto renew annually on 1st January for a subsequent 12 months.

I understand my first deduction will be taken from my share account on 29th January 2021 and thereafter annually in January.

I hereby authorise Waterford Credit Union to deduct the required payments for the Scheme annually from my account.

I am aware that the payment amount may change at the end of each scheme year.

I understand that Waterford Credit Union will notify me in writing annually of the amount and the date that it will be deducted from my account.

I understand and agree that I can withdraw from the Scheme at any time by giving notice in writing and any payment already deducted is non-refundable.

I will ensure that there are adequate funds in my account to pay the required annual Scheme amount plus the required amount to retain my membership of Waterford Credit Union as per our rules. The cost of the Death Benefit Insurance for the year 2021 is €90. I understand that I must also maintain a minimum funds balance of €11 in my account at all times to retain my membership of Waterford Credit Union.

I understand that I must have a minimum of €101 available funds in my shares account or have an active loan on the day of deduction, January 29th 2021. I also understand if there are not sufficient funds in my account to cover the payment required for the Scheme that my cover will cease.

### DECLARATION OF HEALTH:

**I declare to the best of my knowledge and belief that I am in good health.**

**Name :**

**A/C No.**

**Signed :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer: A false declaration will invalidate a claim.**

### **IMPORTANT NOTICE FOR JOINT ACCOUNTS:**

**PLEASE NOTE THAT ON JOINT ACCOUNTS, ONLY THE FIRST NAMED PERSON ON THE CREDIT UNION ACCOUNT IS COVERED BY DEATH BENEFIT INSURANCE. THE SECOND NAMED PERSON MAY BE COVERED ON ANOTHER ACCOUNT IF ELIGIBLE. PLEASE CONTACT THE OFFICE TO DISCUSS YOUR OPTIONS.**