TEXASLIFE INSURANCE

UNIVERSAL LIFE POLICY LOAN REQUEST

Policy Number: 00888 INSTRUCTIONS: Use this form to request a loan on your Universal Life policy. This form must be completed in its entirety, dated, and signed by the current owner to avoid any delays in processing. If the policy is assigned to a financial institution or an individual as collateral for a loan, a signature from the assignee is required on this form. If the policy is no longer assigned, a release of assignment from the assignee must accompany this form. If the policy owner is a Trust, a Certification of Trust form is required. If the policy owner is a Business, a Corporate Resolution form is required. **ABOUT THE LOAN REQUEST:** I request that a policy loan be placed against the above numbered policy in accordance with the provisions of the policy. I understand and agree that: A loan will create a lien against the policy Any loan balance will be deducted from the amount payable in settlement of the policy proceeds Any loan interest not paid when due will be added to the principal of the loan It is understood that the portion of the cash value equal to the indebtedness will be credited and accumulate at interest at a rate or rates, as determined from time to time by the company as provided in the policy. In the event the total indebtedness equals or exceeds the cash surrender value of the policy, the policy will automatically terminate in accordance with its provisions. LOAN REQUEST (Check One): 🔼 Maximum Amount Available 🔲 Specific Amount 💲 *If there is not sufficient value to meet the specific dollar amount, a loan for the largest amount available will be granted. Please provide the address where your check should be mailed: Street Address Should we use this address for all future correspondence with you? 🔲 Yes 🔲 No **CERTIFICATION:** Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, and; 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 Internal Revenue Service (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; (If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.) 3. I am a U.S. Citizen or other U.S. person, and; 4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States. (If you are not a U.S. Citizen or other U.S. person, for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. SIGNATURE(S): Policy Owner or Authorized Signature Social Security Number or Trust/Entity Tax ID Number

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