

Loan Request Form for Life Policies



Accordia Life and Annuity Company
 P.O. Box 305027, Nashville, TN 37230-5027
 Customer Contact Center – Tel: 877 462 8992 Fax: 800 351 0603

Accordia Life and Annuity Company
 215 10th Street, Suite 1100, Des Moines, IA 50309
First Allmerica Financial Life Insurance Company
 132 Turnpike Road, Suite 210, Southborough, MA 01772

INSTRUCTIONS

- Use this form to request a loan from your life policy.
- Outstanding loans will reduce your policy's cash value and death benefit until repaid.
- The requested loan cannot surrender your policy or reduce the surrender value below policy minimums.
- Lapse or surrender of a policy with an outstanding loan may have adverse tax consequences.
- A request for a loan against your policy should only be done after consulting with your independent tax accountant or attorney and should be considered carefully.

1. OWNER INFORMATION

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date			Email Address	
Policy Number(s)			<input type="checkbox"/> Address Change Requested*	
Mailing Address	City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country
Social Security Number (last four digits) X X X - X X -	Date of Birth (mm/dd/yy) / /	Personal Phone () -		

* For your protection, confirmation of your address change will be sent to you prior to processing this request. There is a 10-day hold period on the loan distribution due to this confirmation process.

2. LOAN OPTIONS (Please select from the following options)

Amount	<input type="checkbox"/> Maximum Amount
Requested:	<input type="checkbox"/> Check for: \$_____ (Use for specific amounts only.)
Type of Loan:	<input type="checkbox"/> Fixed Loan <input type="checkbox"/> Variable Loan (NOT available for all policies)
If a Variable Loan Interest rate is not applicable to your policy, the loan interest rate will DEFAULT to a Fixed Loan Rate. Please refer to the loan provision of your policy for more information.	
Loan will be:	<input type="checkbox"/> Paid to Owner <input type="checkbox"/> Applied to Policy # _____ as <input type="checkbox"/> Premium or <input type="checkbox"/> Loan Repay
<input type="checkbox"/> Check here if this request applies to the policy rider.	

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3. YOUR TAX WITHHOLDING ELECTION

If the taxable portion of your payments are subject to income tax withholding, you may elect to have NO withholding or you may elect a higher rate. If federal income tax withholding is elected, applicable state income tax will also be withheld as appropriate.

Select from the options below:

- Do not withhold Federal or State income taxes from my payment
- Withhold _____% or \$ _____ Federal income tax from my payment.
- Withhold _____% or \$ _____ State income tax from my payment.

4. YOUR CONFIRMATION

In consideration of the proceeds of this loan, and all outstanding previous loans and accrued interest, if any, I (we) hereby assign said policy to Accordia, to the extent necessary to secure the repayment of said loan and interest thereon.

A. The maximum amount of loan to be granted shall not exceed the loan value as provided for in said policy, less an amount equal to the interest at the rate provided for in the policy from the date of this loan to the date of the next anniversary.

B. Interest on this loan, at any time while said policy is in full force and effect, shall become due and payable on each succeeding policy anniversary date.

C. This loan is made subject to the terms, conditions, and privileges of said policy which are hereby made a part of this agreement, and I (we) represent that no bankruptcy or insolvency proceeding have ever been instituted or are now pending against any of the undersigned.

Current Owner Signature X	Owner's Title (if corporation or trust)	Date (mm/dd/yy) / /
Current Joint Owner Signature X	Print Name	Date (mm/dd/yy) / /
Other Required Signature (Assignee) X	Print Name	Date (mm/dd/yy) / /

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

- Conservator Guardian Power of Attorney

Signature X	Print Name	Date (mm/dd/yy) / /
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We appreciate your business and are committed to providing you with accurate and caring service. If you have any questions or need additional information, contact your Insurance Professional or our Contact Center.