



Welcome!

Benefits Service Disclosure

Please review the following information about some of the features of MaxMoney, including details regarding access to the security and savings benefits below.

- **IDPROTECT® – Identity Theft Monitoring and Resolution Service¹ for you and your joint account owner includes:**
 - **Single Bureau Credit File Monitoring*** – Daily credit file monitoring and automated alerts of key changes to your Experian credit report.
 - **Identity Monitoring*** – Monitoring of more than 1,000 databases and public records to identify suspicious activity, including credit header information, phone records, United States Postal Service records, and more. A risk rating is generated with each monthly scan and if your scan reflects a high-risk score, you will be notified.
 - **Credit Report*** – Ability to request a single bureau report every six months or upon opening an identity theft resolution case.
 - **Credit Score^{2,*}** – Ability to request a single bureau score every month.
 - **Up to \$25,000 Identity Theft Expense Reimbursement Coverage³** – To cover expenses associated with restoring your identity.
 - **Fully Managed Identity Theft Resolution Services** – Access to a fraud specialist assigned to manage your case until your identity is restored.
 - **Debit and Credit Card Registration*** – Register your credit, debit and ATM cards and have peace of mind knowing you can call one toll-free number to cancel and request replacement cards should your cards become lost or stolen.
 - **Online Identity Theft News Center and Valuable Phone and Web Resources***
 - **Credit Score Tracker^{2,4} – Receive valuable insight into your credit score.**
- **Dark Web Monitoring***
- **Cell Phone Protection³**
- **Accidental Death & Dismemberment Insurance³**
- **Debit Advantage®** – Buyer's Protection³ and Extended Warranty³
- **Cash Back Member Rewards* (additional terms and conditions may apply)**
- **Discount Cards* (additional terms and conditions may apply)**
- **Travel and Leisure Discounts (available via mobile and web only)**
- **VIP Concierge Services**
- **Health Discount Savings* (This is NOT insurance)**
- **24-Hour Nurse Helpline (This is NOT insurance)**
- **\$shopping Rewards^{TM,*} (available via mobile and web only)**

Accessing Your Benefits!



Within five (5) days of account opening, the primary account holder will receive an email from Support@ClubChecking.com confirming activation of the credit file monitoring service provided with MaxMoney Checking along with **instructions on how to go online to complete registration and access all the benefits and features of MaxMoney Checking. Joint Account Holder(s) see reverse for instructions on how to access to benefits.**



Call the Benefits Service Center at 1-866-210-0361 for questions related to any of the benefits and services listed above.



Once registration is complete, accessing your benefits will be easy – online at **MaxMoney.Jefferson-Bank.com** or with the **MaxMoney – Jefferson Bank Mobile App!** Mobile app instructions will be available online.



Thank you for allowing us to serve your financial needs. We appreciate your trust in us. If you have any questions regarding your MaxMoney Checking account or the benefits listed above, please speak with a representative with Jefferson Bank, A Division of Central Trust Bank.

Please refer to the **Terms & Conditions of MaxMoney** on the next page for complete details regarding activation and access to the benefits and services, including important disclosures.

Benefits Service Disclosure – Member Copy

TERMS AND CONDITIONS:

Eligibility: Benefits are available to personal checking account owner(s), and their joint account owners subject to the terms and conditions for the applicable Benefits. Some Benefits require authentication, registration and/or activation. Benefits are not available to a "signer" on the account who is not an account owner or to businesses, clubs, trusts, organizations and/or churches and their members, or schools and their employees/students.

Access to Benefits:

Primary Account Holder: Within five (5) days of account opening date, you will receive an email from Support@ClubChecking.com confirming activation of the credit file monitoring features along with instructions on how to go online and complete registration and access all the benefits and features. To receive notifications regarding your benefits, an active and unique email address must be on file.

Joint Account Holder(s): Go to MaxMoney.Jefferson-Bank.com using **Access Code MO554208** to register and access benefits.

Features:

• **IDProtect® - Identity Theft Monitoring and Resolution Service¹:**

Monitoring Services:

○ **Credit File Monitoring** – Daily credit file monitoring and automated alerts of key changes to your Experian credit report.

ACTIVATION: (Primary Account Holder) Credit file monitoring will be turned on for Primary Account Holder only within five (5) days of account opening, provided Primary Account Holder is 18 years of age or older and information has been verified by the Credit Reporting Agency (CRA). If credit file monitoring has been activated, credit alerts will be sent to the email address provided at the time of account opening. **A unique email address must be on file to receive alerts.** Primary Account Holder will need to go online and complete registration and to view credit alert details. Mobile credit alerts may be activated at that time. **Mobile fees may apply. If you do not want Credit File Monitoring activated, please contact the Benefits Service Center at 1-866-210-0361. Credit File Monitoring will not be turned on for Joint Account Holder(s). Joint Account Holder(s) will go to MaxMoney.Jefferson-Bank.com using Access Code MO554208 to register and activate monitoring.**

WRITTEN INSTRUCTIONS/DISCLOSURE: Under the FACT Act amendments to the Fair Credit Reporting Act, you are entitled to one free annual credit report from each of the three major credit reporting companies in a 12-month period. You authorize the administrator of this Program (Econocheck; "ECC") and CSIDentity Corporation ("CSID"), to use your personal information to activate the Credit File Monitoring ("CFM") services. You understand that in accordance with the Fair Credit Reporting Act, you are authorizing and providing "written instructions" under the Fair Credit Reporting Act to ECC and CSID (and each of their affiliates), to obtain your credit information from your personal credit file maintained by one or more of three nationwide credit reporting agencies and you hereby authorize ECC and CSID (and each of their affiliates) to access your personal credit information in order to (i) confirm your identity and (ii) provide your credit data and the CFM services (credit report, credit score, credit file monitoring) to you related to your use and enjoyment of the service.

○ **Identity Monitoring***

ACTIVATION: Registration is required to activate this benefit and a phone number must be on file to receive notice of elevated Risk Score. You will need to go online to activate and view your Risk Score.

○ **Single Bureau Credit Report***

○ **Single Bureau Credit Score^{2,*}**

○ Up to **\$25,000 Identity Theft Expense Reimbursement³** (You do not have to activate this benefit. It goes into effect as of the account opening date and it is available to you in the event you suffer an identity theft incident. Guide to Benefit with complete details of coverage can be found under the Identity Theft Protection tab at MaxMoney.Jefferson-Bank.com or the Identity Theft protection icon on the MaxMoney - Jefferson Bank mobile app.) **Need to file a claim? Call 1-866-210-0361.**

○ **Fully Managed Identity Theft Resolution Services** (You do not have to activate this service. It goes into effect as of the account opening date and it is available to you in the event you suffer an identity theft incident.)

○ **Debit and Credit Card Registration***

○ **Online Identity Theft News Center and Valuable Phone and Web Resources***

○ **Credit Score Tracker^{2,4}** – Receive valuable insight into your credit score.

• **Dark Web Monitoring*** - monitor your personal information on the dark web and receive alerts when your personal information is exposed.

• **Up to \$30,000 of 24-Hour Accidental Death & Dismemberment Insurance³** with up to \$10,000 dependent spouse AD&D insurance coverage and up to \$2,500 each dependent child AD&D insurance coverage, increasing by 10% in the event of an accidental death in an automobile while wearing a seatbelt. (Coverage divides equally on joint accounts and reduces by 50% at age 70.) (Insurance document with completed details of coverage attached.) **Need to file a claim? Call 1-866-210-0361.**

• **Cellular Telephone Protection³** – Receive up to \$600 of replacement or repair costs if your cell phone is stolen or damaged, in the U.S. and abroad. \$50 deductible applies. Up to two claims and maximum of \$1,000 per twelve-month period. Covers up to four phones on a cellular telephone bill. (Cellular telephone bill must be paid using your MaxMoney account or a Jefferson Bank Credit Card. Guide to Benefit with complete details of coverage can be found at MaxMoney.Jefferson-Bank.com under the Security Tab.) **Need to file a claim? Visit MaxMoney.Jefferson-Bank.com and go to the Security Tab or call 1-866-210-0361.**

• **Debit Advantage®** – Buyer's Protection³ and Extended Warranty³ (Item(s) must be purchased entirely with your MaxMoney account. Insurance document with complete details of coverage can be found at MaxMoney.Jefferson-Bank.com under the security tab.) **Need to file a claim? Call 1-866-210-0361.**

• **Cash Back Member Rewards*** – you can earn 10% cash back on your everyday purchases – such as groceries, household supplies, entertainment. Save receipts and submit quarterly for cash back rewards. You are eligible to submit receipts totaling up to \$200 each quarter for a total cash back of up to \$20/quarter or up to \$80/annually. (additional terms and conditions may apply)

• **Discount Cards*** - For life on the move – members receive 20% savings on gas, retail, and restaurant cards. These cards are convenient to purchase and easy to use. (additional terms and conditions may apply)

• **VIP Concierge Service** – Access to "911" travel emergency assistance service. Includes 24/7 services only. All costs to secure requests are the responsibility of the member.

• **Travel and Leisure Discounts** – Money-saving discounts from thousands of local and national businesses – mobile or print makes savings super easy and convenient. (available via mobile and web only)

• **Health Discount Savings*** – Enjoy savings on vision, prescriptions, and dental services. **This is NOT insurance.**

• **24-Hour Nurse Helpline*** - Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. However, our nurses do not diagnose or provide treatment. **This is NOT insurance.** The 24-Hour Nurse Helpline is provided for health information only. It is not a substitute for regular physical examinations or medical treatment visits and is not meant to replace the customary physician-patient relationship. Callers are encouraged to consult with their physician about any health conditions or concerns.

• **Shopping Rewards™** – Exclusive offers and discounts and earn cash back when shopping online using our customized shopping portal. (available via mobile and web only)

*Registration/activation Required.

²You will have access to your credit report and score provided your information has been verified by the CRA. Credit score is a VantageScore 3.0 based on Experian data. Third parties may use a different type of credit score to assess your creditworthiness. Once you have activated credit file monitoring, you may request your credit score. Once you have done so, you will have access to your score monthly.

³Special Program Notes: The descriptions herein are summaries only and do not include all terms, conditions and exclusions of the Benefits described. Please refer to the actual Guide to Benefit and/or insurance documents for complete details of coverage and exclusions. Coverage is provided through the company named in the Guide to Benefit or on the certificate of insurance. Guide to Benefit and insurance documents can be found online at MaxMoney.Jefferson-Bank.com or through the MaxMoney – Jefferson Bank mobile app. For more information, please visit MaxMoney.Jefferson-Bank.com or call 866-210-0361. **Insurance Products are not insured by the FDIC or any Federal Government Agency; not a deposit of or guaranteed by the bank or any bank affiliate.**

⁴ Credit Score Tracker: Once credit file monitoring has been activated and you have requested your first credit score, you may request a new credit score each month to be plotted on your Credit Score Tracker graph. Monthly email notifications will be sent to let you know when your new score is available.

PLATEAU INSURANCE COMPANY

2701 North Main Street, Crossville, TN 38555 Ph.(800) 752-8328

(herein referred to as the Company)

Policyholder: Econ-O-Check Association

Policy Number: 21201

BLANKET ACCIDENT INSURANCE DESCRIPTION OF COVERAGE

Who Is Eligible

The persons eligible for coverage under the Blanket Policy (herein called the Policy) issued to the Policyholder are all members of Policyholder (herein called You or Your) who have elected a membership package. A member's legal spouse is eligible for the Family Coverage Plan. A member's dependent children who are under the age of 19 (26 if a full time student) are eligible for the Family Coverage Plan. Also, a person may not be insured as a spouse and an insured member at the same time. Also, a person may not be insured as a dependent child and an insured member at the same time.

What Activities are Covered

Accident insurance is provided if You suffer an Injury while participating in a Covered Activity(ies). A Covered Activity(ies) is defined in the Policy as any activity(ies) that is not listed in Exclusions. Covered Activity(ies) are:

24 Hour Accidental Injury

Definitions

Injury shall mean bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Automobile shall mean a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional or business purposes, a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Your Effective and Termination Dates

Effective Date. Your coverage under the Policy begins, provided premiums have been paid by You or on Your behalf, on the later of: 1) the date the Policy becomes effective; or 2) the date Your written enrollment is received by us, the Program Sponsor or Policyholder.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated, (2) the end of the period for which Your premiums have been paid; or (3) the date You cease to be a member of Policyholder as per the records of the Program Sponsor.

Schedule of Benefits - Accidental Death and Dismemberment Benefit

Covered Activity(ies):

24 Hour Coverage

Maximum Amount with no Dependent Spouse	\$40,000
Maximum Amount with Dependent Spouse	\$30,000
Spouse Maximum	\$10,000
Dependent Child Maximum	\$2,500

Seat Belt Benefit

Maximum Amount	10% of the Maximum Amount for Accidental Death
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Benefits provided under a joint membership will be divided equally among all joint members who are on file with the Policyholder. In the event of a claim, the benefit for the claimant will be the percentage of the Maximum Amount equal to his or her percentage interest in the joint membership.

The Aggregate Limit is \$5,000,000 per accident for all plans combined.

Description of Benefits

Maximum Amount. As applicable to each Benefit provided by the Policy for each Insured, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured's eligible class, subject to the Reduction Schedule.

Reduction Schedule. The Maximum Amount for 24 Hour Accidental Injury Coverage used to determine the amount payable for a loss will be reduced if an Insured is age 70 or older on the date of the accident causing the loss with respect to the Benefit(s) provided by the Policy. The Maximum Amount for 24 Hour Accidental Injury Coverage is reduced to a percentage of the Maximum Amount that would be used if the Insured were under age 70 on the date of the accident, according to the following schedule: 50% of the benefit at Age 70.

Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70. "Age" as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.

The Maximum Amounts as shown above in the Schedule of Benefits are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Accidental Death. If You suffer an Injury that results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

Both Hands or Both Feet	100%	Speech and Hearing in Both Ears	100%
Sight of Both Eyes	100%	One Hand or One Foot	50%
One Hand and One Foot	100%	The Sight of One Eye	50%
One Hand and the Sight of One Eye	100%	Speech or Hearing in Both Ears	50%
One Foot and the Sight of One Eye	100%	Thumb and Index Finger of Same Hand	25%

'Loss' of a hand or foot means complete severance through or above the wrist or ankle joint. 'Loss' of sight of an eye means total and irrecoverable loss of the entire sight in that eye. 'Loss' of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. 'Loss' of speech means total and irrecoverable loss of the entire ability to speak. 'Loss' of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Seat Belt Benefit. The Company will pay 10% of the appropriate Maximum Amount when the Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory installed seat belt. Verification of the actual use of the seat belt, at the time of the accident, must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under the Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

Limitation on Multiple Covered Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest.

Limitation on Multiple Covered Activities. If an Insured's Injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

Multiple Memberships. If an Insured has two or more memberships, the maximum amount payable will be no more than two times the largest maximum amount payable for that loss.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the Benefits provided by this Policy. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Benefit Schedule. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined. Aggregate Limit \$5,000,000 per accident for all plans combined.

Exclusions: The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from: 1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury; 2) sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; 3) declared or undeclared war, or any act of declared or undeclared war (Note: This policy covers Armed Services Personnel only for loss resulting from non-military or non-combat activities within the United States of America); 4) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if You are: a. riding as a passenger in any aircraft not licensed for the transportation of passengers; b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; 5) Your being under the influence of drugs or intoxicants, unless taken under the advice of a physician.

Claims Procedures: All claims should be reported to the Policyholder as soon as possible at the following phone number: Econ-O-Check Association – Insurance Service Center/Claims Department, 3 Gresham Landing, Stockbridge, GA 30281, ph: (866) 210-0361.

The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The written proof should include the Insured's name, the Policyholder's name and the Policy number. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required. Upon receipt of due written proof of loss, payment for a covered loss of life of an Insured will be made to the beneficiary or beneficiaries designated by the Insured and filed with Company. If there is no designated beneficiary or no designated beneficiary is living after Insured's death, the benefits will be paid in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate. Any payment the Company makes in good faith fully discharges the company's liability to the extent of the payment made. Benefits payable under this Policy for any covered loss will be paid within 30 days of the Company's receipt of due written proof

of the loss.

IMPORTANT: If any conflict should arise between the contents of this Description of Coverage and the Master Policy (underwritten by Plateau Insurance Company of Crossville, Tennessee, referred to as the Company), or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.

JEFFERSON BANK

A Division of The Central Trust Bank.

Accidental Death & Dismemberment Change of Beneficiary Form

Customer Name (print) _____

Customers Address (print) _____

Account holder #1: I wish to name as my beneficiary:

Account holder #2: I wish to name as my beneficiary:

1. _____ Percentage: _____

1. _____ Percentage: _____

2. _____ Percentage: _____

2. _____ Percentage: _____

3. _____ Percentage: _____

3. _____ Percentage: _____

Signature:

Signature:

Note: *If there is no designated beneficiary or no designated beneficiary is living at the time of death, the benefits will be paid in accordance with the master policy on file.*

FOR FINANCIAL INSTITUTION USE ONLY:

Financial Services Representative: _____

Enrollment Date: _____

(Date Received by FI)

Individual Account

Joint Account