

POLICY LOAN AGREEMENT

CS 084

¹Policy Number: _____ **TRN:** _____ (A TRN is compulsory unless a foreign mailing address is provided below).

Insured Person/Assignee: _____ **²TRN (Life Insured):** _____
(Borrower)

³Life Insured: _____ Mailing Address: _____
(If other than the Insured Person)

E-mail address: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

TEL. NO.:(W) _____ (H) _____ (Cell) _____

Preferred Methods of Receiving Correspondence: E-mail Postal mail Text message

Date of Application: _____ DD/ _____ MM/ _____ YY Date Loan Disbursed: _____ DD/ _____ MM/ _____ YY

POLICYHOLDER DATA:

Are you a permanent resident, citizen or national of another country? Yes No If yes, please state: _____

Are you a US citizen, resident or green card holder? Yes No

Taxpayer Identification Number (TIN) (if applicable): _____

Where do you pay taxes? _____

Do you pay taxes in any other jurisdiction? Yes No If yes, please state: _____

Have you recently changed your residential or mailing address? Yes No

If yes, please state new address _____
(Please attach proof of address)

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CERTIFICATION:

Certification for Non-US Person

I certify that I the undersigned am **NOT** a citizen, national, resident, or green card holder of the United States. I further agree to advise Guardian Life Limited as soon as I become aware of any changes that would render this declaration invalid.

.....
Signature of Non-US Customer

.....
Date

Certification for US Person

I certify that I the undersigned **am** a citizen, national, resident or green card holder of the United States. I further confirm that the Taxpayer Identification Number (TIN) provided above is correct (or I am awaiting a number to be issued to me).

.....
Signature of US Customer

.....
Date

POLITICALLY EXPOSED PERSONS (PEP)/PUBLIC FIGURES:

Do you, any immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative or executive division of the government, military or judiciary of your country of residence or in any other foreign country government? Yes No

Do you, any immediate family or close associates, currently serve or previously served in the capacity of assistant commissioner or higher of the police force or as a senior executive of a state owned company of your country of residence or a foreign government? Yes No

If you have ticked "Yes" to any of the above, please state the capacity? _____

AUTHORIZATION, DECLARATION AND CONSENT:

I understand that the information provided in this form will enable Guardian Life Limited to manage operations and risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements. I confirm that the information provided is true and correct and can be relied upon by Guardian Life and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.

.....
Signature of Insured Person

.....
Date

NOTE: The above borrower must sign this agreement.

Outstanding Loan (inclusive of interest) and Automatic Premium Loan (APL)	New Loan \$ Stamp Duty _____ Total \$	Total Loan Balance \$	Initial Interest Rate % per annum compounded annually
\$			

The above named Borrower applies to Guardian Life Limited for the NEW LOAN specified above in accordance with the terms of the above policy and agree to the following:

1. The **New Loan** shall be added to any existing indebtedness including accrued interest and shall hereinafter be referred to as the Total Loan.
2. The **Total Loan** shall be repayable by _____ installments of \$ _____ commencing _____ (subject to any amendment in the rate of interest). Interest is payable on the Total Loan until the loan has been fully repaid and shall be compounded and capitalized annually, if not paid.
3. The interest rate shall be the initial Interest Rate stated above and Guardian Life reserves the right to amend the rate from time to time. Interest shall accrue from the date the loan is disbursed.
4. If the Total Loan and interest thereon, at any time exceeds the cash value of the policy, the policy shall terminate automatically and without notice from the Company.

¹POLICY NO.: _____ ³LIFE INSURED: _____ ² TRN: _____

5. The Company shall deduct from the policy proceeds, the balance outstanding inclusive of interest on the Total Loan before settlement of any claims under the policy.

6. The Borrower declares that all parties joining in this agreement, being the only parties entitled to the proceeds of this loan, are of full legal age and legally capable of entering into this agreement.

The Borrower authorizes the Company to apply the proceeds of the NEW LOAN as stated above and to deliver any Cheque issued in keeping with the instructions below:

Method of payment: Cheque EFT Bank Name _____ Branch of Account _____

Branch Code _____ Account # _____ Account Type Savings Chequing

Please make cheque payable to Guardian Life Ltd. for Pol # _____

Please deliver cheque to: _____

Signature of: _____

Insured Person/Irrevocable Beneficiary/Assignee/Trustee

MARKSMAN CLAUSE:

This section is to be completed only if the Marksmen Clause applies, that is when a party is unable to read or write by reason of illiteracy, illness or blindness.

Signed by: _____ (Insert person's full name) _____ (Mark is to be placed here)

After the same was read over and explained to him/her and who expressed himself/herself as fully understanding the nature and effects of the contents.

In the presence of:

Justice of the Peace Date

• CHEQUES WILL BE CANCELLED AFTER ONE MONTH, IF NOT COLLECTED. THE PROCESSING FEE IS NON-REFUNDABLE.

Dated at: _____ this _____ day of _____ 20 _____
(Place) (Day) (Month) (Year)

Witness' Name & Signature Signature of Insured Person/Assignee

Address Address

Witness' Name & Signature Signature of Assignee/Irrevocable Beneficiary/Trustee

Address Address

FOR INTERNAL USE ONLY

Name Signature Date

Prepared by: _____

Approved by: _____

Approved by: _____

Cheque No. _____ Amount _____

Mailed

Collected

Index by Policy#, TRN and Name of Life Insured. Scan both pages of this document.