

CMFG Life Insurance Company

RIGHT OF REINSTATEMENT FOR INDIVIDUALS AFFLICTED WITH COGNITIVE IMPAIRMENT OR FUNCTIONAL INCAPACITY:

Reinstatement may be available after cancellation, termination, or lapse, if loss of coverage is attributable to the owner's affliction with cognitive impairment or functional incapacity and the owner resided in Maine at the time of cancellation, termination or lapse.

Within 90 days following termination of coverage, the owner, any person authorized to act on the owner's behalf, or any of the owner's dependents covered under the policy may request reinstatement on the basis that loss of coverage was a result of the owner's cognitive impairment or functional incapacity at the time of cancellation, termination or lapse.

If reinstatement is requested, we may request a medical demonstration that the owner suffered from cognitive impairment or functional incapacity at the time of policy cancellation, termination or lapse. The medical demonstration, if requested, will be at the owner's expense. If we waive our right to request a medical demonstration or if the medical demonstration substantiates the existence of cognitive impairment or functional incapacity at the relevant time, the policy may be reinstated. Evidence of insurability will not be required for reinstatement. Reinstatement will require payment of premium from the date of the last premium payment at the rate that would have been in effect had the policy remained in force. Payment must be made within 15 days of our request.

RIGHT TO DESIGNATE THIRD PARTY TO RECEIVE NOTICE OF CANCELLATION: You have the right to designate an additional person (a third party) to receive notice of impending cancellation, termination, or lapse of this policy due to nonpayment of premium.

Do you wish to designate a third party to receive notice of impending cancellation, termination, or lapse of this life insurance policy at this time?

- **If YES**, complete the information below, then detach and return **ONLY** the bottom portion to us at the address provided. Retain the top portion – it is a part of your policy. You may change your designation at any time in the future.
- **If NO**, simply retain this entire notice – it is part of your policy. You may designate a third party at any time in the future.

2012-NOTICE-ME

THIRD PARTY NOTICE REQUEST FORM

Office Use Only: DC: 77 WQ: 885

(Please Print)

Owner's Name _____ Policy No. _____

Owner's Mailing Address _____

(City)

(State)

(Zip Code)

Third Party Designee's Name _____

Third Party Designee's Mailing Address _____

(City)

(State)

(Zip Code)

Return this form to: CMFG Life Insurance Company
P.O. Box 61
Waverly, IA 50677-0061