

LOAN FORM

**Administrative Office:
PO Box 13080
Springfield, IL 62791-3080**

Universal Guaranty Life Insurance	(800) 323-0050
UG/Genworth Life & Annuity	(866) 662-2344
IdeaLife Insurance Company	(866) 579-9432
The Independent Order of Vikings	(877) 241-6006

Name of Insured: _____

Policy Number: _____

Name of Owner: _____

Phone: _____

POLICY LOAN INFORMATION

Interest on your total loan is payable on your policy anniversary. A bill for the interest due will be sent to you at that time. If you choose not to pay the interest due, it will be added to the loan balance.

We urge you to set up a repayment program on your loan. By doing so, you will maintain full benefits for your beneficiary and also have cash value for future loans. Loan repayments may be made in any amount at any time.

Please keep in mind that the disbursement of policy values in a loan may affect your future guaranteed and non-guaranteed values and benefits.

NOTICE OF REPLACEMENT

Yes, the monies from this loan are being used to open a new policy with another insurance company.

No, the monies from this loan are not being used to open a new policy.

CERTIFIED SOCIAL SECURITY NUMBER

Under present law, we are required to obtain your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your Social Security number. This number must be provided in order to process your loan.

Under penalty of perjury, I certify that my taxpayer identification number is _____, and that I have not been notified by the Internal Revenue Service that I am subject to backup withholding for failure to report interest or dividends or I have been notified that I am no longer subject to such withholding.

Amount I Wish to Borrow:

\$

Executed this _____ day of _____, in the year _____.

Signature of Witness (Unrelated Adult)

Signature of Owner

Signature of Witness (Notary Official)

Signature of Joint Owner
*Signature of spouse if community property state.
*Community Property States: AZ, CA, ID, LA, NV, NM, TX, WA, WI

Signature of Assignee

Signature of Irrevocable Beneficiary