



**POLICY LOAN REQUEST FORM**

**Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form. If no ID is available, the form must be notarized. 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.



**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 Oxford Life has been notified of a community property interest in the policy, Oxford Life 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.

<b>Oxford Life® Mailing Address and Contact Information</b>	
<b>Regular or Overnight Mail</b>	2721 North Central Avenue, Phoenix, Arizona 85004
<b>Fax</b>	(877) 584-2777
<b>Email</b>	OxfordPHS@oxfordlife.com
<b>Policyholder Services</b>	(866) 641-9999
<b>Website</b>	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-

<b>Your routing number</b> 123456789	<b>Your account number</b> 1234567	<b>Your check number</b> 111
---	---------------------------------------	---------------------------------

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, ("Oxford Life") 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 Oxford Life 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 Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life 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 Oxford Life 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)