



Guarantee Trust Life Insurance Co.

POLICY SERVICE FORM – LOAN

PLEASE PRINT

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Phone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_
Number and Street
City State Zip Code

Check box if this is a new address.

\*Note: Section 2 must be signed before we can process any requests.

1) Request for Policy Loan

Note: If there is a premium due, it will be deducted from the loan. Loan interest is also deducted. Please indicate the amount of loan by marking the appropriate box below:

Check box \$ \_\_\_\_\_ Amount requested Largest amount available

2) By my signature I accept that this request is subject to all of the terms and conditions of the policy and that the Company may request additional information or impose additional requirements. I agree that my signature will apply to each request checked on this form and I also agree that no request will become effective if it is not checked. I guarantee that the above policy is not assigned (as collateral) to any other person or corporation, except where stated in the request and that no actions of bankruptcy are pending.

Date: \_\_\_\_\_

Owner's signature: \_\_\_\_\_