



**MUTUAL TRUST**<sup>SM</sup>  
LIFE INSURANCE COMPANY

A Pan-American Life Insurance Group Stock Company

1200 JORIE BOULEVARD  
OAK BROOK, ILLINOIS 60523-2269

1-800-323-7320

WWW.MUTUALTRUST.COM

Fax:630-684-5445

Email: policypayments@mutualtrust.com

## Automatic Loan Repayment Request

Policy Number \_\_\_\_\_ Insured \_\_\_\_\_

Owner \_\_\_\_\_

As the Owner of this policy, I want to arrange for the **Automatic Loan Repayment Plan**. I instruct Mutual Trust Life Insurance Company, A Pan-American Life Insurance Group Stock, to deduct \$ \_\_\_\_\_ each month from the account I have specified and use those funds to reduce my policy loan. There is no minimum. Please specify if this amount is to replace an existing loan payment

Make the deduction on the \_\_\_\_\_ of each month, beginning \_\_\_\_\_.  
(Month / Year)

In Addition to \$ \_\_\_\_\_, Total \$ \_\_\_\_\_.

**Please note: The withdrawal day of the month must be between the 1st and the 28th only.**

### I understand and agree that:

1. This plan may be stopped by the Owner of the policy, the Depositor if other than the Owner, or by the Company at any time upon written notification.
2. If the monthly payment exceeds the amount needed to repay the loan completely, the deduction will be adjusted to the payoff amount, after which the plan will end.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Depositor(s)

\_\_\_\_\_  
Signature of Owner (other than Depositor)

\* \* \* \* \*

Bank Name : \_\_\_\_\_

Address : \_\_\_\_\_

Account Number : \_\_\_\_\_

**ATTACH  
SPECIMEN  
CHECK HERE**