

STCU VISA® CheckCard/ATM Access Agreement

This agreement is the contract which covers your and our rights and responsibilities concerning the Visa CheckCard/ATM access card (card) services offered to you by Spokane Teachers Credit Union (credit union). In this agreement, the words “you” and “yours” mean those who sign the application as applicants, joint owners or any authorized users. The words “we,” “us,” and “our” mean Spokane Teachers Credit Union. The word “account” means any one or more deposit accounts you have with the credit union. By signing the account card or signing or using a Visa CheckCard ATM/access card, each of you, jointly and severally, agree to the terms and conditions in this agreement, and any amendments.

Electronic funds transfers (EFTs) include electronically initiated transfers of money through automated teller machines (ATMs), point of sale (POS) terminals and Visa CheckCard purchases with participating merchants involving your deposit accounts at the credit union.

1. Services.

a. **ATMs.** You may use your card and personal identification number (PIN) in automated teller machines of the credit union, the Visa ATM Network, CO-OP, PLUS and such other machines or facilities we may designate. At the present time, you may use your card to make the following transactions on your account:

- Withdraw cash from your savings and checking accounts.
- At designated ATMs to make deposits, inquiries, or transfers between your savings and checking accounts.
- Other transactions as offered and permitted in the future.

b. **CheckCard.** There are a variety of means that you may employ to make a purchase of goods and services any place that your card is honored by participating merchants. One is for you to present your card to a participating Visa plan merchant and sign the sales draft which will be imprinted with your card. Another is to identify your card number and expiration date to a participating Visa plan merchant for the purpose of making a purchase or payment by telephone or over the Internet. Merchants participating in Verified by Visa will require a password to authorize your identity before completing the transaction.

c. **Point of Sale.** You may use your card and PIN to pay for purchases from participating merchants who have agreed to accept the card at POS terminals within the Visa ATM Network, Interlink, CO-OP, PLUS or such other terminals the credit union may designate.

Funds to cover your card purchases will be deducted from your checking account. If the balance in your account is not sufficient to pay the transaction amount, the Credit Union may treat the transaction as an overdraft request pursuant to any applicable overdraft protection plan or may terminate all services under this agreement.

Your monthly statement will identify the merchant, financial institution, or electronic terminal at which transactions were made, but STCU does not return sales, cash advance, credit or other slips with the statement. You will retain the copy of such slips or documents furnished at the time of the transaction in order to verify the monthly statement. The Credit Union may assess a reasonable charge for photocopies of slips you request.

You may not use your card for an illegal or unlawful transaction, and we may decline to authorize any transaction that we believe poses an undue risk of illegality or unlawfulness.

2. Service Limitations.

a. ATM Machines.

- (i) **Cash Withdrawals.** There is no limit to the number of cash withdrawals you may make at credit union ATMs and nonproprietary ATMs. You may withdraw up to \$1,000 (if there

are sufficient funds in your account) per calendar day, at any authorized ATM, subject to limits placed on each individual ATM. For purposes of the daily limit, a day is from midnight to midnight.

- (ii) **Transfers.** You may transfer funds between your savings and checking accounts up to the balance in your account at the time of the transfer at available locations.
- (iii) **Deposits.** The servicing and processing schedule of automated teller machines may result in delay between the time a deposit is made and when it will be available for withdrawal. You should refer to the credit union's Funds Availability Policy.

b. **Debit Card/POS Purchases.** You may make debit purchases at participating merchants and POS terminals up to the maximum amount of \$2,500 per calendar day. For purposes of the daily limit, one day is from midnight to midnight.

3. **Conditions of Card Use.** The use of your card and account are subject to the following conditions:

a. **Ownership of Cards.** Any card or other device which we supply to you is our property and must be returned to us, or to any person whom we authorize to act as our agent, or to any person who is authorized to honor the card, immediately according to instructions. The card may be repossessed at any time in our sole discretion without demand or notice. You cannot transfer your card or account to another person.

b. **Honoring the Card.** Neither we nor merchants authorized to honor the card will be responsible for the failure or refusal to honor the card or any other device we supply to you. If a merchant agrees to give you a refund or adjustment, you agree to accept a credit to your account in lieu of a cash refund.

c. **Security of Personal Identification Number (PIN).** The personal identification number (PIN) issued to you is for your security purposes. This access code is confidential and should not be disclosed to third parties or recorded on or with the card. You are responsible for safekeeping your access code. You agree not to disclose or otherwise make your access code available to anyone not authorized to sign on your accounts. If you authorize anyone to use your access code, that authority shall continue until you specifically revoke such authority by notifying the credit union. If you fail to maintain the security of these access codes and the credit union suffers a loss, we may terminate your ATM and account services immediately.

4. **Member Liability.** You are responsible for all transfers you authorize using an EFT service, Card or access code under this agreement. If you permit other persons to use an EFT service, card or access code, you are responsible for any transactions they authorize or conduct on any of your accounts. Tell us at once if you believe anyone has used your account, card or access code and accessed your accounts without your authority or if you believe that an electronic funds transfer has been made without your permission using information from your check. Telephoning is the best way of keeping your possible losses down. For CheckCard purchase transactions, if you notify us of your lost or stolen card, you may not be liable for any losses provided you were not grossly negligent (for example keeping your PIN with your card is grossly negligent) or fraudulent in handling your CheckCard and you provide us with a written statement regarding your unauthorized CheckCard claim, otherwise the following liability limitations will apply. For all other EFT transactions, except electronic check transactions, if you tell us of the unauthorized use of your account within two (2) business days, you can lose no more than \$50.00 if someone accessed your account without your permission. If you do not tell us within two (2) business days after you learn of the unauthorized use of your account or EFT service, and we can prove that we could have stopped someone from accessing your account without your permission if you had told us, you could lose as much as \$500.00. Also, if your

statement shows EFT transfers that you did not make including transfers made by card, access code or other means, tell us at once. If you do not tell us within sixty (60) days after the statement was mailed to you, you may be liable for the following amounts if we can prove that we could have stopped someone from making the transfers if you had told us in time: (i) for unauthorized CheckCard purchase transactions - up to the limits set forth above and (ii) for all other unauthorized EFT transactions - up to the full amount of the loss. If a good reason (such as a hospital stay) kept you from contacting us, we will extend the time periods. The liability stated above does not apply to the unauthorized use of your card in credit transactions.

- a. **STCU Lost/Stolen Contacts.** If you believe your card has been lost or stolen or that someone has transferred or may transfer money from your account without your permission, call:

(509) 326.1954 WA
(208) 619.4000 ID
(800) 858.3750

Toll Free in the U.S. and Canada:

or write:

Spokane Teachers Credit Union
1620 North Signal Drive
Liberty Lake, WA 99019-9517

5. Business Days. Our business days are Monday through Friday. Holidays are not included. Most ATMs operate seven (7) days a week, 24 hours a day.

6. Fees and Charges. There are certain charges for electronic funds transfer services. From time to time, the charges may be changed. We will notify you of any changes as required by law.

Fees may include: (a) STCU CheckCard Replacement Fee \$5.00; (b) Two Day Card Delivery \$50.00; (c) Three Day Card Delivery \$25.00; (d) STCU CheckCard Recovery Fee \$65.00; (e) PIN Replacement Fee \$2.00; (f) Recurring Payment Stop Fee \$5.00; (g) Transaction Copy Request Fee \$12.00; (h) Account NSF Item Paid Fee (created by check, ACH and CheckCard purchases) \$25.00; (i) Account NSF Item Returned Fee \$25.00; (j) Telephone Single Authorization Payment (TEL) Fee \$15.00; (k) ATM Fees. If you use an ATM that is not operated by the Credit Union, you may be charged an ATM surcharge by the ATM operator or an ATM network utilized for such a transaction. The ATM surcharge will be debited from your account if you elect to complete the transaction.

7. Right to Receive Documentation.

- a. **Periodic Statements.** Transfers, withdrawals, and purchases transacted through an ATM, POS terminal or participating merchant will be recorded on your periodic statement. You will receive a statement monthly unless there is no transaction in a particular month. In any case, you will receive a statement at least quarterly.
- b. **Terminal Receipt.** You get a receipt at the time you make a transaction (except inquiries) to or from your account using an ATM or POS terminal or with a participating merchant.

8. Account Information Disclosure. We will maintain the confidentiality and privacy of your account information in accordance with our Privacy Policy. We may disclose information to third parties related to your electronic funds transactions in the following limited circumstances:

- As necessary to complete transfers;
- To verify the existence of sufficient funds to cover specific transactions upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your express permission.

9. Credit Union Liability for Failure to Make Transfers. If we do not complete a transfer to or from your account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable for the following:

- If, through no fault of ours, you do not have enough money in your account to make the transfer or the transfer would go over the credit limit on your line of credit.
- If you used the wrong PIN or you used an ATM, PIN or card in an incorrect manner.
- If the automated teller machine (ATM) where you are making the transfer does not have enough cash, or was not working properly and you knew about the problem when you started the transaction. The ATM machine may retain your card in certain instances, in which you may contact the Credit Union about its replacement.
- If circumstances beyond our control (such as fire, flood or power failure) prevent the transaction.
- If the money in your account is subject to legal process or other claim or is frozen because of a delinquent loan.
- If the error was caused by a system of the designated ATM Networks or any other participating network.
- If there are other exceptions as established by the credit union.

10. Termination of EFT Services. You agree that we may terminate this agreement and your use of your EFT services and the use of your card if you or any authorized user of your PIN breach this or any other agreement with us, or if we have reason to believe that there has been an unauthorized use of your PIN or card. You or any other party to your account can terminate this agreement by notifying us in writing. Termination of service will be effective the first business day following receipt of your written notice. Termination of this agreement will not affect the rights and responsibilities of the parties under this agreement for transactions initiated before termination.

11. Currency Conversion/Foreign Transaction Fee. Purchases and cash advances made in foreign countries will be billed to you in U.S. dollars. The currency conversion rate for international transactions as established by VISA International, Inc. is a rate selected by VISA from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate VISA itself receives or the government-mandated rate in effect for the applicable central processing date. In addition, you will be charged a Foreign Transaction Fee passed through from VISA of 1% for all international purchase transactions.

12. Notices. The credit union reserves the right to change the terms and conditions upon which this service is offered. The credit union will mail the notice to you at least twenty-one (21) days before the effective date of any change, as required by law. Use of this service is subject to existing regulations governing the credit union account and any future changes to those regulations.

13. Billing Errors. In case of errors or questions about your electronic transfers, telephone us at the phone numbers or write us at the address set forth above as soon as you can. We must hear from you no later than sixty (60) days after we sent the first statement on which the problem appears.

- Tell us your name and account number.
- Describe the transfer you are unsure about, and explain, as clearly as you can, why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days. We will tell you the results of our investigation within ten (10) business days after we

hear from you and will correct the error promptly. For errors related to transactions occurring within thirty (30) days after the first deposit to the account (new accounts), we will tell you the results of our investigation within twenty (20) business days. If we need more time, however, we may take up to forty-five (45) calendar days to investigate your complaint or question (ninety (90) calendar days for Visa CheckCard/POS transaction, new account transaction errors, or errors involving transactions initiated outside the United States). If we decide to do this, we will credit your account within ten (10) business days (five (5) business days for Visa CheckCard purchase transactions) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within ten (10) business days, we may not credit your account. If we decide after our investigation that an error did not occur, we will deliver or mail to you an explanation of our findings within three (3) business days after the conclusion of our investigation. If you request, we will provide you copies of documents (to the extent possible without violating other members' rights to privacy) relied upon to conclude that the error did not occur.

14. ATM Safety Notice. The following information is a list of safety precautions regarding the use of ATM and Night Deposit Facilities.

- a. Be aware of your surroundings, particularly at night.
- b. Consider having someone accompany you when the ATM or night deposit facility is used after dark.
- c. If another person is uncomfortably close to you at the time of your transaction, cancel the transaction and leave.
- d. Refrain from displaying your cash at the ATM or night deposit facility. As soon as your transaction is completed, place your money in your purse or wallet. Count the cash later in the safety of your car or home.
- e. If you notice anything suspicious at the ATM or night deposit facility, consider using another ATM or night deposit facility or coming back later. If you are in the middle of a transaction and you notice something suspicious, cancel the transaction, take your ATM access device or deposit envelope, and leave.
- f. If you are followed after making a transaction, go to the
- g. Do not write your personal identification number or code on your ATM card or in your purse or wallet.
- h. Report all crimes to law enforcement officials immediately.

15. Indemnity. If you ask the credit union to follow instructions that the credit union believes might expose it to claims, suits, lawsuits, expenses, liabilities, or damage, whether directly or indirectly, the credit union may refuse to follow your instructions or may require a bond or other protection. An example of the kind of protection asked for would be your promise to defend the credit union against any claims and pay all legal fees and costs associated with the defense.

16. Waiver. Any waiver for any term or condition stated in this agreement must be in writing and signed by an officer of the credit union and shall not be considered as a waiver of any future or other obligation or right.

17. Severability. In the event that any paragraph of this agreement or any portion is held by a court to be invalid or unenforceable for any reason, the other paragraphs and portions of this agreement shall not be invalid or unenforceable and will continue in full force and effect.

18. Governing Law. This agreement is governed by the bylaws of the credit union, federal laws and regulations of the State of Washington and local clearing house rules, as amended from time to time. Any disputes regarding this agreement shall be subject to the jurisdiction of the court of the county in which the credit union is located.

19. Enforcement. In the event either party brings a legal action to enforce the agreement or collect any overdrawn funds on accounts assessed under this agreement, the prevailing party shall be entitled, subject to applicable law, to payment by the other party of its reasonable

attorney's fees and costs, including fees on any appeal, bankruptcy proceedings, and any post-judgement collection actions, if applicable. If there is a lawsuit, you agree that it may be filed and heard in the county and state in which the Credit Union is located, if allowed by applicable law.

Visa CheckCard Supported Features

1-800-VISA-911 Cardholder Inquiry Service

Whenever you need emergency service or answers, call the Program Administrator, 24 hours a day, 365 days a year: 1-800-VISA-911 (1-800-847-2911). If you are outside of the United States, please call collect: 0-410-581-9994. For balance inquiries and account-related questions please call the customer service number on your statement.

Emergency Cash

With this service, you can receive up to \$5,000 in emergency cash, usually within 24 hours. Once your emergency cash request has been approved and processed, you can pick up the cash at a convenient financial institution location or at an Emergency Service Location.

Emergency Card Disbursement

With this service, you have piece of mind knowing that your Visa card can be replaced quickly, easily, and conveniently. In the U.S. a card can be replaced and delivered in as little as 24 hours. Outside of the U.S., it is often replaced as quickly as one business day.

Lost/Stolen Card Reporting

One call to the Visa Assistance Center will block your account to prevent fraudulent charges, and to arrange for a replacement card to be delivered to you. "Live" customer service agents are available 24 hours a day, 7 days a week by calling 1-800-397-9010. Overseas travelers can dial collect by calling 410-902-8012.

Travel and Emergency Assistance

What are Travel and Emergency Assistance Services? Help when you don't know where to turn. You can count on a wide range of Visa emergency services available whenever and wherever you need them, 24 hours a day, 365 days a year.

WE WILL MAKE EVERY REASONABLE EFFORT TO RESPOND WHEN YOU HAVE AN EMERGENCY—EVEN IF YOU NEED ASSISTANCE BEYOND THE SERVICES LISTED HERE. PLEASE UNDERSTAND THAT, DUE TO OCCASIONAL PROBLEMS SUCH AS DISTANCE, LOCATION, OR TIME, NEITHER VISA NOR ITS SERVICE PROVIDERS CAN BE RESPONSIBLE FOR THE AVAILABILITY, USE, COST, OR RESULTS OF ANY MEDICAL, LEGAL, TRANSPORTATION, OR OTHER SERVICE.

Who is eligible for Travel and Emergency Assistance Services? You, your spouse, and your children (provided the children are dependents under 22 years old) may all take advantage of these special emergency services.

How do I get these services? They're as close as the nearest phone. You simply call the Benefit Administrator at **1-800-992-6029** any hour of the day or night. If you are outside the United States, call collect at 0-804-673-1675.

Is there a charge for these services? No. Visa Travel and Emergency Assistance Services are available to eligible Visa cardholders at no additional charge.

PLEASE NOTE: VISA TRAVEL AND EMERGENCY ASSISTANCE SERVICES PROVIDE ASSISTANCE AND REFERRAL ONLY. YOU ARE RESPONSIBLE FOR THE COST OF ANY ACTUAL MEDICAL, LEGAL, TRANSPORTATION, CASH ADVANCE OR OTHER SERVICES OR GOODS PROVIDED.

What are the specific services and what do they provide? Visa Travel and Emergency Assistance Services will put you in touch with the appropriate emergency services should the need arise. Here are some of the ways we can help:

- **Emergency Message Service** can record and relay emergency messages

for travelers, immediate family members, or business associates.

NOTE: Visa will use reasonable efforts to relay emergency messages in accordance with benefit guidelines and limitations, but cannot take responsibility for the failure to transmit any message successfully.

- **Medical Referral Assistance** provides medical referral, monitoring, and follow-up. The Benefit Administrator can give you names of English-speaking doctors, dentists, and hospitals; assign a doctor to consult by phone with local medical personnel, if necessary, to monitor your condition, keep in contact with your family, and provide continuing liaison; and help you arrange medical payments from your Visa or personal account. **NOTE: All costs are your responsibility.**
- **Legal Referral Assistance** can arrange contact with English-speaking attorneys and with U.S. embassies or consulates if you're detained by local authorities, have a car accident, or need legal assistance. In addition, the Benefit Administrator can coordinate bail payment from your Visa or personal account. The Benefit Administrator can also follow up to make sure bail has been properly handled. **NOTE: All costs are your responsibility.**
- **Emergency Transportation Assistance** can help you make all the necessary arrangements for emergency transportation home or to the nearest medical facility. This even includes arranging to bring your young children home and staying in contact with family members or employers. In the case of a death, the Benefit Administrator can make arrangements for returning the remains of the deceased home. **NOTE: All costs are your responsibility.**
- **Emergency Ticket Replacement** helps you with the carrier's lost ticket reimbursement procedures if you should lose your ticket and can arrange delivery of a replacement ticket to you. **NOTE: All costs are your responsibility.**
- **Lost Luggage Locator Service** can help you through the common carrier's claim procedures or can arrange shipment of replacement items if an airline or common carrier loses your checked luggage. The Benefit Administrator can also arrange a cash advance with your Visa issuing bank. **However, you are responsible for the cost of any replacement items shipped to you.**
- **Emergency Translation Service** provides telephone assistance in all major languages and helps find local interpreters, if available, when you need more extensive assistance. **NOTE: All costs are your responsibility.**
- **Prescription Assistance and Valuable Document Delivery Arrangements** can help you get prescriptions filled or replaced, subject to local laws, and can even arrange pickup and delivery of prescriptions filled for you at local or nearby pharmacies. It can also help transport critical documents which you may have left at home or elsewhere. **NOTE: All costs are your responsibility.**
- **Pre-Trip Assistance** can give you information on your destination before you leave—information such as ATM locations, currency exchange rates, weather reports, health precautions, immunizations, and required passport visas.

Additional Provisions for Travel and Emergency Assistance Services:

The benefit described in this Guide to Benefit will not apply to Visa cardholders whose accounts have been suspended or canceled. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages.

For general questions regarding this benefit, call the Benefit Administrator at 1-800-992-6029. If you are outside the United States, call collect at 0-804-673-1675.

Visa CheckCard Travel Accident Insurance

Principal Sum: CheckCards: \$250,000

THIS IS AN ACCIDENTAL DEATH AND DISMEMBERMENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

This Description of Coverage is provided to all eligible Spokane Teachers Credit Union cardholders and replaces any and all Descriptions of

Coverage previously issued to the insured with respect to insurance described herein.

Eligibility and Period of Coverage. As a Spokane Teachers Credit Union cardholder, you are covered beginning on 08/01/03 or the date your credit card is issued, whichever is later.

You and your dependents¹ become covered automatically when the entire Common Carrier fare is charged to your covered Spokane Teachers Credit Union card account ("Covered Persons"). It is not necessary to notify the financial institution, the Insurance Company, or the Plan Administrator when tickets are purchased. Coverage ends when the policy is terminated.

Benefits. Subject to the terms and conditions, if a Covered Person's accidental bodily Injury occurs while on a Covered Trip and results in any of the following Losses within one (1) year after the date of the accident, the Insurance Company will pay the following percentage of the Principal Sum for accidental Loss of:

Life	100%
Both hands or both feet	100%
Sight of both eyes.	100%
One hand and one foot	100%
Speech and hearing	100%
One hand or one foot and the sight of one eye.	100%
One hand or one foot	50%
Sight of one eye.	50%
Speech or hearing	50%
Thumb and index finger on the same hand	25%

In no event will multiple charge cards obligate the Insurance Company in excess of the stated benefit for any one Loss sustained by a Covered Person as a result of any one accident. The maximum amount payable for all Losses due to the same accident is the Principal Sum.

Loss means actual severance through or above the wrist or ankle joints with regard to hands and feet; entire and irrevocable loss of sight, speech or hearing; actual severance through or above the metacarpophalangeal joints with regard to thumb and index fingers. The life benefit provides coverage in the event of a Covered Person's death. If a Covered Person's body has not been found within one (1) year of disappearance, stranding, sinking, or wreckage of any Common Carrier in which the Covered Person was covered as a passenger, then it shall be presumed, subject to all other provisions and conditions of this coverage, the Covered Person suffered loss of life.

Injury means bodily injury or injuries, sustained by the insured person which are the direct cause of Loss, independent of disease cause of Loss, independent of disease or bodily infirmity, and occurring while the Covered Person is covered under this policy, while the insurance is in force.

Covered Trip means a trip (a) while the Covered Person is riding on a Common Carrier as a passenger and not as a pilot, operator, or crew member; (b) charged to your Spokane Teachers Credit Union card; and (c) that begins and ends at the places designated on the ticket purchased for the trip. Covered Trip will also include travel on a Common Carrier (excluding aircraft), directly to, from, or at any Common Carrier terminal, which travel immediately precedes departure to or follows arrival at the destination designated on the ticket purchased for the Covered Trip.

Common Carrier means any scheduled airline, land, or water conveyance licensed for transportation of passengers for hire. **Exclusion:** No payment will be made for any Loss that occurs in connection with, or is the result of: (a) suicide, attempted suicide, or intentionally self-inflicted injury; (b) any sickness or disease; (c) travel or flight on any kind of aircraft or Common Carrier except as a fare-paying passenger in an aircraft or on a Common Carrier operated on a regular schedule for passenger service over an established route; or (d) war or act of war, whether declared or undeclared.

Beneficiary: Benefit for Loss of life is payable to your estate, or to the beneficiary designated in writing by you. All other benefits are payable to you.

Notice of Claim: Written Notice of claim, including your name and reference to Spokane Teachers Credit Union, should be mailed to the Plan Administrator within twenty (20) days of a covered Loss or as soon as reasonably possible. The Plan Administrator will send the claimant forms for filing proof of Loss.

The Cost: This travel insurance is purchased for you by your financial institution.

Description of Coverage: This description of coverage details material facts about a Travel Accident Insurance Policy which has been established for you and is underwritten by Virginia Surety Company, Inc. Please read this description carefully. All provisions of the plan are in the policy, issued to the financial institution trust. Any difference between the policy and this description will be settled according to the provisions of the policy.

Questions: Answers to specific questions can be obtained by writing to the **Plan Administrator:**

CBSI Enhancement Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY 10528

Underwritten by:

Virginia Surety Company, Inc.
175 West Jackson Blvd., 11th Floor
Chicago, IL 60604

¹Your spouse, unmarried dependent child(ren), under age 19 (25 if a full-time student). No age limit for incapacitated child. Incapacitated child means a child incapable of self sustaining employment by reason of mental retardation or physical handicap, and chiefly dependent on you for support and maintenance. Dependent child(ren) receive 50% of your benefit amount.

Additional Provisions for Travel Accident Insurance: Travel Accident Insurance is provided under a master policy of insurance issued by Virginia Surety Company, Inc. (herein referred to as "Company"). We reserve the right to change the benefits and features of all these programs.

The financial institution or the Company can cancel or choose not to renew the Insurance coverages for all Insureds. If this happens, the financial institution will notify the accountholder at least thirty (30) days in advance of the expiration of the policy. Such notices need not be given if substantially similar replacement coverage takes effect without interruption and is provided by the same insurer. Insurance benefits will still apply to Covered Trips commenced prior to the date of such cancellation or non-renewal, provided all other terms and conditions of coverage are met. Travel Accident Insurance does not apply if Your Spokane Teachers Credit Union card privileges have been suspended or canceled. However, insurance benefits will still apply to Covered Trips commenced prior to the date that Your account is suspended or cancelled provided all other terms and conditions of coverage are met.

Coverage will be void if, at any time, the accountholder has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the accountholder's interest herein, or in the case of any fraud or false swearing by the Insured relating thereto. No person or entity other than the accountholder shall have any legal or equitable right, remedy, or claim for insurance proceeds and/or damages under or arising out of this coverage.

No action at law or in equity shall be brought to recover on this coverage prior to the expiration of sixty (60) days after proof of loss has been furnished in accordance with the requirements of this Description of Coverage.

The Company, at its expense, has the right to have you examined as often as reasonably necessary while a claim is pending. The Company may also have an autopsy made unless prohibited by law.

Personal Identity Theft Coverage

What is the Personal Identity Theft benefit? The Personal Identity Theft benefit offers reimbursement for covered expenses you incur to restore your identity, up to a maximum of \$1,000, as a result of a Covered Stolen Identity Event.

Who is eligible for this benefit? To be eligible for this benefit, you must be a valid cardholder whose name is embossed on an eligible U.S.-issued Visa card and reside in the United States or Canada.

What is a Covered Stolen Identity Event? "Covered Stolen Identity Event" means the theft or unauthorized or illegal use of your name, transaction card account or account number, Social Security number, or any other method of identifying you.

What is covered?

Covered Losses under the Personal Identity Theft benefit are:

- Costs you incur for re-filing applications for loans, grants, or other credit or debt instruments that are rejected solely because the lender received incorrect information as a result of a Covered Stolen Identity Event.
- Costs for notarizing affidavits or other similar documents, long distance telephone calls, and postage reasonably incurred as a result of your efforts to report a Covered Stolen Identity Event or to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Costs incurred by you for a maximum of four (4) credit reports, requested as a result of a Covered Stolen Identity Event, from any entity approved by the Benefit Administrator.
- Actual lost wages for time taken away from your work premises solely as a result of your efforts to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Costs for reasonable fees for an attorney appointed by the Benefit Administrator and related court fees you incur with the consent of the Benefit Administrator for suits brought against you by a creditor or collection agency or similar entity acting on behalf of a creditor for nonpayment of goods or services or default on a loan as a result of a Covered Stolen Identity Event.

What is not covered?

- Any dishonest, criminal, malicious, or fraudulent acts by you.
- Any damages, loss, or indemnification unless otherwise stated in this disclosure.
- Costs associated with any legal action or suit other than those set forth under Covered Losses.
- Sick days and any time taken from self-employment.
- Any losses as a result of theft or unauthorized use of an account by a person to whom the account has been entrusted.

Is there a charge for these services? No. Your financial institution provides this benefit to you at no additional cost.

When and where am I covered? Payment for Covered Losses will be limited to losses incurred in the United States, its territories and possessions, Puerto Rico, or Canada for a loss occurring during the benefit period.

How do I file a claim? Call our Benefit Administrator, toll-free, at **1-866-679-5660** immediately when you reasonably believe a Covered Stolen Identity Event has occurred and provide information including, but not limited to, how, when, and where the Covered Stolen Identity Event occurred. The Benefit Administrator may also require other reasonable information or documents regarding the loss.

What documents do I need to submit with my claim? A signed, sworn proof of loss or affidavit containing the information requested by the Benefit Administrator must be submitted within sixty (60) days.

How will I be reimbursed? Once your claim has been verified, under normal circumstances, reimbursement will be initiated within five (5) business days of receipt and approval of all required documents.

Do I have to do anything else?

- If you reasonably believe that a law may have been broken, you must promptly file a report with the police.
- You must take all reasonable steps to mitigate possible losses, including cancellation of any affected debit, credit, or similar card in the case of a Covered Stolen Identity Event.

Additional Provisions for Personal Identity Theft: This benefit applies only to you, the primary eligible Visa cardholder. You must use due diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by the benefit.

If you make any claim knowing it to be false or fraudulent, no coverage shall exist for such claim and your benefits may be canceled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the cardholder.

Once you report a Covered Stolen Identity Event, a claim file will be opened and shall remain open for six (6) months from the date of the Covered Stolen Identity Event.

No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within six (6) months of the Covered Stolen Identity Event.

After the Benefit Administrator has paid your claim of loss or damage, all your rights and remedies against any party in respect of this loss or damage will be transferred to the Benefit Administrator to the extent of the payment made to you. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

No legal action for a claim may be brought until sixty (60) days after we receive a Proof of Loss. No legal action against us may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against us unless all the terms of this Guide to Benefit have been complied with fully.

This benefit is provided to eligible Visa cardholders at no additional cost and is in effect for acts occurring while the benefit is in effect. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages. The benefit described in this Guide to Benefit will not apply to Visa cardholders whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Visa and/or your financial institution can cancel or non-renew this benefit, and if we do, we will notify you at least thirty (30) days in advance. This information is a description of the benefit provided to you as a Visa cardholder. It is insured by Indemnity Insurance Company of North America.

For general questions regarding this benefit, call the Benefit Administrator at 1-866-679-5660.

Whenever you need to file a claim, call toll-free at 1-866-679-5660.

Your savings federally insured to at least \$250,000
and backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration, a U.S. Government Agency