

**FIRST CATHOLIC SLOVAK UNION**

6611 Rockside Road, Independence, Ohio 44131  
(1-800) 533-6682; FAX (216) 642-4310

**LOAN REQUEST**

(Applicable only for Three Payment Whole Life Insurance Policies)

Policy Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

I promise to pay to the order of the First Catholic Slovak Union, at its Home Office in Independence, OHIO, the sum of \_\_\_\_\_dollars, which is to be applied as a loan on Policy No: \_\_\_\_\_ issued by said Society on the life of \_\_\_\_\_, Branch No: \_\_\_\_\_.

I hereby authorize and empower the Society to deduct and retain the amount due hereunder in the settlement of any claim for benefits under the above policy.

If the loan is repaid within two (2) years from the date of issue of the policy there shall be no interest charge. If not paid in two (2) years, the policy loan provisions shall apply.

Initial amount received: \$\_\_\_\_\_

Balance Due: \$\_\_\_\_\_

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Signature of Member (Insured)

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Witness