

Instructions for Completing Loan Form

We would like to help expedite your request by letting you know that if any of the following situations arise, your loan request may be delayed:

- If section 3 is not marked.
- If all of the shaded items are not completed; this means you need to include the owner's tax identification number as well.
- If your signature is not witnessed by an unrelated adult person with no interest in the policy.

If a corporation owns the policy, we require the signatures and titles of two of the officers in order to process this request

For the protection of both parties, if you live in a community property state we request that the owner's spouse join in signing and dating the enclosed Acknowledgement form. The Acknowledgement Form must be completed and signed by the spouse, if applicable. If you are divorced and your property settlement agreement addresses incidents of ownership of this policy, we require a copy of the divorce decree or property settlement that shows to whom the policy was awarded.

If you would like to schedule recurring loan payments, or increase your existing loan payments, please complete the section below and return it to our office. You may, however, make a loan payment as small as \$10.00 at any time.

Please note that we are able to draft your bank account only one time per month for the above- referenced policy for a premium payment, loan repayment or both. Please make sure that a loan repayment by bank draft is requested for the same date as your monthly premium draft date.

A policy loan is a lien against the non-forfeiture value of your policy. Therefore, if the loan is not repaid, the balance will be deducted in any settlement of your contract. If the current interest due has not been paid by the anniversary date and there is sufficient cash value, the annual loan interest will be capitalized as an additional loan against the available loan value of your policy. You may contact the Administrative Office at 1-800-241-7598 to obtain the loan interest rate on your policy.

When the loan balance exceeds the cash value of your policy, the policy may be in danger of lapsing. You will receive notification when additional payments are needed to keep the policy in force. It is a distinct advantage to you and your beneficiary to have your policy free of indebtedness. We encourage you to repay your loan and restore your policy to its full value.

We cannot accept faxed forms.

STATE MUTUAL INSURANCE COMPANY
PO BOX 11864
WINSTON SALEM, NORTH CAROLINA 27116
OFFICE: 1-833-508-0404
FAX: 1-336-759-3141

ACKNOWLEDGEMENT

Policy Number: _____ Insured: _____

I have an interest in the policy numbered above as indicated below:

Please check one:

- Irrevocable beneficiary
- Assignee under an assignment
- Spouse living in a community property state (AZ, CA, GU, ID, LA, NV, NM, TX, WA, WI)

Hereby acknowledge the owner of the above referenced policy has made:

- A request for **Partial Withdrawal** from an annuity reducing the value of the annuity.
- A request for withdrawal of dividends.
- A request for **Partial Surrender** of a Universal Life policy; reducing the face amount of the policy
- A request for **Reduced Paid Up Insurance** – the face amount is reduced to the amount that can be bought by the Net Single Premium equal to Net Cash Value of the policy.
- A request for **Policy Loan** – if not repaid, the face amount is reduced by the outstanding loan when a claim is made.
- A request for **Cash Surrender** – the policy has no further value and does not provide a death benefit.
- A request for **Change of Beneficiary** – the beneficiary previously named is being changed.
- A request for **Change of Owner** – the owner previously named is being changed.
- A request to **Add a Contingent Owner** other than the current spouse.
- A request for **Assignment** – the entire policy or a portion thereof, is being given to another.
- A request for **Accelerated Death Benefit** – the face amount is reduced by the amount of the benefit. As one of the persons checked above, you will receive a disclosure of the final cash value, loan value and face amount once the Accelerated Benefit has been paid.
- A request for **Reduction in Death Benefit**.

By signing this Acknowledgement, I agree that the policyowner may make, and the Company may act on, the above request.

Signature of Person with Interest as indicated above

Date

Printed Name of Person with interest as indicated above

Acknowledged before me this _____ day of _____, 20_____

by _____.

Such person is known to me or has produced _____ as identification.

Notary Signature _____

(Seal)

Notary Printed Name _____

Notary Public Commission No. _____

Once completed, return the form to the address at the top of this document.

Request for Repayment of Policy Loan:

I would like to repay my policy loan by making regular payments of \$ _____ through the arrangement I have indicated below. **(Minimum of \$10)**

Please include the repayments in the amount of \$ _____ with my premium notice or monthly bank draft to be drafted on the _____ day of each month. (This date must be between the 1st and the 28th of the month and must be the same date as any existing premium).

Signature of Owner

Date

Printed Name of Owner