



POLICY LOAN REQUEST

CLIENT INFORMATION (Attach a copy of a Valid Identification Card)

Name: _____

Address: _____

Contact Numbers: _____ Email Address: _____

Employer's Name: _____

Employer's Address: _____

Employer's Contact Number: _____

Type of Policy: _____ Policy Number: _____

Policy Owner: _____

Insured: _____

Insurance Amount: _____ Requested Loan Amount: _____

Reason for Loan: _____

Repayment Amount: _____

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

Are you a resident of Belize? Yes No Are you a citizen of Belize? Yes No

Are you a citizen of any other country other than Belize? Yes No

If yes, please state which country. _____

LOAN INFORMATION (For Official Use Only)

Date received in office: _____ Received by: _____

Outstanding Loan Amount: _____ Policy Loan Anniversary: _____

Policy Issue Date: _____ Policy Year: _____ Paid to date: _____

Cash Surrender Value: _____ Total Loan Amount: _____

Interest Rate: _____ Interest Amount: _____ Loan Amount: _____

Decision on Application: Approved Declined

Repayment Arrangements/Reason for Declinature: _____

Signature of Loan Officer: _____ Date: _____

Signature of Senior Underwriter: _____ Date: _____