

SIGNATURE PROGRAM BENEFITS

December 2020



IDENTITY THEFT EXPENSE REIMBURSEMENT

The Plan: As an active cardholder of a member financial institution of the Financial Institution Benefit Association, you your spouse, or domestic partner and your dependent children will be insured against the benefit provided below.

Eligibility & Cost: This insurance plan is automatically provided to cardholders of member financial institutions of the Financial Institution Benefit Association at no additional cost. Your Bank/Credit Union pays the full cost of the insurance. We will reimburse Identity Theft Expenses up to \$1,000 if an Insured Person incurs Identity Theft Expenses as the result of an Identity Theft Occurrence. The Identity Theft Benefit Amount is excess over any other insurance or indemnity available to the Insured Person.

Exclusions: 1) Acts of Certain Persons. This insurance does not apply to any Loss caused by: 1. an Insured Person; 2. an Insured Person's Immediate Family Member; 3. an Insured Person's estranged Spouse or Domestic Partner or an Insured Person's Immediate Family Member's estranged Spouse or Domestic Partner; 4. any person who lives with the Insured Person or who ever lived with an Insured Person for six (6) months or more; 5. a relative or guardian of an abducted child; or 6. a civil authority. 2) Illegal Acts. 3) Lost Salary. This insurance does not apply to an Insured Person's Lost Salary if, immediately prior to the Occurrence, the Insured Person was receiving disability insurance, social security disability, unemployment compensation, or if the Insured Person was on personal or medical leave. 4) Service in the Armed Forces. This insurance does not apply to any Loss caused by or resulting from, directly or indirectly, the Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. 5) Suicide or Intentional Injury. 6) Trade Sanctions. This insurance does not apply to any Loss when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Loss; or 2) there is any other legal prohibition against providing insurance for any Loss. 7) War. CLAIM NOTICE: Written claim notice must be given to us within 20 days after the occurrence of any loss covered by the policy or as soon as reasonably possible. Failure to give notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. CLAIM FORMS: When we receive notice of a claim, we will send you forms for giving proof of loss to us within 15 days. If you do not receive the forms, you should send us a written description of the loss. CLAIM PROOF OF LOSS: Complete proof of loss must be given to us within 90 days after the date of loss, or as soon as reasonably possible. Failure to give complete proof of loss within these time frames will not invalidate any otherwise valid claim if notice is given as soon as reasonably possible and in no event later than 1 year after the deadline to submit complete proof of loss. CLAIM PAYMENT: For all benefits, we will pay you or your beneficiary the applicable benefit amount within 60 days after we receive complete proof of loss and you, the Policyholder and/or the beneficiary have complied with all the terms of the policy. EFFECTIVE DATE: Your insurance becomes effective on the latest of: the effective date of the policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid for you. Insurance for you automatically terminates on the earliest of: the termination date of the policy, the expiration of the period for which required premium has been paid for you, the date on which you no longer meet the eligibility criteria as the Insured Person or the date on which we pay out 100% of the principal sum. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy 9907-22-61, which can be obtained from the Policyholder: Financial Institution Benefit Association. Answers to specific questions can be obtained by writing the Plan Administrator or at their toll free number: 855-633-1406/opt 2 The Direct Marketing Group, 13265 Bedford Avenue, Omaha, NE 68164

How to file a claim:

To obtain a claim form contact the Claim Administrator, Crawford and Company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to:

Crawford and Company
P.O. Box 4090
Atlanta, GA 30302

Plan Underwritten by:

Federal Insurance Company
A Member of the Chubb Group of Insurance Companies
15 Mountain View Road
P.O. Box 1615
Warren, NJ 07061-1615

EXTENDED WARRANTY

What is this benefit?

Extended Warranty Service provides you with valuable features to help manage, use and even extend the warranties of eligible items purchased with your Visa Signature card. You can access these features with a simple toll-free call.

Who is eligible for this benefit?

You are eligible if you are a valid cardholder of an eligible Visa Signature card issued in the United States.

Coverage

For more peace of mind, your Visa Signature membership provides an extended warranty plan that duplicates the terms, conditions and limitations of the Original U.S. Manufacturer Warranty and any Purchased Warranty on an Insured Person's Covered Purchase up to \$10,000 for repair to defects in material or workmanship in a Covered Purchase; or for replacement of a Covered Purchase if repairs to defects cannot be made. Original warranties greater than 36 months are not eligible. The total time period for all warranties, including this coverage, is limited to 48 months. Simply use your card to make the purchase and we've got you covered.

Exclusions

Insurance under this Policy does not apply to Covered Purchases that:

- are services, including but not limited to the performance or rendering of labor or maintenance, repair or installation of goods or property or professional advice; are shipping, transportation or delivery costs;
- are boats, automobiles, aircraft or any other motorized vehicles, or motorized vehicle parts subject to high risk, combustible wear and tear or mileage stipulations;
- are land, buildings, permanently installed items, fixtures or structures;
- are plants, shrubs, pets, consumables or perishables;
- are computer software or applications;
- are purchased for resale, professional or commercial use
- are still covered under the U.S. Manufacturer Warranty or Purchased Warranty;
- did not originally come with a U.S. Manufacturer Warranty or Purchased Warranty;
- are used, rebuilt, refurbished or remanufactured.

How to file a claim:

To learn more about this service or to find out how to file a claim, please call 855-594-3252.

PRODUCT PROTECTION

This program pays in excess of all other applicable coverages. There is a \$2,500 limit per occurrence and a \$50,000 annual limit. There is no coverage prior to delivery and personal acceptance by the covered person or designee of a consumer product in perfect condition.

Claims Procedure

- Report the incident by calling toll-free, 855-594-3252 within 45 days of loss or damage and request a Loss/Damage Form.
- Complete and return the Loss Form within 90 days of loss along with proof the item was purchased with your eligible account (receipt, etc.), written determination of coverage or lack thereof from your homeowner's or renter's insurance company and additional information as requested (e.g., police and insurance reports).
- Provide additional information if required within 6 months from the date of the loss.

Exclusions

- Theft from motorized vehicles or incidents occurring while the item is consigned to a third party.
- Items used for business or commercial purposes.
- Services, traveler's checks, art objects, cash or its equivalent, tickets of any kind, negotiable instruments, bullion, rare or precious coins, stamps, antiques and collectible items, or custom dental appliances.
- All vehicles, except non-motorized cycles.
- Dwellings, or any item that is attached to or embedded in earth, soil, dwelling or other permanent structure.
- Animals and living plants, consumable and perishable items (including food or fuel).
- Other exclusions may apply.

LOST/DAMAGED LUGGAGE

This Common Carrier Baggage reimbursement is provided to you, as an Insured, automatically when the entire cost of the Common Carrier passage fare is charged or debited to your Account. It is not necessary for you to notify the Insurance Company or Plan Administrator at the time the passage fee is charged or debited to your Account.

Amount of Insurance

The Company's liability will be for a maximum reimbursement of \$ 3,000_____ per Insured, of which no more than \$ 200.00_____ will be for all jewelry and fur. Payment will be on an Actual Cash Value basis at the time of loss. Coverage under this plan will be excess over all other insurance or indemnity available to the Insured.

Exclusions

Coverage does not apply to loss resulting from:

(1) any dishonest, fraudulent or criminal act of the Insured;
(2) forgery by the Insured; (3) loss due to war or confiscation by authorities; (4) loss due to nuclear reaction or radioactive contamination. Coverage also does not apply to: (1) sporting equipment, unless checked with the Common Carrier and for which a claim check has been provided by the Common Carrier. (2) animals, perishables; cameras and accessory equipment; eye glasses and contact lenses; prosthetic devices including dentures and hearing aids; tickets, valuable papers and documents; Credit Cards and Debit Cards; securities; money; art objects; electronic equipment; business items; bullion or precious or semiprecious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured; household furniture; motor vehicles, boats or watercraft or aircraft or parts for such conveyances.

Claims Procedure

The Insured must send the Company written notice of a claim, including the Insured's name and policy number, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. To file a sworn Proof of Loss, the Insured must send the following to the Company or its authorized representative: (1) a copy of the Account statement showing the Common Carrier fare charged; (2) a copy of the initial claim report submitted to the Common Carrier; (3) proof of submission of the loss to and the results of any settlement by the Common Carrier; (4) proof of submission of the loss to and the results of any settlement or denial by the Insured's personal insurance carrier(s); (5) if no other insurance is applicable, a notarized statement from the Insured to that effect; and (6) evidence that the personal property has actually been replaced.

How to file a claim:

To obtain a claim form contact the Claim Administrator, Crawford and Company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to:

Crawford and Company
P.O. Box 4090, Atlanta, GA 30302
PHONE NUMBER 855-307-9250.

HOTEL /MOTEL BURGLARY REIMBURSEMENT

When you use your Visa Signature card to purchase the entire cost of any hotel or motel room in the United States or Canada, you are eligible to be reimbursed for amounts actually paid by you (up to \$500) to replace the personal property lost as a result of a burglary from your hotel or motel room. The amount of insurance is payable on an excess basis over and above any amount due from any other valid or collectible insurance or any other form of reimbursement payable by those responsible for the loss. A sublimit of \$200 for jewelry and fur is applicable.

Exclusions

Coverage for lost/damaged luggage and hotel/motel burglary does not apply to animals; perishables; cameras and accessories; eye glasses and contact lenses; prosthetic devices including dentures and hearing aids; tickets; valuable papers and documents; credit and debit cards; securities; money; art; electronic equipment; business items; precious metals; stones or gems other than personal jewelry.

Claims Procedure

Within 24 hours of loss, theft or damage report to the appropriate official such as police or hotel proprietor. Then mail a written notice including your name and Policy #6406-94-55, within 45 days after a covered loss occurs to Federal Insurance Company, P.O. Box 1615, Warren, NJ 07061-1615. Upon notification, claim forms will be provided within 15 days which must be returned with proof of loss. Reimbursement will be paid within 60 days after proof of loss.

\$1,000,000 TRAVEL ACCIDENT INSURANCE

As an eligible Visa Signature cardholder*, you, your spouse, your dependent children** and any authorized users of the account registered with a participating institution will be automatically insured against accidental loss of life, limb, sight, speech or hearing while riding as a passenger in, entering or exiting any licensed common carrier, provided the entire cost of the passenger fare(s), less redeemable certificates, vouchers or coupons, has been charged to your Visa Signature card. If the entire cost of the passenger fare has been charged to your credit card account prior to departure for the airport, terminal or station, coverage is also provided for common carrier travel (including taxi, bus,

train or airport, limousine, but not including courtesy transportation provided without a specific charge): a) immediately preceding your departure, directly to the airport, terminal or station; b) while at the airport, terminal or station; and c) immediately following your arrival at the airport, terminal or station of your destination. If the entire cost of the passenger fare has not been charged prior to your arrival at the airport, terminal or station, coverage begins at the time the full passenger fare is charged to your credit card account. Common Carrier means any land, water or air conveyance operated by those whose occupation or business is the transportation of persons without discrimination and for hire.

Eligibility

This travel insurance plan is provided to Visa Signature card account holders automatically when the full passenger fare(s) are charged to your credit card account while this insurance is effective. It is not necessary for you to notify the participating institution, the administrator, or the Insurance Company when tickets are purchased.

Cost

This travel insurance plan is provided at no additional cost to eligible credit cardholders of the participating institution. The Policyholder pays the account holder's premium out of the revenues generated from the credit card account.

Beneficiary

The Loss of Life benefit will be paid to the beneficiary designated by the Insured. If no such designation has been made, that benefit will be paid to the first surviving beneficiary of the Insured in the following order: a) spouse, b) children, c) parents, d) brothers and sisters, e) estate. All other indemnities will be paid to the Insured.

Benefits

Benefits provided are: \$1,000,000 for accidental loss of: life, two or more members, sight of both eyes, speech and hearing or any combination thereof, or \$500,000 for accidental loss of: one member, sight of one eye, speech or hearing, or \$250,000 for the accidental loss of the thumb and index finger of the same hand. "Member" means hand or foot. "Loss" means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if they are later reattached. "Benefit Amount" means the Loss amount applicable at the time the entire cost of the passenger fare is charged to your credit card account. The loss must occur within one year of the accident. If the Insured has multiple losses as the result of one accident, the Company will pay the single largest applicable Benefit Amount. In no event will duplicate request forms or multiple charge cards obligate the Insurance Company in excess of the stated Benefit Amounts for any one loss sustained by any one individual Insured as the result of any one accident. In the event of multiple accidental deaths per credit card account arising from any one accident, the Company's liability for all such losses will be limited to a maximum limit of insurance equal to two times the applicable Benefit Amount for loss of life. Benefits will be proportionately divided among the Insureds up to the maximum limit of insurance.

Exclusions

This insurance does not cover loss resulting from: 1) an Insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (except bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria), or bodily malfunctions; 2) suicide or attempted suicide or intentionally self-inflicted injuries; 3) declared or undeclared war, but war does not include acts of terrorism. This insurance also does not apply to an accident occurring while an Insured is in, entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.

Effective Date

This insurance is effective on the date you became an eligible Class Member, whichever occurred last, and will cease on the date the master Policy is terminated, or on the date your credit card account ceases to be in good standing, whichever occurs first.

Questions or Notice of Claim

Answers to specific questions can be obtained by writing the Plan Administrator. To make a claim please contact the Plan Administrator. As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is simply an informative statement of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy on file with the Policyholder, Dominion Trust Company as Trustee of Financial Institution Benefit Association Trust. If this plan does not conform to your state statutes, it will be amended to comply with such laws. If a statement in this description of coverage and any provision in the policy differ, the policy will govern.

NOTICE TO FLORIDA RESIDENTS. THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED BY THE LAW OF A STATE OTHER THAN FLORIDA.

* Eligible card on file with the plan administrator.

** “Dependent Children” means children who are primarily dependent upon the Insured for maintenance and support and who are under the age of 19 and reside with the Insured, beyond the age of 19 who are permanently mentally or physically challenged and incapable of self support, or up to age 25 if classified as a full-time student at an institute of higher learning.

Plan Administrator:

Financial Insurance Marketing Group
P.O. Box 31065
Tampa, FL 33631-3065

Plan Underwritten by:

Federal Insurance Company
A Member of the Chubb Group of Insurance Companies
15 Mountain View Road
P.O. Box 1615
Warren, NJ 07061-1615

CONCIERGE

Now the privileges you enjoy during a hotel stay are available from your home, office or travel destination. The services include:

- Limousine Reservations and “Meet and Greet” Services;
- Global Dining Referral and Reservations;
- Golf Course Information and Reservations;
- Performance and Special Events Information and Reservations;
- Personalized Services, from business-related research to flower and gift delivery.

Access to all these services is available from the convenience of a toll-free line (877-860-1099) dedicated to cardholders. Now it is easier than ever to travel in style from your own backyard to around the globe. Arranging a dinner, planning a golf outing, or scoring tickets to a special event is easy with a phone call.

AUTOMATIC CAR RENTAL INSURANCE

You are automatically eligible to receive reimbursement for amounts paid to repair or replace the Damage or Loss**, to a Rented Automobile*** less any amount charged for appraising such damage, when the loss occurs worldwide, provided the rental fee has been charged to your account; and provided you have rejected, at the time of rental, any waiver of liability available from the rental company.

*Cardmember means the individual credit card member of a Sponsoring Institution, their spouse, and unmarried, dependent children under the age of 19 (or age 25 if a full-time student at an accredited college or university). **Damage or Loss means the direct and accidental loss to a Rented Automobile. ***Dependent child(ren) means children who are primarily dependent upon the insured for maintenance and support and who are under the age of 19 and reside with the insured, beyond the age of 19 who are permanently mentally or physically challenged and incapable of self support, or up to the age of 25 if classified as a full-time student at an institute of higher learning.*** Rented Automobile means a four-wheeled private passenger type motor vehicle designed to transport a maximum of 7 passengers for travel on public roads and rented from a licensed rental company. The following are excluded: trucks, recreational vehicles, campers, pickup trucks, and mini-buses.

Eligibility

This Renter’s Liability for Damage or Loss to a Rental Car reimbursement is provided to eligible cardmembers, automatically when your Rented Automobile rental fee is charged to your account. It is not necessary for you to notify the Sponsoring Institution, insurance company, or national plan administrator at the time the rental fee is charged to your account.

Cost

This coverage is provided at no additional cost to eligible cardholders under master policy 6404-53-16 issued to Financial Institution Benefit Association (“Policyholder”) by Federal Insurance Company (“Company”).

Benefits

The Company’s liability shall be for a maximum reimbursement of \$25,000. In no event shall the Company be liable beyond the amounts actually paid by the cardholders.

Exclusions

Coverage does not apply to loss resulting from: (1) any dishonest, fraudulent or criminal act of the cardmember; (2) forgery; (3) loss due to war or confiscation by authorities; (4) the cardmember being intoxicated, as defined in the laws of the jurisdiction where the loss occurred, or under the influence of any narcotic unless prescribed by a physician; (5) intentional damage to the Rented Automobile; (6) damage which is due and confined to wear and tear, freezing, mechanical or electrical breakdown or failure, unless such damage results from a theft covered by the Policy; (7) damage to tires, unless damaged by fire, malicious mischief or vandalism, or stolen or unless the loss be coincident with a covered loss; (8) use of the Rented Automobile to carry passengers and property for hire; (9) use of the Rented Automobile in tests, races or contests; (10) use of the Rented Automobile by a person other than the one authorized to operate the Rented Automobile by the terms of the Rental Agreement; (11) the Rented Automobile operated or located in any territory prohibited by the terms of the Rental Agreement; (12) loss of use of the Rented Automobile; (13) loss due to nuclear reaction or radioactive contamination.

Effective Date

This plan will cease on the date the master policy terminates (in which case you will be notified by the issuer) or on the date your account ceases to be in good standing, whichever occurs first.

Claim Procedure

To make a claim, the cardmember must submit a copy of the following within 90 days of a demand for payment from a rental company: (1) credit card charge receipt, (2) rental agreement, (3) police report, and (4) paid claim presented by the automobile rental company for the Damage or Loss for which the cardmember is responsible.

To obtain a claim form contact Claim Administrator at 855-594-3252.

Plan Administrator:

The Direct Marketing Group, Inc.
13265 Bedford Avenue
Omaha, NE 68164

Plan Unwritten by:

Federal Insurance Company
a member of the CHUBB GROUP OF INSURANCE COMPANIES
15 Mountain View Road
P.O. Box 1615
Warren, New Jersey 07061-1651

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This Description of Coverage is not a contract of insurance, but simply an informative statement to eligible cardmembers of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy on file with the National Plan Administrator. If a statement in this description of Coverage and any provisions in the policy differ, the policy will govern.

AUTO RENTAL DISCOUNTS

If you rent a car, whether it is for business or personal use, you may receive special savings at leading auto rental companies throughout the world. Discounts normally offer you up to 10% off basic rates Avis and up to 25% at National Car Rental at most locations. Just provide the reservation clerk the Special ID number National - RECAP 5651572 AVIS-B 951800

TRAVEL RESERVATION SERVICE

Save money while conveniently making any personal or business transportation, lodging, cruise or tour reservations. The Travel Reservation Center is available 24-hours a day. Make arrangements for air, train, cruise, hotel/motel, rental cars and more. Just call toll-free 800-778-1725 and use the Travel ID #5810.

TRAVEL SERVICE DIVIDENDS

When you use the Travel Reservation Service to schedule your travel plans and make your travel purchases with your Visa Signature card, you're eligible for a 3% rebate on all scheduled airline, lodging and car rentals purchased. Once your travel arrangements are purchased, you'll automatically receive a rebate form and the terms and conditions with your tickets and itinerary. Not only does your Visa Signature card give you more, it saves you more! For more information, call 800-778-1725.

PRICE GUARANTEE

Limits: Maximum reimbursement up to \$100 - reflects the difference between your original purchase price and the lower advertised price. There is a maximum reimbursement of \$100 per occurrence. Reimbursement is limited to a maximum of three (3) identical items purchased at one time. There is only one reimbursement per original purchase with an aggregate limit of \$1,000 per account per year.

Exclusions

Items and services not covered are: motorized vehicles (including but not limited to boats, airplanes, automobiles, trucks, riding lawn mowers and motorcycles), services, perishables, consumable products, collectibles, airline tickets, art work, or items purchased at cash-only or close-out sales, items purchased through wholesale outlets or from used merchandise vendors. Items purchased for business use are not eligible for coverage. As this is supplemental coverage, items purchased from retailers offering their own price guarantee are not covered for the days the merchant's price guarantee is in effect. There is no coverage for claims arising from or caused by fraud.

Claims Procedure

If the retailer advertises a reduced price on the identical item within 60 days from the date of the original purchase, simply call 1-855-633-4117 within ten (10) days from the last date the reduced price was in effect to request a claim form. The claim form will be mailed within five (5) working days.

You must complete and subsequently return the completed claim form within thirty (30) days with the following:

- Proof of purchase (original or legible copy of store receipt).
- Proof the item was purchased with your covered account.
- Dated verification of exact reduced price and product description (newspaper ad, sales circular, letter from retailer on store's letterhead, etc.).

PAYMENT CARD REGISTRATION

Register your Signature card confidentially and never worry about a lost or stolen card. If your card is lost or stolen, one toll free call to 800-252-2514 reports the loss, cancels the card, stops unauthorized purchases, and requests prompt replacement. List your card on the registration form included in this brochure below and mail it back to: FIBA, P.O. Box 31065, Tampa FL, 33631-3065. You will receive an acknowledgment letter verifying that the information registered is accurate and complete.

PAYMENT CARD REGISTRATION

CREDIT CARDS

Name of Issuer

Card Number

Expiration Date

Visa

MasterCard

OIL/GAS CARDS

Name of Issuer

Card Number

Expiration Date

RETAIL STORE CARDS

Name of Issuer

Card Number

Expiration Date

OTHER CARDS

Name of Issuer

Card Number

Expiration Date

PLEASE LIST ALL CARDS ON A SEPARATE SHEET OF PAPER OR COPY OF THIS FORM.

FIBA P.O. Box 31065 Tampa, FL 33631-3065. Please keep the acknowledgement that you will receive with us with your other important documents.