

Life Insurance Policy Loan Request Form



First Investors Life Insurance Company

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783. www.firstinvestors.com

Policy Number: _____
Name of Owner: _____ (Phone#): _____
Name of Insured (If different than owner): _____
Owner's Current Address: _____

Date Received at
the Administrative
office:

A. Please check one of the options below:

- Request a policy loan for: \$ _____
- Maximum loan (**applicable for non-participating policies**)
- Maximum loan including dividends (**applicable for participating policies only**)
- Maximum loan excluding dividends (**applicable for participating policies only**)

B. Select the delivery method:

- Regular Mail FEDEX Standard Overnight (\$18.00 charge) FEDEX Saturday Delivery (\$32.00 charge)

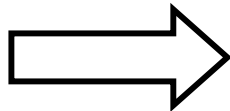
C. Check one of the options for delivery:

- To the address of record.
- To the following address: _____
(Requires Medallion Signature Guarantee or Manager Signature Guarantee)

Please note: The check will be made payable F/B/O the policy owner, even if it is sent to a different address than the one of record.

A Medallion Signature Guarantee or a Manager Signature Guarantee is required if the proceeds are sent to a different address than the one on record, or if the address of record was updated less than 30 days prior to the loan request. (Not applicable for residents of New Jersey).

Affix Medallion Signature Guarantee here. Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



For FIC Reps Only: I certify that all signatures that require a signature guarantee in this form are genuine.

_____ Reg. Rep #	_____ Registered Representative's Name (print)	_____ Registered Representative's Signature	_____ Date
_____ Reg. Rep #	_____ Principal's Name (print)	_____ Principal's Signature	_____ Date

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D. Acknowledgement:

The undersigned understands this loan will be subject to all applicable policy provisions and applicable interest rate(s). The policy is hereby assigned to the Company as security for payment of the loan indebtedness and in consideration of the Company waiving the deposit of the policy with it, the undersigned agrees that the rights of the Company shall in no manner be prejudiced by such waiver.

It is also understood that policy loans reduce the cash value and death benefits of a policy. Furthermore, if a policy is surrendered or terminates for any reason prior to the owner's death, policy loans are taxable to the extent that they exceed the cost basis. As a general rule the policy owner is responsible for paying income taxes on the difference between the surrender value and total premiums paid. Any outstanding policy loans will be added to the cash surrender value for the purpose of calculating income tax liability. If the total amount of outstanding loans exceeds the cash balance, the policy will terminate. For variable policies, poor performance of the underlying subaccounts, as a result of adverse market conditions, might cause this to occur. Consult with your representative or tax advisor before taking a policy loan.

E. Signature (s):

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SSN)/Taxpayer Identification Number (TIN) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding.

I also certify under penalty of perjury that the policy has not been and it is not now assigned as collateral to any bank, credit union or other lender.



Signature of Owner #1

SS or Tax I.D. #

Date



Signature of Owner #2 (if any)

SS or Tax I. D. #

Date

*****Original signature (ink only) must be submitted. Copies and/or faxes are not acceptable*****

Please refer to the chart for signature requirements:

Policy Owner:	Form must be signed by:	Additional requirements:
Trust	Trustee	Evidence that the Trust is in effect and of qualification of Trustee. (Certificate of Authority)
Minor	Guardian	Letters of guardianship
Assignee	Assignee	Corporate resolution
Corporation	Corporate officer	Corporate resolution

The form must be fully completed and mailed to the administrative office, Inforce Services Department, in order to process the request.