

**POLICY DISBURSEMENT – LOANS**

**Attach a copy of valid Government issued photo ID**

<b>Name of Insured/Annuitant :</b>	<b>Owner:</b>		
<b>Policy No.:</b>	<b>Paid to:</b>		
<b>Telephone No(s):</b>	Home:	Work:	Cell

Please make the payment and any changes indicated below. Both of the undersigned parties represent that s/he has reached the age of majority. The payment is to be made to: *(if both applicable, complete both blocks)*

**THE UNDERSIGNED**

**FAMILY GUARDIAN INSURANCE LIMITED TO BE APPLIED TO:** \_\_\_\_\_

**POLICY LOAN AGREEMENT**

Make a loan upon the security of the policy in accordance with its provisions, and upon the security of any additions and accumulations thereto, in the amount of the Total shown in the Particulars of Loan Schedule below, together with accrued interest to the date hereof of any former loan, such Total to be applied as shown in the Schedule.

**PARTICULARS OF LOAN SCHEDULE**

<b>New Loan:</b>	<b>Less Loan Fee: \$ 20.00</b>	<b>Less VAT: \$ 2.40</b>	<b>Net Loan:</b>
<b>Existing Loan/APL Balance (Inclusive of Interest)</b>	<b>\$</b>	<b>Total Loan (Existing + New):</b>	

**NOTICE TO POLICYOWNER**

We are pleased to comply with your request for a **cash value loan** on the above-mentioned policy. **This loan will reduce the face amount of your life policy or the cash value of your annuity policy until such time as the loan and interest are repaid in full. As you are aware, interest will be charged at a rate of 10% for Star & 11% per annum for Family Guardian's life policies.** This rate may be changed by the Company in accordance with the provisions of the policy. *Therefore, to ensure that the full value of your policy is restored for future emergencies, we would like to encourage you to select one of the loan payment options set out below, which we will be happy to implement for your convenience.*

**PLEASE SELECT ONE OF THE LOAN REPAYMENT OPTIONS BELOW:**

**I wish to pay principal and interest**

**I wish to pay interest only**

I wish to increase my existing **pre-authorized cheques** by \$ \_\_\_\_\_ monthly, such amount to be credited to my loan.

I wish to increase my **Treasury/Salary Deduction** by \$ \_\_\_\_\_ monthly, such amount to be credited to my outstanding loan. *(A new Salary Deduction Form should be completed).*

I wish to have an **additional amount** of \$ \_\_\_\_\_ shown on my premium notices as a reminder to me, to pay on my outstanding loan.

**Dated at:** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_, 20 \_\_\_\_\_  
Nassau, Bahamas

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Insured/Owner**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Beneficiary/Assignee (2 signatures required from banks/institutions)**