

United Home Life Insurance Company United Farm Family Life Insurance Company 225 South East Street

United
Farm Family
Life Insurance Company

P.O. Box 7192 Indianapolis, Indiana 46207-7192 Phone: 800-428-3001 Fax: 317-692-8402

POLICY LOAN REQUEST

Policy Number:		Loan Amount Requested: _	
Insured's Name:	(IT a	an amount is not requested, a ma	aximum ioan will be processed.)
Owner's Name:			
Loan interest will be payable at the rate stated in your contract each year in advance. Interest is payable at the beginning of each Policy Year. Any interest not paid when due will be added to the Indebtness and bear interest at the same rate.			
Payments toward a loan can be be on the check or money orde			nd the policy number must
RELEASE OF INTEREST: Requi	red if the policy is ass	signed or the owner lives in a C	Community Property State.
a. By: Collateral Assignee	Other (Specify)		
For the value received, I he	reby release all rights,	title, and interest in the above	policy.
b. By: Spouse/Former Spouse	in a Community Prop	erty State	
I (print full name) , the above policy, hereby releas virtue of the Community Proper		terest which I may have in this	
Signature (of Assignee, Spouse/Forme	r Spouse, Other)	Designate Relationship	Date
FOREIGN CITIZENSHIP OF O GREEN CARD OR E-2 VISA. ANY ASSIGNEE OR IRREVOO SIGNATURE OF THE OWNER SIGN A BLANK FORM.	CABLE BENEFICIARY	Y WILL ALSO NEED TO SIGN ASE COMPLETE ALL REQUIF	BELOW. RED AREAS AND DO NOT
I, the policyowner, hereby certi below is true, correct, and com			
Owner's Address:			
City, State and Zip:			
Owner's Social Security No:			
Date:			
Signature of Owner:			
Signature of Agent/Witness:			
Signature of Assignee/ Irrevocable Beneficiary:			