



United Home Life Insurance Company

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

POLICY LOAN REQUEST

Policy Number: _____ **Loan Amount Requested:** _____
 (If an amount is not requested, a maximum loan will be processed.)
Insured's Name: _____
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. Any premium/monthly deduction due will be deducted from the loan amount requested.

Payments toward a loan can be made at any time. The words "Loan Payment" and the policy number must be on the check or money order to ensure the payment is applied correctly.

Check Direct Deposit (Must provide a copy of a voided check/Direct Deposit Form) Loan to Pay Premium

Account Type: Checking Savings

Financial Institution _____ Bank Acct # _____

Routing Number _____

RELEASE OF INTEREST: Required if the policy is assigned or the owner lives in a Community Property State.

a. By: Collateral Assignee Other (Specify) _____

For the value received, I hereby release all rights, title, and interest in the above policy.

b. By: Spouse/Former Spouse in a Community Property State

I (print full name) , _____ spouse/former spouse of the owner of the above policy, hereby release all rights, title and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of _____.

 Signature (of Assignee, Spouse/Former Spouse, Other)

 Designate Relationship

 Date

- **FOREIGN CITIZENSHIP OF OWNER/INSURED REQUIRES AN IRS FORM W-8 BEN UNLESS A HOLDER OF GREEN CARD OR E-2 VISA.**
- **ANY ASSIGNEE OR IRREVOCABLE BENEFICIARY WILL ALSO NEED TO SIGN BELOW.**
- **SIGNATURE OF THE OWNER IS REQUIRED. PLEASE COMPLETE ALL REQUIRED AREAS AND DO NOT SIGN A BLANK FORM.**

I, the policyowner, hereby certify under penalties of perjury, that the Social Security Number provided below is true, correct, and complete. (Failure to do so will result in Back Up Withholding.)

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:	