## Navy Federal® Optional Payment Protection Plan Change/Cancellation of Protection

**Your Information** 

Name: First	MI	Last	Suffix
	ard accounts currently enrolled in Payment P -enroll in Navy Federal's Optional Payment	Protection Plan may decrease or cancel protection Protection Plan.	on using this form. If you elect to cancel
Decrease My Current Optional Payment Protection Plan. (Check a box below to select your desired lower level of loan protection.)			
Loan No./Credit Card No.  Applicant's Initials  Co-applicant's Initials*  * Both initials are required if there is a co-applicant on the account.	<ul> <li>□ Primary Protection Loss of Life \$-\$0.072 per \$100 of loan balance per month</li> <li>□ Primary Protection Loss of Life and Disability \$-\$0.1608 per \$100 of loan balance per month</li> <li>□ Joint Protection Loss of Life \$-\$0.144 per \$100 of loan balance per month</li> <li>□ Joint Protection Loss of Life and Disability \$-\$0.3216 per \$100 of loan balance per month</li> </ul>		
Cancel My Current Optional Payment Protection Plan. (Check the box below if you do not wish to have protection for your loan or credit card.)			
Loan No.	□ I waive or want to cancel this offer for payment protection.		
Applicant Signature		Date (MM/DD/YY)	
<b> </b>			

For Consumer Loans, fax to 703-206-3132. For Credit Cards, fax to 703-206-4334.





Optional Payment Protection Plan Change/Cancellation of Protection Application



