

PREMIER Credit Protection Benefit Activation Form

Thank you for choosing PREMIER Credit Protection® to safeguard your First PREMIER® Bank credit card account.

To activate PREMIER Credit Protection benefits, please complete the enclosed form and provide the Required Evidence (proof of event) reflecting the date(s) of your event. After receiving all necessary documentation, we will determine your eligibility for further benefits.

The following table outlines the Required Evidence for each event type:

| Event Type | Required Evidence |
|--------------------------|---|
| Disability | Completed Physician Statement (section three) by your attending Physician <u>or</u> provide proof of your Disability (such as a statement or letter including the date(s) and cause of Disability) on a medical professional's letterhead. |
| Involuntary Unemployment | Completed Employment Statement (section four) by your most recent employer <u>or</u> provide a form of evidence of your Involuntary Unemployment (including the dates) such as a letter from your employer, proof you have filed for unemployment, or a copy of your unemployment check and/or stub. |
| Unpaid Family Leave | Completed Employment Statement (section four) by your most recent employer <u>or</u> provide a form of evidence that your employer has approved the Unpaid Family Leave. |

Please Note: Benefit payments are based on the duration your protected event caused you to not receive wages or profit from any type of gainful employment. Your required evidence must provide the dates you were not receiving income from employment. If you do not have a minimum payment due for the month your protected event was experienced, no payment will be credited to your account.

Additional questions can be directed to the Customer Service Department at 1-800-987-5521. Business hours are Monday-Friday 7:00 a.m. to 9:00 p.m. and Saturday 8:00 a.m. to 4:30 p.m. Central Time.

Sincerely,

Customer Support Team
 First PREMIER Bank

MPCC
 CP016

PREMIER Credit Protection Benefit Activation Form

Instructions: Complete this form and provide the Required Evidence for your event. If the necessary sections are not completed and evidence of your event is not provided, processing will be delayed.

Return Options: For your convenience, an option to upload your documents through your computer or mobile device is available. Log in to your account through MyPREMIERCreditCard.com or the PREMIER Credit Card Mobile App and select 'PREMIER Credit Protection' under the 'Upload Documents' option. If you prefer to mail your documents, please send them to the address listed above.

| Section One | Identifying Information | | | |
|--|---|--|----------------------------------|--|
| 1. Name: | | | | |
| 2. Address: | | | | |
| 3. Event Type: | | 4. Last 4 of Account Number: | | |
| 5. Do you have a second account you are activating benefits on? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Section Two | Employment Information | | | |
| 6a. Who was the last employer you worked for? | | | | |
| b. Date of Hire: | | c. Location (City/State): | | |
| 7. On what date did your event occur? | | | | |
| 8. Did your event cause an interruption to your employment? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8a. If Yes, what was your last date worked? | | | | |
| 9. Did your event cause a total or partial loss of income? | | <input type="checkbox"/> Total | <input type="checkbox"/> Partial | <input type="checkbox"/> No loss of income |
| 10. Do you expect to return to work with your most recent employer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 10a. If Yes, on what date did you or will you return to work? | | | | |
| 11. Please indicate if your event is related to any of the following situations: | | | | |
| <input type="checkbox"/> Laid Off or Furloughed | <input type="checkbox"/> Quit or Resigned | <input type="checkbox"/> Suspended | <input type="checkbox"/> Strike | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Termination for Misconduct | <input type="checkbox"/> Birth or adoption of child | <input type="checkbox"/> Sick or Injured | <input type="checkbox"/> Other | |
| If "Other", please describe: | | | | |

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***PREMIER Credit Protection
Benefit Activation Form (continued)***

| | | | | |
|--|--|------------------------------|-----------------------------|---|
| Section Three | Required Evidence for Disability | | | |
| Physician Statement (To be completed by Cardholder's Attending Physician) | | | | |
| Description of Illness/Injury: | | | | |
| Date Patient First Became Disabled: | | Diagnosis Code(s) ICD: | | |
| Is the Patient able to perform any work for wages or profit? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Permanently Disabled |
| If "Yes", date Patient was released to work: | | | | |
| If "No", estimated date Patient will return to work: | | | | |
| Physician Signature: | | | Date: | |
| Section Four | Required Evidence for Involuntary Unemployment or Unpaid Family Leave | | | |
| Employer's Statement (To be completed by Cardholder's employer) | | | | |
| Employee's Name: | | | Last Date Worked: | |
| Reason for Employment Interruption: | | | | |
| Will the employee return to work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If "Yes", on what date? | |
| Signature of Employer: | | | Date: | |
| Section Five | Authorization (Must be signed by Primary Cardholder) | | | |
| I hereby authorize any physician, hospital administrator, financial institution, employer, or organization to release any information which is deemed necessary to process my claim to the PREMIER Credit Protection Administrator. A copy of this authorization shall be as valid as the original. I hereby certify that I have not worked at my regular occupation, or any other occupation since the start of the protected event. As of the Date Last Worked reflected above, I am not receiving any wage or profit from any type of gainful employment. | | | | |
| Signature: | | | Date: | |

What to Expect

The review process for your request will begin within seven days from the date we receive your documentation. If approved, your account will receive benefit payments that represent the monthly minimum payment due when your event was experienced. If additional information is needed or your event does not meet the qualifications, we will notify you via written correspondence.