

**Provide separate "CREDIT INSURANCE PRE-PURCHASE AND SUMMARY OF COVERAGES DISCLOSURE" to customer**

Creditor: Daniel's Jewelers; Agent License Number: 0F23531

Insurer (Dependent on Plan Selected/Coverages Included):

Minnesota Life Insurance Company

Securian Casualty Company

**Please complete ALL spaces, including dates**

Customer Account Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_

Proposed Joint Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

CONSUMER CREDIT INSURANCE PRE-PURCHASE DISCLOSURE  
(LIFE, DISABILITY, INVOLUNTARY UNEMPLOYMENT, PROPERTY INSURANCE)

**Initial Selected  
Plan Below**

Plan Name and Included Coverages

Gold Plan includes: Life, Total Disability, Involuntary Unemployment,  
and Property

Silver Plan includes: Life, Total Disability and Property

Bronze Plan includes: Property

**Price of EACH Coverage per \$100 per Month:**

Life Single: \$0.064

Life Joint: \$0.135

Disability: \$0.110

Involuntary Unemployment: \$0.721

Property: \$0.462

**Total Price of PLAN per \$100 per Month:**

Gold Plan, Single Life: \$1.357

Gold Plan, Joint Life: \$1.428

Silver Plan, Single Life: \$0.636

Silver Plan, Joint Life: \$0.707

Bronze Plan: \$0.462

My signature below indicates that I have: 1) read and received a copy of the Credit Insurance Pre-Purchase and Summary of Coverages Disclosure mentioned above, 2) elected the plan described above, and  
3) received the contents of this document.

**Proposed Insured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Proposed Joint Insured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ENROLLMENT FORM**

By electing optional credit insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage including property coverage (if included) from any insurer I choose. The credit insurance includes credit life, total disability, involuntary unemployment, and/or property to the extent available in my state as described in the Summary of Coverages Disclosure. I read and I meet the age and/or employment eligibility requirements shown in the Summary of Coverages Disclosure. Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime. Please see the Summary of Coverages Disclosure provided to you.

Yes, please enroll me in credit insurance.

**Insured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

14-60556.4

Non Std ID #19

**Associate Number:** \_\_\_\_\_ **Associate Name:** \_\_\_\_\_

**Instructions:** Completed and signed original sent to SMC with daily work;  
customer receives duplicate copy or FAX machine copy of signed form. SMC Version 8/01/2014  
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