



Individual Life:  
The Canada Life Assurance Company  
PO Box 2305  
Buffalo, NY 14240-2305

Individual Life:  
Crown Life Insurance Company  
PO Box 1927  
Buffalo, NY 14240-1927

## LOAN REQUEST

Policy Number	Name of Policy Owner
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Street Address	Apartment No.
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City	State	Zip Code
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I/We request a policy loan under the policy loan provision subject to the policy terms and conditions for:

- \$ \_\_\_\_\_ (or the amount available, if less)
  The Maximum Amount  
 Issue Check
  Wire
 Other \_\_\_\_\_

**NOTE:** A \$25.00 service fee will be charged for wire transactions. This service fee will be deducted from the amount requested and the balance will be wired. A copy of a void check is required.

The interest rate applicable will be the fixed rate or variable rate depending on the provision contained in the policy contract.

### SIGNATURE REQUIREMENTS:

1. The Policy Owner and the preferred or irrevocable beneficiary (if any) must sign this form. If you are unsure whether the beneficiary under your policy is irrevocable or "preferred", please check with the Head Office of the Company.
2. If this policy is owned or assigned to a corporation, the full name of the Corporation must be signed, with the signatures of two authorized Officers of the Corporation, or the signature of one authorized Officer under the Corporate Seal and the official title of the Officer(s) signing the form should also be shown. If this policy is owned or assigned to a Firm or Partnership, the full name of the Firm or Partnership must be signed, with the signatures of all the partners.
3. If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form(s) must be notarized or guaranteed. Notaries or Guarantees must be originals; we cannot accept faxes.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witness	Policy Owner(s)
Witness	Policy Owner(s)
Witness	Irrevocable or Preferred Beneficiary (if any)

## LOAN REPAYMENT

If you currently pay your premium by pre-authorized payment you may elect to increase your existing pre-authorized amount by \$ \_\_\_\_\_ each month which will be applied towards the policy loan beginning on your next withdrawal date.

If you currently pay your premium by direct billing you will receive a bill for the loan interest due on the policy anniversary.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witness	Policy Owner(s)
Witness	Policy Owner(s)