

	□ National	Life Ir	nsurance	e Comp	any®
☐ Life	Insurance Co	mpan	y of the	Southv	vest®
			Loar	n Agreer	nent

Owner Name Policy/Certificate Number Social Security / Tax I.D. No Tel	
PALL SPERA #2182921 084360079 Address P.O. BOX539, Stowe, V+.05672 E-Mail Address p210 Spera	- 1 - W A A
	g mail. com terest" for single premium
1c. Loan Type (For life insurance only, If applicable) Fixed Net Cost Loan Variable Net Cost Loan Fixed Rate L	
For life insurance only, if the policy is or becomes a Modified Endowment, all or part of the loan may be taxable & reportable.	
For variable contracts only, the amount will be deducted proportionately from the accumulated value in the sub accounts if suffice the General/Fixed Account. If you prefer, you may indicate a specific dollar amount and sub-account.	
 2. Loan Repayment 403(b) & 457 Annuity Loan Payback - (All loan payback period is 5 years unless used for the purchase of a primary home.)	eck
3. Bank Information	
Bank Name: People's United BANK Name on Account: PALL SPET	
Routing No: 2 2 1 1 7 2 1 8 6 Account No 2 7 1 3 1 6 3 6 5	
4. Disclosures I hereby represent that the proceeds of this loan fall under IRC Section 72(p), if applicable. I further represent that this loan, when added to a qualified plans from the same employer in which I am a participant, does not exceed the lesser of \$50,000, less the highest outstanding lo months, or the greater of (a) one-half the Cash Surrender Value or (b) \$10,000. Contact your Plan Administrator to determine loan approval. The Policy or Certificate is assigned to the Company as security for repayment of the loan. Interest is payable at the times and m provision of the Policy or Certificate. If interest is not paid when due, the defaulted amount will be reported as income to the IRS. The loan be interest at the same rate until a qualifying event has occurred. If the amount owed to the Company becomes more than the Cash Surren Certificate, the Cash Surrender Value will be treated as a distribution and the policy will be closed out with no future benefits or coverage. Any of the time of death will be deducted from the proceeds upon settlement of any claim under this Policy or Certificate. The loan interest rate amortization period are shown on the amortization schedule which will be sent to me. The loan is payable according to the Policy's loan provision the Company is furnishing this form and participating in this loan transaction at my specific request. The Loan Agreement shall be automatically compliance with all laws and regulations applicable to such loan. W9: Under penalties of perjury, I hereby certify that: (1) the number show correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am withholding or I am exempt from such withholding; (3) I am a U.S. person (including a U.S. resident alien); and (4) I am exempt from FATCA regitem 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends of the contact of underreporting interest	availability and required nanner provided in the loan plance will continue to bear ider Value of the Policy or putstanding loan balance at the, required payment, and in. I further understand that amended so as to maintain who on this application is my in no longer subject to such porting. You must cross out
5. Signatures/Date The IRS does not require your consent to any provision of this document other than the certifications required to avoid backer backers. Date Collateral Assignee - if any (Must be notarized)	
Owner / Date / Collateral Assignee - if any (Must be notarized)	Date
Other Required Signatures (i.e. Joint Owner, POA, etc.) Date Spouse, if any (Required in AZ, CA, ID, LA, NM, NV, TX, WA, WI & ERIS.)	A plans) Date
Plan Administrator's Signature & Title (Required for qualified accounts except IRAs)	Date
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