

FAMILY MATTERS. NO MATTER WHAT.®

REQUEST FOR POLICY LOAN

Thank you for being a valued Boston Mutual Life Insurance policyholder. Please read the following information carefully prior to completing the attached Request for Policy Loan form.

SECURITY	The cash surrender value of the policy is the only security (collateral) for the loan. The loan value is the cash value of the policy, less any unpaid premium, less any previous loan balance, less interest for the loan until the next policy anniversary.
INTEREST	Loan interest is charged on each policy anniversary at the rate stated in your policy. You may pay the interest on or before the anniversary each year. Unpaid interest is added to the loan balance on the anniversary.
REPAYMENT	You may repay your loan in full or in part, with interest, at any time you wish. Boston Mutual does not bill for loan payments. If you pay your loan along with a premium payment, please indicate on the notice or coupon the amount you wish to apply to the loan balance. If you pay your premiums by allotment, you may increase your allotment and have the excess applied to the loan. We strongly suggest that in addition to payment of the annual interest you make monthly or quarterly loan payments of at least \$10.00 to avoid the possibility of equity surrender, and restore the policy to its full value.
LOAN BALANCE	If at any time the loan balance plus unpaid interest exceeds the cash surrender value, we notify you to make a loan payment in an amount sufficient to keep the policy in force. Paying the interest charges as due will prevent this possible occurrence from happening.
POLICY VALUES	If you cancel your policy or a claim is made upon your death, the amount of the loan balance with interest up to the date of the termination will be subtracted from the final benefit amount.
RESTRICTIONS	You may not borrow against your policy while it is being kept in force as Extended Insurance. We reserve the right to delay granting a loan for up to 6 months.
CREDIT	Boston Mutual will not check your credit or report your loan to any credit agency or credit bureau. To avoid any delays in processing your request, complete sections I - III on the attached Request for Policy Loan form and mail or fax this request to the address or fax number notes above. Please contact our Client Services Department at extension 222 using the telephone number below if you have any questions.

BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street • Canton, MA 02021 • T: 800.669.2668 • F: 781.770.0575 • www.bostonmutual.com

.....

REQUEST FOR POLICY LOAN

POLICY #:_____ INSURED NAME:_____

For maximum amount available, please call our Client Services department at (877) 624-2249

APPROXIMATE MAXIMUM LOAN AVAILABLE:

As owner of the policy, I authorize you to compute and apply available funds or values as indicated below:

Choose one: L)

#

□ Send me a check for the maximum loan available.

- Send me a loan check in the amount of \$ _____.
 Use loan value from my policy to pay _____ months of premium on the following policy(ies)
 - .# .#

II.) Check the appropriate box:

The owner certifies that he or she:

□ **NO**, I am not the subject of bankruptcy proceedings.

□ YES, I am the subject of bankruptcy proceedings.(please see below)

If you are in Bankruptcy, we require written authorization from your court appointed Trustee, which must be on their letterhead and be submitted along with this form.

Please complete the section below, incomplete and/or missing information may delay this request: III.)

The policy is hereby assigned to Boston Mutual as sole security for the loan. The Company has a first lien on the policy to t	the
extent of any loan balance.	

XXX—XX--

OWNER NAME

)

1

DATE

OWNER SIGNATURE

()	
TELEPHONE NUMBER	

MAILING ADDRESS

Assignee or Irrevocable Beneficiary (If Applicable)

OWNER SOCIAL SECURITY NUMBER (Last 4 digits)

Date:

RESIDENTIAL ADDRESS (If Different from Mailing Address)

SPOUSE SIGNATURE (For policies Issue in Community Property States: CA, ID, LA, NV, NM, WA and WI)

Witness:	
(A witness signature is not required but is strongly recommended	ed)

BOSTON MUTUAL LIFE INSURANCE COMPANY

Form 231-013 6/19 Rev

..... 120 Royall Street • Canton, MA 02021 • T: 800.669.2668 • F: 781.770.0575 • www.bostonmutual.com