



REQUEST FOR POLICY LOAN

Thank you for being a valued Life Insurance Company of Boston & New York policyholder. **Please read the following information carefully prior to completing the attached Request for Policy Loan form.**

SECURITY	The cash surrender value of the policy is the only security (collateral) for the loan. The loan value is the cash value of the policy, less any unpaid premium, less any previous loan balance, less interest for the loan until the next policy anniversary.
INTEREST	Loan interest is charged on each policy anniversary at the rate stated in your policy. You may pay the interest on or before the anniversary each year. Unpaid interest is added to the loan balance on the anniversary.
REPAYMENT	You may repay your loan in full or in part, with interest, at any time you wish. Life Insurance Company of Boston & New York does not bill for loan payments. If you pay your loan along with a premium payment, please indicate on the notice or coupon the amount you wish to apply to the loan balance. If you pay your premiums by allotment, you may increase your allotment and have the excess applied to the loan. We strongly suggest that in addition to payment of the annual interest you make monthly or quarterly loan payments of at least \$10.00 to avoid the possibility of equity surrender, and restore the policy to its full value.
LOAN BALANCE	If at any time the loan balance plus unpaid interest exceeds the cash surrender value, we notify you to make a loan payment in an amount sufficient to keep the policy in force. Paying the interest charges as due will prevent this possible occurrence from happening.
POLICY VALUES	If you cancel your policy or a claim is made upon your death, the amount of the loan balance with interest up to the date of the termination will be subtracted from the final benefit amount.
RESTRICTIONS	You may not borrow against your policy while it is being kept in force as Extended Insurance. We reserve the right to delay granting a loan for up to 6 months.
CREDIT	Life Insurance Company of Boston & New York will not check your credit or report your loan to any credit agency or credit bureau.

Please mail or fax this completed form to:
Life Insurance Company of Boston & New York
P.O. Box 219
Canton, MA 02021
Fax: 781-821-4976

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POLICY #: _____ INSURED NAME: _____

For maximum amount available, please call our Client Services department at (800) 645-2317

APPROXIMATE MAXIMUM LOAN AVAILABLE: _____

As owner of the policy, I authorize you to compute and apply available funds or values as indicated below:

I.) Choose one:
[] Send me a check for the maximum loan available.
[] Send me a loan check in the amount of \$ _____.
[] Use loan value from my policy to pay _____ months of premium on the following policy(ies) #_____, #_____, #_____

II.) Check the appropriate box:
The owner certifies that he or she:
[] NO, I am not the subject of bankruptcy proceedings.
[] YES, I am the subject of bankruptcy proceedings. (please see below)
If you are in Bankruptcy, we require written authorization from your court appointed Trustee, which must be on their letterhead and be submitted along with this form.

III.) Please complete the section below, incomplete and/or missing information may delay this request:
The policy is hereby assigned to Life Insurance Company of Boston & New York as sole security for the loan. The Company has a first lien on the policy to the extent of any loan balance.
OWNER NAME _____ DATE _____ OWNER SIGNATURE _____
(_____) _____ _XXX-XX-_____
TELEPHONE NUMBER OWNER SOCIAL SECURITY NUMBER (Last 4 digits)
MAILING ADDRESS _____ RESIDENTIAL ADDRESS (If Different from Mailing Address) _____
Assignee or Irrevocable Beneficiary (If Applicable) _____ SPOUSE SIGNATURE (For policies Issue in Community Property States: CA, ID, LA, NV, NM, WA and WI) _____
Witness: _____ Date: _____
(A witness signature is not required but is strongly recommended)