



MUTUAL TRUSTSM
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

Policy Loan Request and Agreement

Policy Number: _____

Insured: _____

Please process a loan on the above captioned policy. This policy is assigned to Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company as sole security for the following loan. No bankruptcy proceedings are pending involving the undersigned and no policy values have been assigned or subject to legal proceedings or court orders except as follows:

- \$ _____ to be sent. **(If available, if not a maximum loan will be processed.)**
- Maximum loan.
- To pay premium due _____ on policy number _____

By signing below:

It is understood that the release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy. It is also understood that interest will be assessed on the amount loaned. It is agreed that the sum of outstanding loans shall be the total of: (a) any cash received or transferred as a result of this request; and (b) any previous unpaid loan; and (c) any unpaid premium due within fifteen days of this loan and any premium currently in default while the Insured is living; except any flexible premium or one on a special mode; and (d) interest in advance on the loan as provided in the policy less any interest paid in advance on any currently outstanding loan. It is understood that sufficient funds must be available under the above captioned policy to process this loan request. It is further agreed that any rights resulting from policy provisions requiring that this loan be endorsed to the policy are hereby waived.

Note that (1) any unpaid loan balance is deducted from the death benefit and/or cash surrender value; and (2) any billed loan interest not paid will be added to the loan balance. For further details, please refer to the provisions of your policy contract.

- Who Must Sign:**
1. The owner; and
 2. The beneficiary, if designated irrevocably; and
 3. If the signature of a corporation is required, the name of the corporation should be followed by the signature of two of its officers and their titles.
 4. Assignee if policy has a collateral assignment on record.

I hereby indemnify Mutual Trust Life Insurance Company and hold it harmless from all claims, demands, actions, and judgments arising out of the processing of this loan request.

Daytime Telephone

Policyowner's Date Of Birth

Policyowner's Name (please print)

Date

Policyowner's Signature

Date

Policyowner's Signature

If our records should be changed to this address, please complete the address change section on the back of this form.

All checks will be mailed to the policyowner's address on record, unless otherwise requested.

This will be the only acceptable form for requesting a policy loan and a separate request is required for each policy loan.

Upon completion, please forward to Mutual Trust Payments & Benefits department by:

Mail: 1200 Jorie Boulevard, Oak Brook, IL 60523-2269

Fax: 630-684-5445

If you have any questions regarding your loan interest rate, loan requirements, or any other general questions, please contact Mutual Trust at 1-800-323-7320 ext. 5060 or your Mutual Trust Agent.



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ADDRESS CHANGE (Complete only if it is to be changed)

Policyowner's Name: _____

Change my address of record for the following policy/policies:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

New Mailing Address: _____

City/State/Zip: _____

County: _____ Telephone: _____

 Signature of Policyowner

 Date Signed