

PO Box 7937 Lake Forest IL 60045-7937 Phone: (800) 918-8877 Fax: (847) 615-4943

Email: CustomerCare@trustmarkbenefits.com

Website: Trustmark VB.com

LOAN REQUEST

Please print or type except where signatures are requested.

Policy Number:			
Insured's Name:			
Owner's Address (including City, State			
Owner's Phone Number: ()			
Owner's Email:			
I would like to take a loan for the:			
☐ Maximum Amount Available			
□ Amount: \$			
I (we) request that the transaction ma all persons signing below are of legal approved by Trustmark.	age. The changes rec	uested in the form will not be	ecome effective until
Dated atCity and State	this	day of	, 20
Name of Owner(s):			
Signature of Owner(s):			



California Policy Owners with Long-Term Care Rider Loan Disclosure Notice

WARNING: Loans may reduce and potentially eliminate your death benefit and your longterm care benefits. Receipt of a loan may adversely affect your eligibility for Medicaid or other government entitlements, and loan proceeds may be taxable if the loan is not repaid and the policy is surrendered or lapses. Please consult a financial advisor.

Taking a loan from your Universal Life insurance policy may have the following effects:

- Your policy may terminate before age 100 due to insufficient cash value.
- You may need to increase your premiums to keep your policy active.
- Your Long Term Care Accelerated Death Benefit payment may be reduced.
- Your death benefit may be reduced.

The following projection is an example of an outstanding loan amount after five years, assuming that the interest rate will remain consistent, and no loan repayments will be made early and with no additional loans. This example uses an interest rate of 8% annually.

NOTE: This is a generic projection. Trustmark will provide policy owners with a five-year projection specific to your loan after payment is disbursed.

Projection of \$5,000 Loan Balance		Outstanding Loan Balance	
Year 5	Exar	\$7,346.64	

The following demonstration provides an example of how a loan would impact your life insurance policy and your Long Term Care Accelerated Death Benefit.

Sample of Effects of Loan on Life Insurance	Loan Payment of \$5,000	
Certificate Values		
	Before Payment	After Payment
Death Benefit	\$100,000	\$95,000
Long Term Care Accelerated Death Benefit Available	\$100,000	\$95,000
Face Amount	\$100,000	\$100,000
Accumulated Value	\$10,000	\$10,000
Outstanding Loan Balance	\$ -	\$5,000
Cash Surrender Value	\$10,000	\$5,000
Sum of Premium paid for Secondary Guarantee	\$12,000	\$7,000
Period		

Sample of Effects of Indebtedness on a Long Term Care Accelerated Death Benefit Payment	Loan Payment of \$5,000
Death Benefit Amount at the end of the Elimination Period	\$100,000
Face Amount at the end of Elimination Period	\$100,000
Indebtedness	\$ - 5,000
Death Benefit Amount reduced by Indebtedness	\$95,000
4% of Death Benefit Amount reduced by Indebtedness	\$3,800
Monthly Payment	\$3,800
Death Benefit Amount after 1st monthly payment	\$91,200
Indebtedness after 1st monthly payment	\$4,800
Death Benefit Amount after 2nd monthly payment	\$87,400
Indebtedness after 2nd monthly payment	\$4,600

In the above demonstration, each monthly benefit payment reduced values by 4%. Therefore, the indebtedness is reduced 4% of \$5,000, or \$200, for each monthly payment.

To finalize your loan request, sign and date below, and return to CustomerCare@trustmarkbenefits.com or fax to (847) 615-4943.

If you have any questions, contact our Customer Care professionals Monday through Friday from 7:00 a.m. to 6:00 p.m. CT at (800) 918-8877 or customerCare@trustmarkbenefits.com.

Signature	 	 	
Date			