

FIRST CATHOLIC SLOVAK UNION

6611 Rockside Road, Independence, Ohio 44131

(1-800) 533-6682; FAX (216) 642-4310

LOAN REQUEST

(Applicable only for Two 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 one (1) year from the date of issue of the policy there shall be no interest charge. If not paid in one (1) year, the policy loan provisions shall apply.

Initial amount received: \$ _____

Balance Due: \$ _____

Signature of Member (Insured)

Witness

Form: PLAN I