

# Life Insurance Loan Request Form



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Complete this form to request a loan from your current life insurance policy. Please review your contract for the terms and conditions regarding loans.

<b>Owner Name</b>		<b>Policy Number</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Phone Number</b>	<b>Email</b>		

## Loan Request

Indicate the loan amount.

- \$ \_\_\_\_\_ (enter requested amount)
- Maximum amount available
- Other. Explain your one time request:

## Payment Type

Choose how you wish to receive the loan.

- Direct Deposit/EFT (recommended):** Proceeds should arrive in your bank account within 3-5 business days.
  - Use current Direct Deposit information previously provided to GBU Financial Life (GBU Life).
  - Use new / updated bank information (attach a voided check or provide bank information below).

Account Type (select one):  Checking  Savings

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

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

- Check via Regular Mail**

*Continues on next page.*

**Phone:** 412-884-5100 | 800-765-4428 | **service@gbu.org** | **gbu.org**

## Repayment Information

Select how you will repay your loan. Repayment is optional.

*The loan interest rate is set annually and will not change more than once a year.*

- Direct:** GBU Life will send you a bill determined by the payment amount, start date, and frequency you select below.

Payment Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

Frequency (select one):  Monthly  Quarterly  Annually

- Automatic:** The repayment will automatically be taken out of your account monthly beginning on the specified date you select below.

Payment Amount: \_\_\_\_\_ Start Date\*: \_\_\_\_\_

*\*Note, the date selected must be between the 1st and 28th of the month.*

- Use same bank information as on page 1.  
 Use new bank information (attach a voided check or provide bank information below).

Account Type (select one):  Checking  Savings

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

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

## Signature and Disclosures

Outstanding loans will reduce your policy's cash value and death benefit until repaid. Lapse or surrender of a policy with an outstanding loan may have adverse tax consequences.

Receipt of loan proceeds from an insurance policy may affect eligibility for public assistance programs and may be taxable. Please consult the appropriate social service agency and seek the advice of tax counsel before applying for these funds.

By signing below, I certify all the information provided is correct.

<b>Owner Printed Name</b>	
<b>Owner Signature</b>	<b>Date</b>