

MY REWARDS™ PREMIUM CARD PROGRAM

BENEFIT GUIDE

LAST REVISED AND EFFECTIVE DATE: September 1, 2018

All terms not defined in this Benefit Guide will have the meanings ascribed to them in the Rewards Program Terms available at www.landmarknationalrewards.com/rewardsprogramterms.

I. VIP CUSTOMER SERVICE. We provide all Participants a direct line of communication with a customer service representative to discuss questions or matters relating to the Program or the Benefits (including expedited Program Debit Card replacement) by dialing (855) 304-3444 or sending an email to vip@landmarknationalrewards.com.

II. DISCOUNT PRESCRIPTION DRUG CARD

BENEFIT. This Prescription Drug Savings Program (the "Rx Card Program") is administered by Envision Medical Solutions, LLC dba EnvisionSavings (the "Program Administrator"). The Program Administrator has negotiated discounts and dispensing fees with a network of participating pharmacies, and has contracted with the sponsor of the Program (the "Program Sponsor") named on your Discount Prescription Drug Card (the "Rx Card") to provide access to discounted drugs by Rx Card holders through the participating pharmacies. No portion of the drug cost or dispensing fees for drugs purchased by Rx Card holders under the Rx Card Program is paid by the Program Sponsor or Program Administrator. Rx Card holders are advised to check the EnvisionSavings terms and conditions located at <http://tinyurl.com/h9q7uy9> periodically for program updates. Contact the toll-free number on your Rx Card for more information or inquiries.

THE DISCOUNT PRESCRIPTION DRUG CARD PROGRAM IS NOT INSURANCE. The Rx Card holder is responsible to pay 100% of the purchase price for all drugs. The purchase price includes the discounted cost of the drug plus all dispensing fees. The Rx Card holder pays the lower of the discounted drug cost plus dispensing fees, or the participating pharmacy's cash price to customers. The purchase price may

vary by drug and by pharmacy. Discounted drugs must be purchased only at participating pharmacies. All discounted drugs may not be available at all participating pharmacies. The Rx Card may be used at participating pharmacies in the fifty United States, the District of Columbia and Puerto Rico.

Except as otherwise required by applicable state law, if for any reason you become dissatisfied with the level of service provided by the Rx Card Program, you may either: (a) contact our Rx Card Customer Service Department, toll-free, at: (877) 684-0032; or (b) file a complaint or ask a question in writing. Please address your inquiries to:

My Rewards™ Rx Savings Card c/o EnvisionSavings
P.O. Box 89698
Tampa, FL 33689-0411

The Rx Card Program will provide a written response to your inquiry within fifteen (15) days of receipt. When submitting your inquiry please include the following: (i) Your name, address and telephone number; (ii) The details surrounding the reason for your inquiry or complaint; (iii) Information concerning the efforts that you have made to resolve the matter; (iv) All responses that other parties have made in response to your complaint; and (v) How you would like to see that matter resolved.

III. ROADSIDE ASSISTANCE BENEFIT. The Roadside Assistance Benefit of the Program is provided by the Roadside Assistance Administrator, Roadside Protect. Whenever you need roadside assistance for your vehicle, call our toll-free number at (855) 304-3444 twenty-four (24) hours a day and request dispatch service and the Roadside Assistance Administrator will arrange to send help to your

disabled vehicle from a participating facility or Roadside Contractor. The Roadside Assistance Administrator will make payment to the Roadside Contractor directly for covered dispatch expenses up to your benefit limits. Roadside Protect administers the Roadside Assistance Benefit of the Program, if any such Benefit should exist.

"Roadside Contractor" means any service, service facility, or contractor that is dispatched by the Roadside Assistance Administrator, or dispatched by other means in accordance with these Terms, for the purpose of facilitating the Roadside Assistance Benefit of the Program, if any such Benefit should exist.

1. Covered Expenses. All expenses covered under the Roadside Protect Program are capped at an expense limit of One Hundred and NO/100 Dollars (\$100.00) for any single claim and include the following:

(a) **Towing** – When your vehicle is disabled due to mechanical breakdown, the Roadside Assistance Administrator will arrange for a Roadside Contractor to tow it to the nearest service facility of your choice up to the service expense equivalent of \$100. Additional expense will be your responsibility to pay to the towing Roadside Contractor.

(b) **Flat Tire Assistance** – A flat tire will be changed with your spare tire. If, for any reason, the spare is not usable, the lug nuts cannot be removed or the vehicle has two flat tires with one usable spare, towing will be provided in accordance with the towing provisions.

(c) **Fuel Delivery Service** – An emergency supply of fuel of up to three (3) gallons will be delivered if your covered vehicle runs out of fuel. You will be responsible for the cost of fuel.

(d) *Lock Out Service* – If your keys are locked in the vehicle, assistance will be provided to gain entry into the vehicle up to \$100 benefit limit. In the event the keys are lost and a replacement key is required, you will be responsible for the total cost of a new key.

(e) *Jump Start* – Jump start service will be provided to start your vehicle.

(f) *Winching/Extraction* – If your vehicle is stuck in a ditch, mud or snow, but it is accessible from a normally traveled roadway, service will be given to either tow or winch the vehicle. Dispatch coverage for winching is limited to \$100; any expense incurred beyond \$100 will be your responsibility to pay to the Roadside Contractor.

(g) *Travel Planning, Booking and Discounts* – Go to www.roadsideprotect.com and click on the box on the bottom center of the page titled: “Travel Planning, Booking, and Great Hotel Deals!”

2. *Coverage Eligibility*. One (1) claim limit per membership per year for Gold Program Participants. Three (3) claims limit per membership per year for Platinum Program Participants. Eligible vehicles include all self-propelled vehicles with a gross vehicle weight up to 10,000 lbs. Vehicles must be designed, licensed and used for private, on-road transportation. Service is limited to one tow or service call per disablement. Service is geographically limited to the fifty United States, the District of Columbia, Puerto Rico and Canada. The policy of Roadside Assistance Administrator and the respective Roadside Contractors require that you or another authorized person be with the vehicle in order to receive the service. Please cancel your request for service immediately if it is no longer needed by calling us back utilizing your toll-free number for dispatch service. The Roadside Assistance Administrator will not accept responsibility for repairs or the availability, delivery or installation of parts. All parts used and services provided to you by the Roadside Contractor must be

authorized and paid for by you.

3. *Roadside Assistance Reimbursement*. If for any reason the Roadside Assistance Administrator dispatch center cannot provide the benefits listed in this Program, you must obtain an authorization number from the Roadside Assistance Administrator dispatch center to use the service provider of your choice. The Roadside Assistance Administrator will reimburse you up to \$100 or the specific amount listed above in the covered expenses (whichever is less) upon presentation of the original paid service provider receipt. The authorization number is required to be eligible for reimbursement. Your reimbursement request must have the following: (a) Your authorization number and membership ID; (b) A bill from service provider including: (i) The date the service occurred; (ii) Description of services provided; and (iii) The amount charged for the service; and (c) Evidence that member paid the service provider (i.e. copy of check or duplicate check, credit card receipt, statement, etc.). The completed form and documentation should be mailed to:

Roadside Protect, Inc. c/o Auto Road Service
Attn: Reimbursement
P.O. Box 55698, Sherman Oaks, CA 91413
Phone 1-800-993-8473 – Claims Dept.

Roadside Protect, Inc. Home Office – 2800 W. Higgins Rd., Suite 210 Hoffman Estates, IL 60169.

Important: Since all Authorized Roadside Contractors are independent contractors and not agents or employees of the Roadside Assistance Administrator, the Roadside Assistance Administrator can assume no liability for any damage to your vehicle resulting from the rendering of service or for personal items left in the vehicle. Any claims for personal injury or damage to the property of a member must be filed against the Roadside Contractor / servicing facility.

4. *Roadside Assistance Service Limitations*. The Program provides service for most emergency situations but does not include: (a) Service if the operator is not with the disabled vehicle (however if you cannot remain with the vehicle for safety reasons, we will attempt to provide service); (b) Towing or service on roads not regularly maintained including private property; (c) Installation or removal of snow tires and chains nor dismounting, repairing, or rotating tires; (d) Vehicle storage charges, cost of parts and installation, products, materials, impounding, and additional labor related to towing; (e) Service to vehicles with expired safety inspection, license plate, and/or emission sticker where required by law; (f) Service to vehicles that are not in a safe condition to be towed; (g) Service in areas not regularly traveled, such as vacant lots, beaches, open fields or other places that would be hazardous for service; (h) Charging a weak or dead battery; (i) Towing vehicles to a junkyard for disposal; and/or (j) No accident towing.

5. *Special Equipment*. Roadside Coverage provides one normally equipped service vehicle, one driver and one service call per disablement. Any additional personnel or special equipment is at the vehicle operator's expense and is not reimbursable.

IV. SMALL-DOLLAR, SHORT-TERM LOAN BENEFIT. The Program makes available to any Participant who is an Enrolled Accountholder (a “Loan-eligible Participant”) a closed-end, small-dollar, short-term loan (the “Loan”) subject to loan eligibility requirements of the Financial Institution. The Loan feature is designed to provide money to meet short-term borrowing needs, such as when an emergency or an unexpected expense arises. The Loan service will be originated by Financial Institution and any Loan may be made (i) in any Financial Institution physical office or location, (ii) via the Program website at URL www.landmarknationalrewards.com

or (iii) through use of the My Rewards™ App. The proceeds of any Loan obtained will direct deposit to the Accountholder's Account.

1. Eligibility. In order to be eligible to obtain a Loan, you must: (i) be an Enrolled Accountholder; (ii) have a single or multiple party checking account in good standing with Financial Institution that has been open for at least the last thirty-one (31) days; (iii) have enrolled in the Platinum Program Level and (iv) meet such other Financial Institution specific loan eligibility criteria as may be determined in the sole discretion of the Financial Institution. The Financial Institution reserves the right to designate certain account types as ineligible for participation in the Loan service, including but not limited to accounts held by minors, "Fix-It" or "Second-Chance" checking accounts, non-individual, non-consumer accounts (e.g., business, trust, conservatorship, guardianship, custodial and representative payee accounts, etc.), accounts subject to legal process, bankruptcy seizure, garnishment or levy, accounts in the charge-off process, and accounts not characterized as transactional checking accounts (e.g., savings and money-market accounts, certificates of deposit, lines of credit, etc.). No representation is made in these Terms or otherwise that the Loan service will be available and functional on a day that is not a Business Day or at a time that is not within hours during which Financial Institution is open for business.

2. Program Termination; Effect on Loan Benefit. If your Program Enrollment is terminated or modified so that you no longer are enrolled at the Platinum Program level, you will remain responsible for repaying any then outstanding Loan, but the Loan service will no longer be available to you from the date of termination or modification forward.

3. Financial Responsibility. The Enrolled Accountholder utilizing the Loan service is solely

responsible for any and all liabilities, obligations, and financial risks, including without limitation insufficient funds charges, associated with use of the Loan service.

4. Additional Provisions Relating to the Loan Service. The Enrolled Accountholder utilizing the Loan service agrees to comply with all applicable laws, rules, regulations, and these Terms. We may refuse to enroll you, or restrict, modify or terminate your participation in the Loan service, without liability to you or any other party, if you violate any law, rule or regulation, any provision of these Terms, or if your participation in the Loan service could violate any law, rule or regulation, these Terms, or for any other reason in our discretion. You agree to keep your personal contact information, specifically including your mailing address and email address, current by updating your personal information on record with us and on record with Financial Institution on an as needed basis.

V. MY AREA DEALS™ BENEFIT. The My Area Deals™ benefit is a combination of several components featured as local or national coupons, cards, online print, electronic, interactive, mobile app or other promotional advertising medium. Promotional merchant offers featured in My Area Deals™ benefit are not gift cards. Offers are available through the My Area Deals™ benefit throughout the fifty United States, the District of Columbia and Canada. For the most current merchant rules of use, please visit www.entertainment.com/rulesofuse.

1. Obtaining Offers. Offers may be found online or via the My Rewards™ App and redeemed via printable coupon or mobile redemption. Print online merchant coupons and offers and redeem at participating merchants. Offers expire 14 days after printing, unless otherwise stated on the coupon. Each mobile offer can only be redeemed once by presenting the merchant with the coupon

redemption ID found on the offer for 24 hours after selecting "Redeem." Coupons are non-transferable. The barter, trade, sale, photocopying, alteration, purchase, or transfer of these offers by any person or entity is strictly prohibited. These offers are intended for the non-profit use of the individual registered for this program. Any use of an offer in violation of these Rules will render the offer VOID. Offers may not be reproduced and are void where prohibited, taxed, or restricted by law.

2. Other Rules. My Rewards LLC, Financial Institution, the Third Party Benefit Provider facilitating the My Area Deals™ Benefit, and/or the parent, subsidiary or affiliated entities of each, will not be responsible if any establishment breaches its contract or refuses to accept an offer; however, the Third Party Benefit Provider facilitating the My Area Deals™ Benefit will attempt to secure merchant compliance to the best of the Third Party Benefit Provider's ability.

VI. MEDICAL EVACUATION & TRAVEL ASSISTANCE SERVICES. 1. AirMed Gold Member Benefits – Specific Terms and Conditions. The particular terms and conditions contained in this Section IX, Subsection 1 apply to all Gold Program level Enrollments: (a) Evacuation and Repatriation Services. Should a Participant become hospitalized and desire to be transported via air ambulance, AirMed will provide a bedside-to-bedside quote for the cost of such transport at a 25% discount of what AirMed's retail transport cost is. (b) 24/7 Worldwide Medical Services Hotline. This program connects Participants 24 hours a day, seven days a week, to the worldwide resources of AirMed including medical and second opinion referrals. Participants have access to AirMed's Medical Communications Center professionals who will provide information about how and where to obtain medical care while traveling, including medical monitoring and coordination with local health care professionals. (c)

Legal Referrals. If a Participant requires emergency legal assistance away from home, AirMed will arrange without charge to the Participant an initial telephone consultation with an appropriate attorney. If referral to an attorney in another jurisdiction is required, referral is included without charge. The final selection and all fees and costs associated with an attorney will be the full responsibility of the Participant. AirMed does not guarantee the quality of the legal advice nor shall AirMed be liable for any consequences arising out of the services provided by the lawyer or legal professional. (d) **Emergency Call Relay.** AirMed will receive or transmit emergency messages between the Participant, their family and their employer. AirMed is available to the Participant 24/7, every day of the year. Note: All costs associated with an air ambulance transport are the sole responsibility of the Participant and must be paid in full prior to AirMed performing the air medical transport. (e) **Security Assessments & Foreign Travel Advisories.** AirMed will provide known security assessments and foreign travel advisories in effect for a particular international location, as issued by the U.S. government, at the request of a Participant upon the Participant's calling 910-202-0990, selecting the medical evacuation call-routing option, and making specific request for this information of an AirMed representative.

2. AirMed Platinum Member Benefits – Specific Terms and Conditions. The particular terms and conditions contained in this Section IX, Subsection 2 apply to all Platinum Program and Business Platinum Program level Enrollments:

(a) **Evacuation and Repatriation Services.** Should a Participant become hospitalized as an inpatient more than 150 miles from the home address stated on your Program enrollment form, domestically or internationally, at the Participant's request, AirMed will provide the Participant with air medical transportation bedside-to-bedside to the

hospital of their choice within the U.S. or Canada provided that the hospitals are more than 150 miles apart. Mileage is stated and calculated using the "great circle" formula. (b) **Air Medical Transportation to a Specialty Facility.** If a Participant is hospitalized as an inpatient and requires the services of a U.S. or Canadian specialty hospital located more than 150 miles away, AirMed will provide air medical transportation to that facility, provided the Participant is unable to travel by commercial means without a medical escort. The Participant's attending physician as well as the AirMed physician must agree to the medical necessity of this transport. A Participant is not eligible for transportation to a Specialty Facility within the first 90 days of enrollment. Mileage is stated and calculated using the "great circle" formula. (c) **24/7 Worldwide Medical Services Hotline.** This program connects Participants 24 hours a day, seven days a week, to the worldwide resources of AirMed including medical and second opinion referrals. Participants have access to AirMed's Medical Communications Center professionals who will provide information about how and where to obtain medical care while traveling, including medical monitoring and coordination with local health care professionals. (d) **Transport of Mortal Remains.** In the unfortunate event of a Participant's death while traveling more than 150 miles from the address listed on the Participant's enrollment application, AirMed will make all necessary arrangements, at no additional cost, to return the mortal remains to a funeral facility in the city of the Participant's primary residence as requested by the family. Mileage is stated and calculated using the "great circle" formula. (e) **Legal Referrals.** If a Participant requires emergency legal assistance away from home, AirMed will arrange without charge to the Participant an initial telephone consultation with an appropriate attorney. If referral

to an attorney in another jurisdiction is required, referral is included without charge. The final selection and all fees and costs associated with an attorney will be the full responsibility of the Participant. AirMed does not guarantee the quality of the legal advice nor shall AirMed be liable for any consequences arising out of the services provided by the lawyer or legal professional. (f) **Emergency Call Relay.** AirMed will receive or transmit emergency messages between the Participant, their family and their employer. AirMed is available to the Participant 24/7, every day of the year. (g) **Security Assessments & Foreign Travel Advisories.** AirMed will provide known security assessments and foreign travel advisories in effect for a particular international location, as issued by the U.S. government, at the request of a Participant upon the Participant's calling 910-202-0990, selecting the medical evacuation call-routing option, and making specific request for this information of an AirMed representative.

3. General Program Terms and Conditions Specific to AirMed. The particular terms and conditions contained in this Section IX, Subsection 3 apply to all Program Participants enrolled in any Program level: AirMed memberships are available to United States and Canadian Residents at the time of enrollment. "U.S. Resident" definition shall not include U.S. Pacific territories and other outlying areas within the Pacific Ocean. AirMed membership is valid for unlimited U.S. and Canadian travel and international travel with a limit of 90 days of unbroken travel per trip. Air Ambulance evacuation and repatriation flights international or domestic will be performed if an in-patient hospitalization is required, and it is determined that the remaining hospital stay can be completed at a hospital nearer the Participant's home, and the Participant is unable to return to their home hospital via commercial airline without a medical escort. Aircraft used for the medical transport of AirMed Participants are fully equipped

intensive care aircraft staffed with specially trained medical teams. However, if the Participant's condition permits, the Participant may be transported by scheduled commercial airline, at AirMed's expense while accompanied by an AirMed medical escort or medical team. If in the case of a Participant's discharge from a hospital facility located more than 150 miles from home and they are unable to travel on a commercial airline without a medical escort due to the medical condition, AirMed will provide the Participant with air medical transportation back to the Participant's residence within the U.S. or Canada. After AirMed assesses the Participant's medical condition, AirMed may perform the transport with a medical escort via commercial airline. Air medical services are limited to two separate flights per membership per year. Note: only one transport per membership year may be for transportation to a Specialty Facility. AirMed must make all arrangements for medical evacuation and repatriation. Since AirMed is a membership program and not an insurance plan, AirMed will not reimburse Participants for expenses they incur on their own. Decisions regarding urgency of the case, the best timing and the most suitable means of transportation will be made by the AirMed medical department after consultation with the local attending physician and the patient's receiving physician. AirMed provides Participants with fixed-wing air ambulance service. Both the originating and receiving hospital must be reasonably accessible by ground ambulance to transport the Participant to and from an airfield capable of accommodating an AirMed aircraft or one of its authorized affiliates aircraft. The cost associated with transportation from ships, isolated areas or islands to an airport accessible to AirMed aircraft is not covered and will be the responsibility of the Participant. AirMed membership does not include helicopter evacuation. Due to the limited medical facilities and testing

available on cruise ships, in some cases the AirMed Medical Director may require the member to be admitted to a hospital on-shore before dispatching the AirMed aircraft. Due to the high risk of sending U.S. registered aircraft and personnel into countries where the U.S. State Department, Department of Transportation, or the Federal Aviation Administration (FAA) has issued travel restrictions, membership services are subject to exclusion in these areas. Family members, business associates, and/or traveling companions may accompany the patient, at no additional cost, on AirMed aircraft during transport, provided space is available and the patient care is not compromised. Passengers accompanying patients transported on scheduled commercial aircraft will be responsible for their own airfare. While AirMed makes every effort to accommodate its Participants, the patient and an accompanying passenger are limited to one small carry-on bag each due to limited space available on medical aircraft. AirMed will arrange for additional luggage to be forwarded at the Participant's expense. Membership is valid only after AirMed has received Enrollment application for the Participant and by enrolling as a Participant you accept and agree to the terms and conditions of membership. In regard to the safety of our pilots and medical crew onboard transport flights, in conjunction with FAA regulatory standards regarding airborne pathogens and flight crew's ability to perform required emergency procedures, and in compliance with restrictions imposed by the U.S. State Department or others, Participants will not be entitled to air medical transport benefits if their illness or injury is a result of or is contributed to by the following: (a) War, invasion or civil war; (b) Suicide or attempted suicide or intentional self injury; (c) A Participant's own criminal or felonious act, or sustained while the Participant is in a state of insanity; (d) For the first 30 days of membership, a Participant may not be

eligible for a transport due to illness or injury if the Participant was hospitalized for a related condition within 30 days prior to the membership effective date; (e) A Participant is not eligible for transportation to a Specialty Facility within the first 90 days of enrollment; (f) A Participant suffering from a psychiatric or mental disorder that is not manageable and will not allow safe transport within the confines of the ground ambulance and aircraft may not be transported; (g) A Participant being evaluated for or on an organ transplant list prior to enrollment will not be entitled to a transport for conditions related to that transplant; (h) A Participant who is hospitalized at the time of enrollment will not be eligible for transport benefits for that hospitalization and may not be accepted for membership entirely; (i) A Participant with contagious airborne pathogens may not be transported; (j) A Participant traveling outside of the United States and Canada for the sole purpose of seeking medical treatment, whether inpatient or outpatient, experimental or otherwise, will not be eligible for air medical transport benefits for that specific medical condition; (k) A Participant beyond the second trimester of pregnancy may not be transported if the transport request relates to the pregnancy; or (l) A Participant with mild lesions, simple injuries such as sprains, simple fractures or mild conditions which can be treated by local doctors and do not prevent the Participant from continuing his or her trip or returning home does not qualify for air medical transport.

VII. EXTENDED WARRANTY INSURANCE BENEFIT.

Extended Warranty Insurance provides for the duplication of terms, conditions and limitations of the U.S. Manufacturer Warranty and Purchased Warranty for a Covered Purchase, and will be offered to all Program Participants pursuant to the terms, provisions, and conditions immediately following

and included in this Section.

Solely for the purposes of this Section, the following terms will have the meanings so indicated:

1. References to the "**Declarations**" means those Declarations contained within the Extended Warranty Insurance Policy, of which Program Participants are beneficiaries and which will be provided to you in writing upon your request contact us at (855) 304-3444;
2. References to the "**Benefit Amount**" have the meaning ascribed to that term within the Buyer Protection Insurance Policy, of which Program Participants are beneficiaries and which will be provided to you in writing upon your request contact us at (855) 304-3444;
3. References to "**We**" and "**Our**", respectively, means Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, PO Box 1615, 202 Halls Mill Rd. Whitehouse Station, NJ 08889-1615; and
4. References to "**Policy**" in this Section means that policy for the provision of insurance issued by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies to My Rewards™ in favor of the My Rewards™ Program Participants bearing Master Policy #9907-36-45. A copy of this insurance policy may be obtained directly from Policyholder: BankNewport, as Trustee for G.A.R.D. Trust for the account of: Landmark National Bank in accordance with the terms below.
5. References to "**Policyholder**" shall mean the Financial Institution.

DESCRIPTION OF COVERAGE.

THE PLAN: As a Financial Institution Program Debit Cardholder, you are automatically eligible for Extended Warranty insurance.

ELIGIBILITY: This insurance plan is provided to Financial Institution Program Debit Cardholders

automatically when the entire cost of the Covered Purchase is charged to your Card account while the insurance is effective. It is not necessary for you to notify Financial Institution, the administrator or the Company when items are purchased.

THE COST: This insurance plan is provided at no additional cost to eligible Financial Institution Program Debit Cardholders. Financial Institution pays the full cost of the insurance.

WHEN COVERAGE APPLIES: We will duplicate the time period of the original U.S. Manufacturer Warranty and any Purchased Warranty on an Insured Person's Covered Purchase, up to a maximum of 12 months. If a U.S. Manufacturer Warranty or a Purchased Warranty is made up of multiple components, We will duplicate the time period of each component. If the total time period for the U.S. Manufacturer Warranty and the Purchased Warranty is greater than 36 months there is no coverage under this Policy. In no event will the total time period for all warranties, including this Policy, exceed 48 months.

COVERAGE: We will duplicate the terms, conditions and limitations of the U.S. Manufacturer Warranty and any Purchased Warranty on an Insured Person's Covered Purchase up to \$10,000 for repair to defects in material or workmanship in a Covered Purchase; or for replacement of a Covered Purchase if repairs to defects cannot be made. This coverage only applies if the Insured Person charged or debited the entire cost of the Covered Purchase and the entire cost of the Purchased Warranty to the Insured Person's Account during the Policy period. If the entire cost of the Purchased Warranty is not charged or debited to the Insured Person's Account, We will only duplicate the original U.S. Manufacturer Warranty. We will reimburse the Insured Person for the lesser of:

- a. the cost of the Covered Purchase indicated on the

Insured Person's Account statement; or

- b. the actual cost to repair or replace the Covered Purchase with an item of like kind and quality; or
- c. the Maximum Benefit Amount shown in Section II of the Declarations.

In no event will We be liable beyond the amounts actually paid by the Insured Person.

In no event will We pay more than \$50,000, in any 12-month Policy period, regardless of the number of claims made in that 12-month Policy period.

DEFINITIONS:

Accountholder means any individual who is named on an open and active Account. **Cardholder** means an individual who is named on the Account card.

Covered Purchase means personal property, including gift items, not otherwise excluded that is purchased in full by the Insured Person using the Credit Card or Debit Card issued by the Policyholder.

Insured Person means a person, qualifying as a Class member 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Manufacturer Warranty** means a written guarantee to fix any defects in material or workmanship in a Covered Purchase, made to the Insured Person by the maker of the Covered Purchase. **Purchased Warranty** means an optional written guarantee to fix any defects in material or workmanship in a Covered Purchase, bought by the Insured Person at the time of the Covered Purchase.

EXCLUSIONS: Insurance under this Policy does not apply to Covered Purchases that: 1) are services, including but not limited to the performance or rendering of labor or maintenance, repair or installation of goods or property or professional advice; 2) are shipping, transportation or delivery costs; 3) are boats, automobiles, aircraft or any other motorized vehicles, or motorized vehicle parts subject to high risk, combustible wear and tear or mileage stipulations; 4) are land, buildings,

permanently installed items, fixtures or structures; 5) are plants, shrubs, pets, consumables or perishables; 6) are computer software or applications; 7) are purchased for resale, professional or commercial use; 8) are still covered under the U.S. Manufacturer Warranty or Purchased Warranty; 9) did not originally come with a U.S. Manufacturer Warranty or Purchased Warranty; or 10) are used, rebuilt, refurbished or remanufactured.

Insurance under this Policy does not apply to defects in material or workmanship of a Covered Purchase that are: 1) not covered under the terms of either the original U.S. Manufacturer Warranty or Purchased Warranty; 2) repaired at a repair facility that is not authorized by the original product manufacturer; 3) covered by a product recall; 4) the result of a power surge; 5) the result of normal wear and tear; or 6) the result of any hazardous, pathogenic or poisonous, biological, chemical, nuclear or radioactive material, gas, matter or contamination.

How to File a Claim:

To file a claim directly with Federal Insurance Company contact the Claim Administrator, Crawford and Company c/o My Rewards, LLC. Complete all items on the required claim form, attach all appropriate documents, and mail or email to: My Rewards, LLC, ATTN: Crawford and Company Claims, P.O. Box 2600, Wilmington, NC 28402, PHONE NUMBER (855) 304-3444, Email Address claims@myrewards.net. All customer service related issues including, but not limited to, enrollment, fulfillment, general questions and payment questions should be directed to the plan administrator, International Marketing & Administration Company (IMAC) c/o My Rewards, LLC, P.O. Box 2600, Wilmington, NC 28402, PHONE NUMBER (855) 304-3444, Email Address claims@myrewards.net.

The Insured Person must a.) protect the Covered

Purchase from further loss or damage; b.) report any loss to the appropriate official representatives such as the police and the Administrator within 45 days from the date of theft or damage; c.) complete the claim form and return along with legible copies of the Account statement showing the purchase of the Covered Purchase and original purchase receipt; d.) provide a photograph of any damaged Covered Purchase, a copy of the repair bill or a statement indicating that the item cannot be repaired along with evidence that the Covered Purchase has actually been replaced or repaired, if applicable; e.) provide a fire or police report, if applicable; f.) proof of submission of the loss to, and the results of any settlement by the vendor; g.) proof of submission of the loss to, and the results of any settlement or denial by the Insured Person's personal insurance carrier h.) provide documentation of any other personal insurance or a statement that no other insurance exists; i.) provide a third party statement regarding circumstances of the theft or damage; j.) submit Proof of Loss to the Administrator k.) cooperate with the Administrator in the investigation, settlement or handling of any claims; l.) permit the Administrator to question the Insured Person under oath whenever Our investigation deems it necessary. All statements taken will be signed by the Insured Person; and m.) authorize the Administrator to obtain records, reports or any other documentation requested necessary to Our investigation or to verify the claim.

CLAIM FORMS: When the Administrator is told of a claim, the Administrator will give the Insured Person forms for filing Proof of Loss. If these forms are not given to the Insured Person within 15 days the Insured Person will meet Proof of Loss requirements by giving the Administrator a written description of the covered loss.

CLAIM PROOF OF LOSS: Complete Proof of Loss must

be given to the Administrator within 90 days after a covered loss.

CLAIM PAYMENT: Reimbursement for covered losses will be paid to the Insured Person within 60 days after the Administrator receives Proof of Loss.

EFFECTIVE DATE: Your insurance becomes effective on the latest of: the effective date of this policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid for you. Insurance for you automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid for you, the date on which you no longer meet the eligibility criteria as the Insured Person.

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy 9907-36-45, which can be obtained from the Policyholder: BankNewport, as Trustee for G.A.R.D. Trust for the account of: participating financial institution: Landmark National Bank. Answers to specific questions can be obtained by writing the Plan Administrator:

International Marketing & Administration Company (IMAC)
c/o My Rewards, LLC, P.O. Box 2600, Wilmington, NC 28402

PHONE NUMBER (855) 304-3444
Email Address claims@myrewards.net

CHUBB
Plan Underwritten By
Federal Insurance Company
a member insurer of the
Chubb Group of Insurance Companies
PO Box 1615, 202 Halls Mill Rd

VIII. BUYER PROTECTON INSURANCE BENEFIT.

Buyer Protection Insurance will be offered to Platinum Program Participants pursuant to the terms, provisions, and conditions immediately following and included in this Section. Terms stated within the text to follow between the page-wide hash marks and beneath "*DESCRIPTION OF COVERAGE*" shall have meanings as prescribed therein, except where a Term is undefined, in which case, the Term shall have the meaning prescribed it above in these Terms.

Solely for the purposes of this Section, the following terms will have the meanings so indicated:

1. References to the "*Benefit Amount*" have the meaning ascribed to that term within the Buyer Protection Insurance Policy, of which Program Participants are beneficiaries and which will be provided to you in writing upon your request and your contacting us at (855) 304-3444;
2. References to "*We*" and "*Our*", respectively, means Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, PO Box 1615, 202 Halls Mill Rd., Whitehouse Station, NJ 08889-1615; and
3. References to "*Policyholder*" shall mean the Financial Institution.
4. References to "*Policy*" in this Section means that policy for the provision of insurance issued by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies to My Rewards™ in favor of the My Rewards™ Program Participants bearing Master Policy #9907-36-46. A copy of this insurance policy may be obtained directly from Policyholder: BankNewport, as Trustee for G.A.R.D. Trust for the account of: Landmark National Bank in accordance with the terms below.

DESCRIPTION OF COVERAGE.

THE PLAN: As a Financial Institution Program Debit Cardholder, you are automatically eligible for Buyer Protection insurance.

ELIGIBILITY: This insurance plan is provided to Financial Institution Program Debit Cardholders, automatically when the entire cost of the Covered Purchase is charged to your Card account while the insurance is effective. It is not necessary for you to notify Financial Institution, the administrator or the Company when items are purchased.

THE COST: This insurance plan is provided at no additional cost to eligible Financial Institution Program Debit Cardholders. Financial Institution pays the full cost of the insurance.

WHEN COVERAGE APPLIES: Coverage applies for 90 days immediately following a Covered Purchase.

COVERAGE: We will reimburse the Insured up to \$1,000 for Covered Purchases that are damaged or stolen, except if stolen from vehicles. This coverage only applies if the Insured Person charged or debited the entire cost of the Covered Purchase to the Insured Person's Account during the Policy period, are part of and not in addition to the Benefit Amount and the Annual Maximum Benefit Amount of \$50,000. We will reimburse the Insured Person for the lesser of: 1) the cost of the Covered Purchase indicated on the Insured Person's Account statement; or 2) the Benefit Amount. In no event will We be liable beyond the amounts actually paid by the Insured Person. In no event will We pay more than the Annual Maximum Benefit Amount, \$50,000 in any 12-month Policy period, regardless of the number of claims made in that 12 month Policy period. The Benefit Amount is payable on an excess basis over and above any amount due from any other valid or collectible insurance or any other form of reimbursement payable by those responsible for the loss or damage.

DEFINITIONS:

Cardholder means an individual who is named on the Account card or the owner of a pre-paid card.

Covered Purchase means personal property, including gift items, not otherwise excluded that is purchased in full by the Insured Person using the Credit Card or Debit Card issued by Financial Institution. Covered Purchase does not include charges for shipping, handling transportation and delivery. **Insured Person** means a person, qualifying as a Class member 1) who elects insurance; or 2) for whom insurance is elected, and 3) on whose behalf premium is paid. **Natural Disaster** means an event, including but not limited to wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes and 2) results in severe damage such that the area in which loss occurs is declared a disaster area by a competent governmental authority having jurisdiction. **Proof of Loss** means: a) a copy of the Account statement showing the purchase of the Covered Purchase; b) a copy of the initial claim report submitted to the Administrator; c) a copy of the police report; d) proof of submission of the loss to, and the results of any settlement by, the vendor; and e) proof of submission of the loss to, and the results of any settlement or denial by, the Insured Person's personal insurance carrier.

EXCLUSIONS: Insurance under this Policy does not apply to Covered Purchases of: professional advice; boats; motorized vehicles (including but not limited to airplanes, automobiles, mopeds, motorcycles and other motor vehicles) or their motors, equipment and accessories (including communication devices intended solely for the use in the vehicle); land or buildings (including but not limited to homes and dwellings); travelers' checks, tickets of any kind, negotiable instruments, bullion, rare or precious coins, cash or its equivalent (including gift cards and

gift certificates); perfumes, plants or animals; consumables and perishables; antique items or collectibles; computer software or programs; items purchased for resale for professional or commercial use; medical equipment; used, rebuilt, refurbished or remanufactured goods; shipping, handling, or transportation charges for the cost of delivery of any Covered Purchase articles in a pair or set, coverage will be limited to no more than the value of any particular part or parts unless the articles are unusable individually and cannot be replaced individually, regardless of any special value the article may have had as part of a set or collection; more than one part or parts of a pair or set of jewelry or Fine Art. This insurance does not apply to loss or damage of a) Covered Purchase caused directly or indirectly by: 1) Theft of i) personal property from vehicles, ii) personal property when the Insured Person fails to exercise Due Diligence and iii) personal property stolen from public places when the Insured Person fails to exercise Due Diligence; Theft must be reported to the police or an appropriate authority within 36 hours; 2) Loss of i) personal property with no evidence of a wrongful act; ii) baggage and/or its contents unless carried by the Insured Person by hand or under the Insured Person's personal supervision or a traveling companion previously known to the Insured Person; 3) Any fraudulent or illegal activity of the Insured Person; 4) Wear and tear or gradual deterioration; 5) Moths, vermin, inherent vice; 6) Product defects or items covered by a manufacturer's recall; 7) Damage sustained due to any process or while actually being worked upon and resulting there from; 8) Confiscation by any government, public authority or customs official; 9) Natural Disaster; 10) Failure of the Insured Person to exercise Due Diligence to avoid or diminish loss or damage; 11) Power surge or power loss; 12) any hazardous, pathogenic or poisonous, biological, chemical,

nuclear or radioactive material, gas, matter or contamination; or 13) War.

HOW TO FILE A CLAIM:

To file a claim directly with Federal Insurance Company contact the Claim Administrator, Crawford and Company c/o My Rewards, LLC. Complete all items on the required claim form, attach all appropriate documents, and mail or email to: My Rewards, LLC, ATTN: Crawford and Company Claims, P.O. Box 2600, Wilmington, NC 28402, PHONE NUMBER (855) 304-3444, Email Address claims@myrewards.net. All customer service related issues including, but not limited to, enrollment, fulfillment, general questions and payment questions should be directed to the plan administrator, International Marketing & Administration Company (IMAC) c/o My Rewards, LLC, P.O. Box 2600, Wilmington, NC 28402, PHONE NUMBER (855) 304-3444, Email Address claims@myrewards.net.

The Insured Person must a.) protect the Covered Purchase from further loss or damage; b.) report any loss to the appropriate official representatives such as the police and the Administrator within 45 days from the date of theft or damage; c.) complete the claim form and return along with legible copies of the Account statement showing the purchase of the Covered Purchase and original purchase receipt; d.) provide a photograph of any damaged Covered Purchase, a copy of the repair bill or a statement indicating that the item cannot be repaired along with evidence that the Covered Purchase has actually been replaced or repaired, if applicable; e.) provide a fire or police report, if applicable; f.) proof of submission of the loss to, and the results of any settlement by the vendor; g.) proof of submission of the loss to, and the results of any settlement or denial by the Insured Person's personal insurance carrier h.) provide documentation of any other personal insurance or a statement that no other

insurance exists; i.) provide a third party statement regarding circumstances of the theft or damage; j.) submit Proof of Loss to the Administrator k.) cooperate with the Administrator in the investigation, settlement or handling of any claims; l.) permit the Administrator to question the Insured Person under oath whenever Our investigation deems it necessary. All statements taken will be signed by the Insured Person; and m.) authorize the Administrator to obtain records, reports or any other documentation requested necessary to Our investigation or to verify the claim.

CLAIM FORMS: When the Administrator is told of a claim, the Administrator will give the Insured Person forms for filing Proof of Loss. If these forms are not given to the Insured Person within 15 days the Insured Person will meet Proof of Loss requirements by giving the Administrator a written description of the covered loss.

CLAIM PROOF OF LOSS: Complete Proof of Loss must be given to the Administrator within 90 days after a covered loss.

CLAIM PAYMENT: Reimbursement for covered losses will be paid to the Insured Person within 60 days after the Administrator receives Proof of Loss.

EFFECTIVE DATE: Your insurance becomes effective on the latest of: the effective date of this policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid for you. Insurance for you automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid for you, the date on which you no longer meet the eligibility criteria as the Insured Person.

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the

principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy 9907-36-46, which can be obtained from the Policyholder: BankNewport, as Trustee for G.A.R.D. Trust for the account of: participating financial institution: Landmark National Bank.

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

International Marketing & Administration Company (IMAC)

c/o My Rewards, LLC, P.O. Box 2600, Wilmington, NC 28402

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Whitehouse Station, NJ 08889-1615