



COLUMBIAN FINANCIAL GROUP

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE:
21333 HAGGERTY ROAD • NOVI, MI 48375

POLICY LOAN REQUEST/NOTE

IDENTIFICATION OF POLICY

Policy Number: _____ Named Insured: _____

LOAN AMOUNT

Amount of loan requested: \$ _____ (an amount must be entered here)

NOTE: The maximum loan amount available for this policy will be paid if the amount entered exceeds the maximum loan value

TERMS OF THE LOAN

No person has personal liability for the payment of the policy loan or any interest on the loan. The only security required for the loan is the cash value of the policy identified above. You may repay all or part of your policy loan at any time during the lifetime of the insured while the policy is in effect. However, if the policy is in effect as reduced paid-up insurance or extended term insurance you must reinstate the policy before you can repay any loan. Interest on your policy loan accrues each day from the date of the loan at the rate and in the manner provided in the policy. On each policy anniversary, interest is due for the prior policy year. Any interest not paid when due is added to the policy loan and bears interest at the same rate. Failure to pay the loan or to pay interest shall not void the policy unless the total indebtedness on the policy equals or exceeds the cash value of the policy and until 1 month after notice is mailed by the Company to the last known address of the insured.

IMPORTANT NOTICES CONCERNING YOUR POLICY LOAN

The death benefit and all other policy benefits under your policy will be reduced by the balance of your policy loan(s) (including interest added to the loan(s)) and by the interest accrued but not added to the policy loan(s) for the current policy year.

I request that the amount entered above (or the maximum loan amount available under the policy, if applicable) as a loan against the cash value of the policy identified above. I agree that this loan is made on the terms and conditions stated above and as provided in the policy. **I assign the cash value of the policy, and all sums due or which may become due under the policy, to the Company as security for the payment of the policy loan, including interest.**

I represent and warrant that I am of legal age and that no proceedings in bankruptcy or insolvency have been instituted or are pending against me.

Dated: _____
Signature of Witness Signature of Policyowner

Print Name

Print Name

Policyowner address:

_____ This request will not change the address on record with the Company

Please see the reverse side for information concerning the Columbian Financial Group privacy policy.

IMPORTANT NOTICE CONCERNING YOUR POLICY LOAN

- Interest accrued on the outstanding loan balance is added to the loan balance on the anniversary of your policy's issue date unless the interest is paid.
- The death benefit payable under your life insurance policy will be reduced by the amount of the outstanding loan balance including accrued interest.

• YOUR POLICY COULD TERMINATE

Unless interest is paid, the debt on your policy may exceed its cash value and the policy may be terminated.

PRIVACY POLICY

The Columbian Financial Group is committed to respecting the individual privacy of our customers. We are giving you this notice to tell you the information we collect about you and how we use that information.

We collect nonpublic personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications and other forms. We may also receive information from physicians, testing laboratories and other health care providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information and current and past medical history.

- ***We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.***
- ***We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products and services to you.***
- ***We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information.***

SPECIAL NOTICE FOR OHIO RESIDENTS: Pursuant to Ohio Revised Code Section 3999.21: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.