

Capital Credit Union's Member Death Benefit Indemnity Programme is a group policy of the Credit Union and open to participation by members, subject to eligibility criteria outlined in the Key Facts and Programme Summary available from the credit union or at www.capitalcu.ie

This policy is arranged on behalf of Capital Credit Union by CMutual Services (Ireland) Limited which is regulated by the Central Bank of Ireland.

The policy is written by Utmost PanEurope dac which is a designated activity company registered in Ireland (No 311420) and is authorised by the Central Bank of Ireland.



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— Members Death Benefit Indemnity Programme —



Members Death Benefit Indemnity Programme

€3,500 Benefit

*Peace of mind for you
and your loved ones*



Member Death Benefit Indemnity

The main purpose of Member Death Benefit Indemnity (MDBI) is to provide basic life cover to credit union members at an affordable price. It is an additional service designed to lighten the financial burden of bereavement.

What are the benefits?

A sum of €3,500 will be paid to provide additional support for the bereavement costs. Payment will normally be made directly to the Funeral Undertaker or to the person who can provide evidence that they have paid the funeral expenses.

How much does it cost?

The cost is €96 per annum (including our admin fee), a small price to pay to give you and your loved ones added peace of mind. The cost is charged on a pro-rata basis if you enrol mid-year.

Who is eligible to join the Programme?

You are eligible to join the Programme if you:

- Are aged between 16 and 70 years old, inclusive;
- Continue to be a member of the Credit Union;
- Are, or were, covered by the Credit Union's Life Savings Indemnity Programme and opted to join this Programme prior to one of the pre-agreed enrolment periods.

Pre-existing medical conditions covered after 6 months*
Guaranteed acceptance WITHOUT medical*
*Terms & Conditions Apply

I confirm that:

- I am a member of Capital Credit Union and am eligible to join the Member Death Benefit Indemnity Programme
I have read and understood the Key Facts and Programme Summary as provided to me
- I will undertake to have sufficient funds in my share account to pay for the annual premium attaching to the provision of this indemnity cover and my inclusion in the Programme
- I understand that this is a Programme that will auto-renew on an annual basis, and the attaching premium will be deducted from my share account on this basis
- I am also aware that the benefits and cost of this Programme may be varied annually but I will be informed of any such changes or updates through the Credit Union's AGM Booklet and from the Credit Union's website - www.capitalcu.ie
- I understand that this Programme is due to commence on 01/01 and that I will pay for 12 months cover to 31/12 or should I enrol mid-year, I will pay on a pro-rata basis to 31/12. Should I wish to opt-out or cancel my participation in the Member Death Benefit Indemnity Programme, I will inform the Credit Union in writing of my decision
- My understanding is that my participation in the Programme will automatically stop should I cease to be a member of Capital Credit Union or if there are insufficient funds in my account to cover the annual cost of my premium
- I understand that the insurer can opt to terminate the Programme and cover at the end of each Programme period

I wish to confirm that the information I have provided to Capital Credit Union is correct and I provide my consent to this information being shared with CMutual and its insurers, for the purposes of my membership of the Member Death Benefit Indemnity Programme, as outlined in the Key Facts & Programme Summary sheet – MDBI 2024.04.01

Signature: _____ Date: _____

I confirm that I authorise Capital Credit Union to deduct the cost of my cover in the Programme (the premium), which I acknowledge may be reviewed and /or changed annually, from my credit union share account, I understand that if there are insufficient funds in my account to pay the annual premium, then my membership of the member Death Benefit Indemnity Programme will lapse.

Signature: _____ Date: _____

Please return this form to any branch of Capital Credit Union

Member Death Benefit Indemnity Programme: Opt-in Confirmation

To: Capital Credit Union, Member Death Benefit Indemnity Programme

Name:

Please insert your name above

Address:

Please insert the first line of your address above

Date of Birth: Account Number:

Please insert your date of birth above

Email:

Mobile:

I wish to opt-in/avail of the Member Death Benefit Indemnity Programme as provided for Capital Credit Union, and arranged by CMutual Services (Ireland) Limited.

Signature: _____ Date: _____

MDBI 2024.04.01