

POLICY LOAN REQUEST FORM

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

POLICY NUMBER			
OWNER'S NAME		OWNER'S SOCIAL SECURITY NUMBER	
JOINT OWNER'S NAME		JOINT OWNER'S SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO REQUEST A CHANGE OF ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

LOAN REQUEST

I (we) hereby request a loan secured by the policy listed above in accordance with the policy loan terms stated in my (our) policy. Please choose one of the following to determine the requested loan amount:

- Specific Dollar Amount \$ _____ or Maximum Loan Amount Available

METHOD OF PAYMENT

- Mail a Check** to the address listed above
 Direct Deposit (please complete Authorization for Direct Deposit on page 4)

TAX WITHHOLDING ELECTION (MODIFIED ENDOWMENT CONTRACTS ONLY)

If your policy is a modified endowment contract, please make a tax withholding election below. If you do not make a withholding election, 10% federal income tax and any required withholding of state income tax will be withheld on any taxable gains included in the loan proceeds.

Please select one of the following options:

- DO NOT withhold federal or state income tax from my loan.
- Withhold _____% federal income tax from the taxable portion of my loan.
- Withhold _____% state income tax from the taxable portion of my loan.

Even if you elect not to have income tax withheld, or if you do not have enough tax withheld, you are liable for federal and state income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. Please consult your tax advisor for additional information on tax withholding. Michigan residents – we must withhold state tax, unless you elect not to withhold using Form MI W-4P.

SUBSTITUTE FOR IRS FORM W-9

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Social Security number or taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person.

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

SIGNATURES AND AUTHORIZATION

I have read, understand and agree to the following:

- I certify that my policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that the owner is not a debtor in any pending bankruptcy or insolvency, and that the owner is not under guardianship or legal disability unless indicated.
- The policy is assigned to North American Insurance Company to secure the loan.
- Please verify the loan or surrender provisions and conditions of your policy prior to making a selection and make sure that you understand the impact that taking this distribution will have on your policy values and any riders.
- The rate and due date of interest will be as provided in the policy. An outstanding loan reduces the death benefit. If interest is not paid when due it will be added to the outstanding loan balance and will bear interest at the same rate as the original principal amount of the loan. If at any time the total indebtedness on the policy equals or exceeds the policy’s cash surrender value, the policy will terminate.
- A policy loan may have tax consequences. If your policy is a modified endowment contract or a non-qualified annuity, your loan will be taxable to the extent of any taxable gain in the policy. A loan may also be subject to a 10% tax penalty for early distribution before age 59½. Please consult your tax advisor.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature – Owner	Date	Signature – Joint Owner <i>(if applicable)</i>	Date
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<input type="checkbox"/> Trustee or <input type="checkbox"/> Officer Title: _____	<input type="checkbox"/> Trustee or <input type="checkbox"/> Officer Title: _____
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Signature – Spouse <i>(required in community property states – currently AZ, CA, ID, LA, NM, NV, TX, WA and WI)</i>	Signature – Irrevocable Beneficiary or Collateral Assignee <i>(if any)</i>
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If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing.

Conservator
 Guardian
 Power of Attorney

Signature: _____

Print Name: _____

INSTRUCTIONS

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Spouse Signatures – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and WI), the owner’s spouse must also sign this form. Unless North American has been notified of a community property interest in the policy, North American will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy

of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form.

Corporation – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

Irrevocable Beneficiary – If you previously named an irrevocable beneficiary, the irrevocable beneficiary’s signature is required.

Collateral Assignee – If the policy has been assigned as collateral, all assignees must sign.

North American [®] Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.oxfordlife.com

AUTHORIZATION FOR DIRECT DEPOSIT

POLICY NUMBER	
OWNER'S NAME	JOINT OWNER'S NAME

Bank Account Information

BANK ACCOUNT OWNER'S NAME	
NAME OF BANK	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ROUTING NUMBER	ACCOUNT NUMBER

IF USING A CHECKING ACCOUNT, ATTACH A VOIDED CHECK OVER THE SHADED AREA BELOW. DO NOT ATTACH A DEPOSIT SLIP OR STARTER CHECK.

Your Name
123 Any Street
Your Town, USA 11111

-VOID-

Your routing number 123456789	Your account number 1234567	Your check number 111
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I hereby authorize North American Insurance Company, and/or its third-party administrators, representatives or agents, ("North American") to electronically transfer into my account, until further notice, all policy payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that North American will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until North American has written notification from me of termination and in such manner as to afford North American and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to North American for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

Dated this _____ day of _____, 20_____.

Signature – Policy Owner/Bank Account Owner

Signature – Joint Policy Owner (if any)