Monumental Life Insurance Company
Transamerica Life Insurance Company
Western Reserve Life Assurance Co. of Ohio
Administrative Office located at:
4333 Edgewood Road N.E., Cedar Rapids, IA 52499-0001

FAX 800-235-4782

Loan Request/Repayment

Policy/certificate number (s)_____ Insured/Annuitant_____

Owner_____ Phone Number_____

Fill out all required information in sections 1 and 2 and sign below.

1. Loan Request

Select one:

_____A cash loan for $ _____ (In addition to present loan, if any).

_____A cash loan of accumulated interest only (Limited to single premium universal life).

_____A cash loan for the largest amount available.

_____A loan to pay premiums on policy # _____, due date _____/_____/ _____.
MO DAY YR

_____Add the Automatic Premium Loan (APL) option to my policy.

2. Loan Repayment

Increase the amount I am billed each regular period (monthly, quarterly, etc.) by $_____
(Minimum $10.00)

Insured /Annuitant_____ _____
Signature Date Signed Social Security Number Date of Birth

Owner_____ _____
Signature Date Signed Social Security Number Date of Birth

Assignee_____
Signature Title Date Signed

Spouse_____
Signature- (if none, indicate, NONE)