

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

Loan Request/Repayment

FAX 800-235-4782

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)	