

## LOAN REQUEST FORM

Policy Number \_\_\_\_\_

Insured's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's SS #/Tax ID# \_\_\_\_\_

**Before submitting, check the appropriate box(es) below, provide any necessary documentation, sign and date the form. (See Instruction Sheet for more information)**

- ☐ \$ \_\_\_\_\_ (enter amount)
- ☐ Maximum Amount
- ☐ In the amount of \$ \_\_\_\_\_ to pay the ☐ Premium payment or ☐ Loan payment  
for Policy Number \_\_\_\_\_

The undersigned understands this loan will be subject to all applicable policy provisions and applicable interest rate(s). The policy is hereby assigned to the Company as security for payment of the loan indebtedness and in consideration of the Company waiving the deposit of the policy with it. The undersigned agrees that the rights of the Company shall in no matter whatever be prejudiced by such wavier.

**Social Security Number Certification** - Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to back up withholding because you have failed to report all interest and dividends on your return.

The undersigned agree that this policy has not been assigned, pledged or transferred to any person, firm or corporation except the undersigned and that no other person, firm or corporation has any interest in this policy. The undersigned agree that no federal tax liens exist on his/her property and further that he/she is not now adjudged insolvent nor has he/she made a general assignment for the benefits of creditors that remains unsatisfied. The undersigned request(s) the Company to take the action(s) indicated above.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Assignee Signature \_\_\_\_\_ Date \_\_\_\_\_

Irrevocable Beneficiary Signature \_\_\_\_\_ Date \_\_\_\_\_

Assignee Requirements: This section must be completed by the Assignee only.

Check the appropriate box below and sign where designated. The check will be made payable as requested and mailed to the policy owner's address of record. If neither box is checked the check will be made payable to the Policy Owner and Assignee.

- ☐ Make the check payable to the Policy Owner and the Assignee
- ☐ Make the check payable to the Policy Owner only.

Assignee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Spousal Signature Requirements

For the protection of both parties, if the owner resides in a Community Property State, we request that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or VA the owner's spouse-must sign and date this form below.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature if required (see instruction sheet)

Signature of Notary Official \_\_\_\_\_ Notary Seal/Stamp \_\_\_\_\_ Date \_\_\_\_\_