FAMILY BENEFIT LIFE INSURANCE CO.

ADMINISTRATIVE OFFICE:
PO Box 5205 | Frankfort KY 40602-5205
Phone: 866.440.1357 **Fax:** 502.875.7084

POLICY LOAN AGREEMENT

IN CONSIDERATION Of the sum of _____ Dollars advanced by FAMILY BENEFIT LIFE INSURANCE CO., as a LOAN on the sole security of and in accordance with the Policy Loans provision contained In Policy Number _____ on the life of _____ issued or assumed by the said Company, I (we) hereby assign said policy and all sums of money now due or hereafter to become due thereunder, to said Company as security for repayment of the said loan and interest thereon. Interest shall be payable at the rate and at the times and in the manner provided in the policy. It is agreed that any interest which is not paid when due shall be added to the principal of the loan, shall become a part thereof and shall bear interest at the same rate and on the same conditions as the loan.

It is also agreed that the principal of the said loan with any interest due and accrued thereon shall become due and payable whenever the insurance under the said policy shall become due and payable, or whenever the total indebtedness on the said policy shall equal or exceed the cash value of the said policy, or when any premium on the said policy shall not be paid when due. If at any time the entire indebtedness evidenced by this loan, together with any other indebtedness on said policy, shall equal or exceed the cash value of the policy, the Company's liability under the policy shall terminate upon compliance by the Company with the requirements of law and the policy, if any, respecting notice.

If the said policy shall lapse or become forfeited in any manner, the amount of the said loan with interest accumulated or accrued thereon (1) shall be deducted from any cash value of said policy; or (2) shall operate to reduce the amount of any Paid-up insurance or to reduce the amount of and/or the term of any Extended Term Insurance in the manner provided by the terms of the said Policy.

It is expressly represented that all natural persons signing below are of legal age and that no proceedings in bankruptcy or insolvency have been instituted or are pending against any of the undersigned.

IN WITNESS WHEREOF, the undersigned have executed this agreement this _____ day of _____, _____
DAY MONTH YEAR

Complete required Policy Owner's information below:
☐ Check if new address

OWNER'S SOCIAL SECURITY NUMBER:

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

Owner-Day time phone: ( )
☐ Home ☑ Cell ☐ Work Owner's email address

X _____ X _____
OWNER'S NAME (PRINTED) OWNER'S SIGNATURE

X _____
SPOUSE'S SIGNATURE (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)