



**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: \_\_\_\_\_