



UTU Insurance Association

24950 Country Club Blvd., Suite 340
North Olmsted, Ohio 44070-5333
Phone 216-228-9400 Fax: (216) 228-0411
www.utuia.org

LOAN REQUEST FORM

Owner _____ Social Security No. _____

Insured _____ Social Security No. _____

Policy No. _____ Local No. _____

Please select one of the following options:

Specified loan amount for \$ _____

Maximum loan amount available

The undersigned hereby acknowledges the loan is subject to all applicable policy provisions and interest rate. Further, the loan is due and payable on the policy anniversary date, but may be continued at that time by payment of interest for one year on the amount due. It should be noted that at any time the amount of the loan exceeds the cash value of the policy, the policy will terminate.

Signature of Owner

Street Address/City/State/Zip

Signature of Co-Owner (If Applicable)

Telephone Number

Date