

CAP Life Insurance Application



To apply for AAFMAA membership, life insurance and the Career Assistance Program \$4,000 loan, read the **CAP Instructions** page carefully and submit **ALL** of the following:

- CAP LIFE INSURANCE APPLICATION (with medical documents if required)
- CAP LOAN AGREEMENT and PROMISSORY NOTE
- SIGNATURE CARD
- PHOTOCOPIES of ID **AND** end-of-month LES (or orders to active duty if guard/reserve)
- DEPOSIT

If you are already an AAFMAA member and eligible for a CAP loan, contact AAFMAA for loan-only paperwork.

Print clearly in blue or black ink. Cross out and initial changes (no white out).

1	PERSON TO BE INSURED		For office use (Date Received)	For office use (Policy Number)
	Name (Last, First MI)		Rank/Title	Social Security Number
	E-Mail (<input type="checkbox"/> Personal <input type="checkbox"/> Work)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm/dd/yyyy)
	Address (Street, City, State, ZIP)		Phone (<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)	
	Alternate Address (Street, City, State, ZIP)		Alt. Phone (<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)	
	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard		<input type="checkbox"/> Active <input type="checkbox"/> Guard <input type="checkbox"/> Reserve	Allotment Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No

2	POLICY SELECTION					
	SELECT ONE POLICY:	Death Benefit	Monthly Premium	Loan Payment	Monthly Payment	Deposit Required
Applicants under age 47 (tobacco users under age 37) may choose our Level Term I coverage:						
<input type="checkbox"/> Level Term I	\$250,000	\$13.00	+	\$85.80	=	\$98.80 \$26.00
<input type="checkbox"/> Level Term I	\$300,000	\$15.00	+	\$85.80	=	\$100.80 \$30.00
<input type="checkbox"/> Level Term I	\$400,000	\$19.00	+	\$85.80	=	\$104.80 \$38.00
<input type="checkbox"/> Level Term I	\$500,000	\$23.00	+	\$85.80	=	\$108.80 \$46.00
<input type="checkbox"/> Level Term I	\$600,000	\$27.00	+	\$85.80	=	\$112.80 \$54.00
<input type="checkbox"/> Level Term I	\$800,000	\$35.00	+	\$85.80	=	\$120.80 \$70.00
OR Select a policy below and enter the death benefit, premium and payment. Premiums are available at www.aafmaa.com or 1-877-398-2263. Deposit of two months premium is required.						
<input type="checkbox"/> Level Term II (Years: _____)	\$_____,000	\$_____.____	+	\$85.80	=	\$_____.____
<input type="checkbox"/> Five-Year Renewable Term	\$_____,000	\$_____.____	+	\$85.80	=	\$_____.____
<input type="checkbox"/> Value-Added Whole Life	\$_____,000	\$_____.____	+	\$85.80	=	\$_____.____

3	BENEFICIARY SELECTION			<input type="checkbox"/> On attached Beneficiary Designation form.
	Upon the death of the insured, pay the benefit in equal shares to the surviving primary beneficiaries, or to the surviving contingents if all primaries are deceased. If no beneficiaries are living, pay the benefit to (or to the estate of) the owner.			
	Name (Last, First MI)	SSN (or TIN)	Relationship	Birth Date (mm/dd/yyyy)
	Primary(ies)			
	Contingent(s) <input type="checkbox"/> All children of the insured (born or adopted)			

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MEDICAL INFORMATION

Read Instructions page for medical requirements.

Answer **ALL** medical questions accurately and completely. Failure to do so could invalidate this coverage.

1. Height (feet/inches): _____ Weight (pounds) _____ Date of last physical exam (mm/dd/yyyy): _____

Has the insured ever had or been diagnosed or treated for any of the following?	YES	NO
2. Shortness of breath, chest pain, palpitations, heart abnormality, anemia, blood or blood vessel disease or hypertension		
3. Tuberculosis, asthma, pleurisy, or any disorder of the lungs		
4. Convulsions, epilepsy, stroke, loss of consciousness, brain or nervous disorder, anxiety, depression or mental illness		
5. Diabetes, albumin, sugar, pus, or blood in urine; any disease/disorder of the kidneys, bladder or prostate		
6. Peptic ulcer, jaundice, gall stones, chronic diarrhea or any digestive or intestinal disorder within the past five years		
7. Growth, tumor, malignancy or cancer, disease of the skin, bones or joints; arthritis or rheumatism		
8. Any illness or injury for which a physician or other practitioner was consulted; disease or physical deformity, or surgical procedure or hospitalization within the past five years		
9. Excessive alcohol or drug use, or advice to limit, cease or receive counseling for alcohol or drug use		
10. Any disease or disorder resulting in rejection, higher premiums, or a reduction in insurance by any insurance company		
11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or AIDS-related conditions		
12. In the last 12 months, ANY use of cigarettes, cigars, pipes, snuff, chewing tobacco, nicotine gum or other nicotine delivery system		
13. In the last five years, ANY prescribed medication (PLEASE LIST)		

Has the insured experienced any of the following?

14. In the next 12 months, scheduled or anticipate any surgical procedures (PLEASE DESCRIBE)		
15. In the last five years, conviction of Driving While Intoxicated, Driving Under the Influence, two or more moving violations, or had a driver's license suspended or revoked		
16. In the next 12 months, participated in or plan to participate in automobile racing, rock or mountain climbing, ultra light flying, hang gliding, ballooning, skydiving, powerboat racing, motorcycle racing, scuba diving, commercial or private piloting, or any other hazardous occupation, activities or sports (for aviation, complete Aviation Questionnaire from www.aafmaa.com/forms)		
17. In the next 12 months, plan to travel to or reside in a foreign country		

Has any parent or sibling had any of the following?

18. Diabetes, cancer, heart or kidney disease, mental illness, suicide or any other hereditary disease (If yes, provide relationship, illness, age of onset, current age if living or age at death.)		
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Questions answered "YES" must include details on a separate page signed and dated by the insured.

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CERTIFICATION

I hereby apply to the Army and Air Force Mutual Aid Association (AAFMAA) for insurance as provided by its Constitution. I attest that the statements and answers in all parts of this application, to the best of my knowledge and belief, are complete and true, and will be the basis for and a part of any insurance issued. I understand that any photocopy amendment or statement I submit may be accepted and relied upon by AAFMAA, in its sole and absolute discretion, and treated as a valid original, and will be included in any approved policy that is issued and delivered to the owner. I understand that the USA PATRIOT Act requires AAFMAA to verify the identity of insureds and owners, and that I must provide documents and information that may be verified by third party sources. I understand that all documents I provide will be retained by AAFMAA.

I understand insurance coverage cannot begin until the deposit is received. I understand that the insurance coverage applied for will be effective conditionally from the date AAFMAA receives my application, deposit, identification and required medical information, whichever is later. If I die before this application is approved and a policy issued, and it is determined by AAFMAA, pursuant to its rules and procedures, that I am not acceptable to AAFMAA for the insurance coverage applied for as of the date of the application, there is no insurance coverage, no death benefit will be payable, and any deposit paid will be refunded. Based on my health and other factors affecting my insurability, I may be offered a higher premium rate or my application may be withdrawn.

If I have chosen to pay by bank account withdrawal or monthly military allotment, I hereby authorize AAFMAA to contact the payment provider on my behalf to start, increase, decrease or stop my payment when necessary to collect amounts currently due. I understand that AAFMAA cannot start or increase active duty allotments.

I have read the Instructions page, completed all sections and enclosed required medical and identification documents.

Signature of Insured		Date Signed (mm/dd/yyyy)
Do not write in this space. Application processing at Ft. Myer, VA Date Received (mm/dd/yyyy) Deposit Received Date Accepted (mm/dd/yyyy) Identification Received		Comments
Recommendation <input type="checkbox"/> Accept <input type="checkbox"/> Withdraw <input type="checkbox"/> Defer		
Rate Class <input type="checkbox"/> Super <input type="checkbox"/> Select <input type="checkbox"/> Standard		Signature of AAFMAA Reviewing Authority

CAP Instructions



Please READ THESE INSTRUCTIONS thoroughly. Incomplete applications cannot be processed!

WHAT IS REQUIRED TO GET A CAP LOAN?

1. Eligible military status:

- Active duty or guard/reserve earning retirement points and able to supply a LES or call to active duty orders.
- Rank of E5, E6, E7, E8, E9, WO1, CW2, O1, O2 or O3.

2. AAFMAA membership - by purchasing a life insurance policy of at least \$250,000 term or \$50,000 whole life. You can use the coverage to supplement your SGLI.

3. Automatic monthly payment:

- By allotment through the Defense Finance and Accounting Service (DFAS). Requires deposit of two months insurance premium.
- By bank account withdrawal (EZ-Pay) if guard/reserve and not allotment eligible. Requires deposit of one month insurance premium. Call 1-877-398-2263 for EZ-Pay forms.

4. Armed Forces Bank (AFB) checking account - where we will deposit your loan. If you do not have an AFB account, we will open one for you at no cost. The AFB account is not required once you receive your loan.

5. Valid email address - all communication regarding the CAP loan will be sent via email.

Defaulting on loan repayment could adversely impact your credit report/score.

1 PERSON TO BE INSURED

Alternate Address - If you move often, give the address of a relative or close friend who will always be in contact with you.

Identification - Provide a copy of your government issued identification (ID) card (such as driver's license or passport) AND a copy of your most recent LES (or orders to active duty if guard/reserve). Do not copy your military identification or common access card, as their duplication is prohibited by law.

2 POLICY SELECTION

Policy - Select ONE Level Term I policy OR select a different policy and get Monthly Premium from AAFMAA.

- **Level Term I (under age 45*)**. Level death benefit for a low level premium. From age 50* the death benefit decreases to termination at age 60*. At age 47* the insured can convert to Five-Year Renewable Term, regardless of health.
- **Level Term II**. Low fixed premium and fixed death benefit for a fixed period of 5 to 30 years. Your age, health, weight, lifestyle and family medical history may qualify you for one of six premium categories.
- **Five-Year Renewable Term (age 45* and over)**. Low level premium until age 50, then either decreased coverage or increased premiums every fifth year through age 69. Partial premium refunds* have been paid annually since inception, but are NOT guaranteed.
- **Value-Added Whole Life**. Level premiums plus INCREASING cash value and death benefit over the life of the policy. After costs are deducted monthly, the remaining premium accumulates and earns interest, compounded monthly and tax deferred. **Satisfaction guaranteed!** If you cancel a whole life policy at any time, AAFMAA will refund the cash value or the total premiums paid, whichever is higher, with no surrender charges.

Death Benefit - Maximum per insured including any current AAFMAA coverage is \$800,000. Increments are \$10,000 for term and \$5,000 for whole life.

***NICOTINE USERS:** Subtract 10 years from any age marked with an asterisk (*) above. Nicotine policies do not receive partial premium refunds.

3 BENEFICIARY SELECTION

For each beneficiary, provide name, Social Security Number (or Tax Identification Number), relationship to the insured and birth date. A more detailed Beneficiary Designation form is available upon request or at www.aafmaa.com/forms. By law in most states, payments to minor children designated as beneficiaries must be entrusted to a legally appointed guardian until they reach the age of majority (usually 18). Before designating a minor, we strongly recommend you check with the state where the beneficiary resides to determine their requirements.

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MEDICAL INFORMATION

Applicants must accurately and completely answer ALL medical questions on the application. Failure to provide accurate, complete responses will invalidate the insurance coverage. **Provide explanations for “yes” answers.** Based on underwriting review, additional information may be requested.

If applying for...

Then send copies of the following with the application:

Level Term I or Value-Added Whole Life (under age 40)

No medical records are required to be sent with application. However, AAFMAA may subsequently request medical information

All other applicants

Most recent copy of your military exam completed in the **last 5 years** to include:

- Medical exam with **blood/urine tests***
- Medical history
- Age 50+ - PSA test (males) / Age 55+ - EKG test

***Blood Chemistry:** Glucose, BUN, Alk Phos, AST (SGOT), ALT (SGPT), GGT, Triglycerides, Cholesterol, HDL Chol, Chol/HDL Ratio, LDL, HIV. **Urinalysis:** Protein, Glucose. If you cannot provide required medical information, please contact AAFMAA for other arrangements.

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CERTIFICATION

Signature of Insured - Required on all applications (must be current date).

Power of Attorney - Persons who have been granted POA must submit a Power of Attorney form (from AAFMAA or www.aafmaa.com/forms) and follow the form instructions for signing the application and submitting copies of the POA and signer's I.D.

WHAT HAPPENS AFTER I RETURN MY CAP APPLICATION?

1. **Application review** - AAFMAA will review your application documents to ensure all required information is provided. If medical documents were required, our underwriters will evaluate them. Upon approval, your policy will be issued.
2. **Loan checks** - AFB will set up your account and mail checks to you. AFB may include offers for additional services, which are unrelated to AAFMAA and your CAP loan. You are not required to send anything to AFB. **Do not use any checks until AAFMAA notifies you that the loan was deposited and you have confirmed your account balance!**
3. **Automatic payment** - AAFMAA must receive the first automatic premium and loan payment before the loan can be issued:
 - * **Pay by allotment:** Confirmation email will be sent with instructions for starting your allotment to AAFMAA. Any overpayment of premiums upon start up will be applied to reduce your CAP loan balance.
 - * **Pay by EZ-Pay:** AAFMAA will contact your bank to start your automatic account withdrawal.
4. **Loan deposit** - Your loan will be deposited in your AFB account by the second business day of the month that we receive your first payment. AAFMAA will notify you when the deposit is wired to AFB.
5. **Policy package** - AAFMAA will mail you membership and insurance documents. Loan documents will be available through our web site or by mail.

Fax, email or mail the following to AAFMAA...

- ☐ **CAP LIFE INSURANCE APPLICATION** - completed and signed
- ☐ **MEDICAL DOCUMENTS** - if required (see Section 4)
- ☐ **CAP LOAN AGREEMENT** and **PROMISSORY NOTE** - completed and signed
- ☐ **SIGNATURE CARD** - so WE can open an Armed Forces Bank account in your name to deposit the loan funds
- ☐ **PHOTOCOPIES** - passport or driver's license and LES (AND call to active duty orders if guard/reserve)

FOR ALLOTMENT:

- ☐ **DEPOSIT** - two months of insurance premium only

FOR EZ-PAY:

- ☐ **DEPOSIT** - one month of insurance premium only
- ☐ **BLANK CHECK MARKED “VOID”** - to confirm bank account and routing numbers
- ☐ **EZ-PAY ENROLLMENT FORM** and **EZ-PAY ADDENDUM** - completed and signed

Questions? Call 1-877-398-2263.

CAP Loan Agreement



Name (Last, First MI)	Social Security Number
Address (Street, City, State, ZIP)	

I understand and agree to the following:

- I am applying for a **\$4,000 loan** issued by the Army and Air Force Mutual Aid Association (AAFMAA). I must repay this loan through **48 monthly payments** to AAFMAA. Interest will be charged monthly on the remaining balance at an **annual percentage rate of 1.5%**. AAFMAA may conduct a credit check before the loan is issued.
- To qualify for the loan, I must be an AAFMAA member, which requires purchasing an AAFMAA **life insurance policy** on my own life and keeping it in force until this loan is repaid. Upon loan repayment, AAFMAA will reduce my allotment/payment to the monthly premium for the insurance policy. After loan repayment, I may terminate the policy with no additional obligation. **If I allow my insurance policy to lapse or terminate, the outstanding loan balance plus any unpaid interest will become due to AAFMAA immediately.**
- I must make **monthly payments by allotment** from my military pay (or automatic bank draft (EZ-Pay) if part-time Guard/Reserve). If I separate from military service before the loan is repaid, I must notify AAFMAA immediately and continue payments of principal, interest and premiums by automatic bank draft from my personal bank account. Upon final payment, any excess received by AAFMAA will be refunded to me. If I die before the loan is repaid, the remaining loan balance and unpaid interest will be deducted from the death benefit from my insurance policy. If I do not pay my account as agreed and it becomes necessary to refer my account to a Collection Agency, I understand that I will be responsible for all collection agency fees to include reasonable attorney fees and court costs.
- My loan funds will be deposited into a **checking account at Armed Forces Bank (AFB)**. If I do not already have an AFB checking account, one will be opened for me at no cost. AFB will send me instructions for using the account and accessing the funds. I am under no obligation to retain the AFB account, and may withdraw the entire balance at any time.
- Any overpayment of premium will be credited to my loan to reduce the balance. If I own a term policy eligible for an annual partial premium refund, and the partial premium refund is not issued due to an undeliverable postal address, or the refund is issued but returned to AAFMAA due to an undeliverable postal address, the refund amount will automatically be applied to reduce my loan balance.
- If I do not meet all of the requirements for this loan and life insurance policy within 120 days from receipt of application, the application, agreement and Promissory Note will become void.
- Default on loan repayment could adversely impact my credit report/score and my future ability to obtain financing such as for a home, car or lease.

AAFMAA warrants that it:

- Makes no charges and collects no fees, other than insurance premiums, and loan principal and interest payment, and has no penalty charges for prepayment of the amount due.
- Does not charge for credit investigation or collect fees for filing or recording this instrument.
- Pays the total amount of the loan to the member and has no financial ties with any seller of any property that a member may purchase with the loan.
- Has complied with the provisions of Regulation Z, which implements the "Truth in Lending Act" (Public Law 90-32).
- Makes this loan without reference to race, color, religion, national origin, gender, marital status or age (provided that the applicant has the capacity to enter into a binding contract and is eligible for AAFMAA membership and life insurance).

CERTIFICATION. I certify that:

- I am a citizen of the United States of America and eligible and competent to negotiate this loan.
- I have read and understand this agreement including the Promissory Note, which by incorporation is part of this agreement.
- I have read and signed the Promissory Note and am returning the signed Promissory Note with this agreement.

Signature	Date Signed (mm/dd/yyyy)
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PROMISSORY NOTE
ARMY AND AIR FORCE MUTUAL AID ASSOCIATION
CAREER ASSISTANCE PROGRAM

Simple Interest Promissory Note

Fort Myer, Arlington County, Virginia; Date: _____, 20____

FOR VALUE RECEIVED, being a loan of money for career assistance purposes, the undersigned "Borrower" promises to pay to the order of ARMY AND AIR FORCE MUTUAL AID ASSOCIATION, a non-profit association (the "Association"), the principal sum of FOUR THOUSAND AND NO/100 DOLLARS (\$4,000.00), plus any "Late Charge" calculated in the manner disclosed below, together with interest on unpaid principal at the "ANNUAL PERCENTAGE RATE" of ONE AND ONE-HALF PERCENT (1.50%) until paid. Principal and Interest shall be payable in Forty-Eight (48) monthly installments of Eighty-Five and 80/100 Dollars (\$85.80) each, the first one due on the date of funding the principal amount of this Promissory Note and each subsequent installment due on the first day of the next month until the entire unpaid principal balance plus all interest accrued thereon and any "Late Charge(s)" are paid in full. Borrower agrees to repay the loan of money, together with interest, in accordance with the "PAYMENT SCHEDULE" hereinafter provided.

TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS	Late Charge: If any payment is received 15 days or more after the due date, you may be charged 5% of the amount of the installment payment past due. Prepayment: If you pay off early, you will not have to pay a penalty.
The cost of your credit as a yearly rate. 1.50%	The dollar amount the credit will cost you. \$118.26	The amount of credit provided to you or on your behalf. \$3,914.20	The amount you will have paid after you have made all payments as scheduled. \$4,118.26	

PAYMENT SCHEDULE

Number of Payments	Amount of Payments	When Payments are Due
Forty Eight (48)	\$85.80	First Day of Every Month

You should see your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment rights.

Itemization of the Amount Financed of \$3,914.20

Amount paid to others on your behalf

\$ 3,914.20 Amount given to you directly after receipt of first monthly installment
\$ 0.00 Prepaid Finance Charge
\$ 0.00 Amount paid on your Account

\$0.00 To Others

As further consideration for the loan of money, the undersigned Borrower covenants and agrees to advise the Association in writing promptly, but no later than 30 days after, the happening of any one of the following events: (a) separation from military service; (b) inability to make the payments due on this Promissory Note by payroll allotment for any reason; (c) change of name; or (d) change of address. If the Borrower herein named fails to maintain a life insurance policy with the Association in the minimum amount necessary to qualify for the Association's Career Assistance Program Loan, or fails to pay any installment in accordance with the PAYMENT SCHEDULE of this Promissory Note or any Late Charge within thirty (30) days after the sending of written notice of such payment default to Borrower, or fails to report any event of the type herein above mentioned; or if a petition in bankruptcy or other insolvency proceeding is instituted by or against the Borrower, the maturity date of the Promissory Note, at the option of the holder hereof, may be accelerated and this Promissory Note, including principal, interest and Late Charges due, if any, shall become immediately due and payable. In addition, Borrower agrees to pay all costs of collecting any amounts due hereunder including such reasonable attorneys' fees as may be allowed by law.

The undersigned Borrower hereby waives demand and any and all other notices whatsoever, and agree to remain bound until the principal and interest and Late Charges, if any, are paid in full, notwithstanding any inaction or failure to assert any legal right available to the holder of this Promissory Note. The law of Virginia shall govern all aspects of this Promissory Note.

Borrower's Address:

Witness my hand and seal.

X _____ (SEAL)
Borrower's Signature
Print Name: _____

Armed Forces Bank
CAP Loan Program Account Signature Card

Port Number

Account Type

Account Number

Branch

INSTRUCTIONS

- 1) Make sure you sign on the signature line and in the TIN/Backup withholding section.
- 2) Return the completed card to AAFMAA along with the CAP Loan application.
- 3) Your account will be activated upon approval of the CAP Loan by AAFMAA. The proceeds of the CAP Loan will not be deposited until your allotment is received by AAFMAA. Upon receipt of the allotment AAFMAA will notify Armed Forces Bank and the loan proceeds will be deposited.
- 4) Additional Armed Forces Bank account information will be sent to you in a separate mailing.

Applicant, please complete the entire section that is included outside of the rectangle. Information inside the rectangle is for bank use only.

➔ 1) Signature: _____ SSN _____
Printed Name: _____ DOB: _____ Day _____ Month _____ Year _____
Occupation/Employment: _____ Work Phone: _____ Cell Phone: _____
Place of Birth: _____ Mother's maiden name: _____ Work Email: _____
Mailing Address _____ Home Email: _____

➔ Home of Record Address: (if different) _____ Phone : _____

The authorized individual signing above agrees to the terms set forth in the Deposit Account Agreement Disclosure, the Funds Availability Policy Disclosure and the Electronic Funds Transfer Agreement and Disclosure as amended by the financial institution from time to time. The authorized individual signing also acknowledges that the financial institution provided at least one copy of these deposit account disclosures.

TIN/BACKUP WITHHOLDING

Important: Under penalties of perjury, I certify that the Social Security Number shown above is my correct tax payer Identification number and that *(check appropriate box)*:

- ☐ I am **not subject to backup withholding**, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.
- ☐ I am **not a United States citizen or resident**.

➔ Signature of Authorized Individual: X _____

➔ Debit/ATM Card: Yes ☐ No ☐

FOR BANK USE ONLY

Ownership:

Single Owner
(Individual) Card #: _____

Loaded by: _____

Reviewed at Branch by: _____ Date Loaded: _____

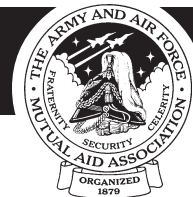
Signer 1) Gender _____

(Type of I.D.): _____

Initial Deposit: Funded by AAFMAA

Date Opened: _____ OFAC Verified by: _____

AAFMAA Credit Card Deposit



Authorization to pay deposit by VISA or MasterCard

Please PRINT clearly in blue or black ink.

1. INSURED		For office use
Name (Last, First MI)		Social Security Number
Daytime Phone	E-mail	

2. CARDHOLDER				
Name (as listed on card)				
Address (Street, City, State, ZIP)				
Card Type	Card Number			Expiration Date (mm/yy)
<input type="checkbox"/> VISA	.	.	.	/
<input type="checkbox"/> MasterCard	.	.	.	

3. PAYMENT (leave amount blank if not known)	Amount
Deposit (see application for number of months)	
If paying premiums on a recurring basis, please select one of the following modes:	
Recurring Premium: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	

4. AUTHORIZATION	
The cardholder hereby authorizes AAFMAA to charge the credit card for the payments listed above. If recurring premium is selected, this credit card will be charged every time the payments become due.	
Signature of Cardholder	Date Signed (mm/dd/yyyy)

CD0811