



PACIFIC GUARDIAN LIFE

1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814
(800) 367-5354 • clientrelations@pacificguardian.com

Loan Request Form

Before completing this form, please know:

- A loan will affect the cash value and charge an interest rate which may affect the health of your policy.
- If your loan balance exceeds your policy cash values, your policy will terminate.
- Loans \$2,500 and greater will require a notarized signature if not submitted to and signed by your servicing agent. Submissions directly made to a PGL office in person with proof of identification will not require notary.

Section 1: Policy Information

Policy number

Insured - First name

Middle name

Last name

Section 2: Ownership Information

Individual (or individuals, if the policy is co-owned)

Owner - First name

Middle name

Last name

Social Security number

Phone number (Mobile)

Email address

Co-Owner - First name

Middle name

Last name

Social Security number

Phone number (Mobile)

Email address

Trust, Charity, or Business Entity:

Print full name of Trust/Charity/Business entity

Date of Trust (mm/dd/yyyy)

Tax ID number of Trust/Charity/Business

Contact person - First name

Middle name

Last name

Phone number (Mobile)

Email address

Section 3: Loan Request Instructions

Loan Request: Maximum amount available Specific amount \$ _____ *

*If the policy does not have sufficient value to meet the specific dollar amount, a loan for the largest amount available will be granted.

Payment Options: Please select one of the following methods of payment (if no selection is made, check will be the default method):

Send check to policy owner at address on record. (Complete alternate address section on next page if to a different address).

Direct Deposit (Complete Section 4: Bank Information).

Pay by wire transfer (Complete Wire Transfer Authorization form)*.

*A transfer fee (\$20 domestic/\$21 international) will be charged as a loan against your policy.

Apply loan to a different policy to pay**: Premium Loan Premium Deposit Fund:

Policy number(s) _____ \$ _____

_____ \$ _____

**Any excess value remaining will be paid by check.

Alternate Address for Check Mailing

Street Address _____ City, State _____ Zip Code _____

Check this box if this is a new address to be updated.

Section 4: Bank Information

* A voided check is required (or other official document showing proof of bank account and ownership).

Account Type: Checking Savings

Bank Routing Number

Bank Account Number

Name of Bank

John Doe		20	1234
808 Aloha Road			
Beach City, Hawaii 10000-1234			
Pay to		_____	
The Order Of _____		\$ _____	
		Dollars	
Any Bank			
808 Sandy Beach			
Beach City, Hawaii 10000-1234			
For _____			
1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 0	1 2 3 4	
Routing Number		Bank Account Number	

Section 5: EFT (Electronic Funds Transfer) Authorization

I (we), the Bank Account Holder(s), hereby authorize:

1. Pacific Guardian Life to initiate credit entries to the deposit account designated above at the bank named above;
2. Recurring credits in the amount set forth in Section 3 and such additional amounts that may be required under the terms and conditions of the relevant policy/contract; and
3. Credits made from time to time, as I authorize.

I understand that:

1. The origination of electronic withdrawals to my account must comply with the provisions of U.S. law;
2. Pacific Guardian Life requires notification of at least two (2) business days prior to a scheduled payment to either terminate the BA account or to prevent a scheduled payment.

Section 6: Certification and Signatures

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. <i>power of attorney, guardianship papers, etc.</i>).
Trust	Signatures, followed by the word "Trustee," of all required Trustees.
Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: Chief Financial Officer, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required.

Social Security or Taxpayer Identification Number of Owner

Under penalty of perjury, I, certify that:

1. The number shown in this document is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to back up withholding; and
3. I am a U.S. Citizen or other U.S. person (defined below); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States; and
5. I have the right to make this loan request and receive loan funds for my own, personal use without the authorization, approval or permission of any court, person, firm or corporation.

If you are not a U.S. citizen or non-U.S. residing U.S. resident alien, you must submit the applicable IRS Form W-8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax certification section.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Executed this _____ day of _____, 20____ at _____, _____, _____.
Day Month Year City State Country

Signature of Owner		Date Signed (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
Signature of Co-Owner		Date Signed (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name

Servicing Agent's Signature	Print Agent Name	PGL Agent Code	Date Signed (mm/dd/yyyy)

Notarization:

This form must be notarized for loan requests \$2,500 and greater if not submitted to and signed by your servicing agent. Submissions directly made to a PGL office in person with proof of identification will not require notary.

State of: _____

County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary	Date (mm/dd/yyyy)
_____	_____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

How to submit this form

Mail:

Pacific Guardian Life
Attn: Client Relations Department
1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

Email:

clientrelations@pacificguardian.com

Fax:

1.800.946.1295

Pacific Guardian Life is here to help

You can reach us at 1.800.432.3306. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.