

### Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

Singapore Branch Office 18 Cross Street #12-02 Cross Street Exchange Singapore 048423 T: +65 6212 0620 F: +65 6223 2001 www.transamericalifebermuda.com Co. Reg. No.: T05FC6768E

# **REQUEST FOR POLICY LOAN FORM**

## IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction. The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (TLB).

| Insured's Name      | Policy Number |  |
|---------------------|---------------|--|
| Policy Owner's Name |               |  |

The policy is hereby assigned to TLB as sole security for the loan. TLB has a first lien on the policy to the extent of any loan balance and any unpaid interest on the loan balance. Except as stated below, the undersigned certifies that:

- (1) the policy is not subject to any lien, assignment or legal claim superior to TLB's interest by any person or organisation who is not a party to this request; and
- (2) that the undersigned is not involved in pending bankruptcy proceedings. Exception (if any):

| _                       |  |   |  | Select the box that applies       |  |  |  |
|-------------------------|--|---|--|-----------------------------------|--|--|--|
| 1.                      | . I request a loan in the amount set forth below in accordance with the policy's provisions. |   |  |                                   |  |  |  |
|                         | Maximum Loan Amount Av   | ailable   |  |                                   |  |  |  |
| 2.                      | 2. Reason for applying the loan:   |   |  |                                   |  |  |  |
| 3.                      | Payment Instruction<br>I/we, hereby, authorise TLB to an                                     | range proceeds as follows (if no option is selected, pro  | ceeds will be paid by che                                      | que to policy owner):             |  |  |  |
|                         | ☐ Pay Out  |   |  |                                   |  |  |  |
|                         | Payment Method   | ☐ By Cheque<br>(applicable to amount less than USD500,000<br>or equivalent. For USD cheque, a local clearing<br>USD cheque will be issued.) | By Telegraphic Tr<br>(Please complete bel<br>Details Section.) | ansfer<br>ow Telegraphic Transfer |  |  |  |
|                         | Pay to:<br>(if the policy is subject<br>to collateral assignment)                            | Policy Owner  | Assignee   |                                   |  |  |  |
|                         | Pay Premium Due to This Policy   |   |  |                                   |  |  |  |
| Apply to Policy Number: |  |   |  |                                   |  |  |  |
|                         | Loan Repayment Pay Premium Other(sub   |   |  | ect to review and approval)       |  |  |  |
|                         |  |   |  |                                   |  |  |  |

| $\checkmark$ | Select | the | box | that | applies |
|--------------|--------|-----|-----|------|---------|
|--------------|--------|-----|-----|------|---------|

| Correspondent Bank Information (if applicable) |  |  |
|--|--|--|
| Correspondent Bank Name                        |  |  |
| Correspondent Bank Swift Code                  |  |  |
| Correspondent Bank Address                     |  |  |
|  |  |  |
| Beneficiary Bank Information                   |  |  |
| Beneficiary Account Holder Name                |  |  |
| Beneficiary Account Number                     |  |  |
| Beneficiary Swift Code                         |  |  |
| Beneficiary Bank Name                          |  |  |
| Beneficiary Bank Address                       |  |  |
| Note: Payment must be made to po               |  |  |

|  |                                      |              | Select the box that applies |  |  |  |
|--|--------------------------------------|--------------|-----------------------------|--|--|--|
| Signatures   |                                      |              |                             |  |  |  |
| Signature of Policy Owner                            | *                                    |              |                             |  |  |  |
| Signed at  | (Country)                            | Date         | (dd/mm/yyyy)                |  |  |  |
| Name   |                                      |              |                             |  |  |  |
| Phone Number   | Country Code Area Code               | Phone Number |                             |  |  |  |
|  |                                      |              |                             |  |  |  |
| Signature (include Title, if C                       | orporation or Trust)                 |              |                             |  |  |  |
|  |                                      |              | X                           |  |  |  |
| Signature of Witness to Po                           | Signature of Witness to Policy Owner |              |                             |  |  |  |
| Signed at  | (Country)                            | Date         | (dd/mm/yyyy)                |  |  |  |
| Name   |                                      |              |                             |  |  |  |
|  | ID Number                            |              | Signature                   |  |  |  |
| Type INRIC<br>Passport<br>Other                      |                                      |              | х                           |  |  |  |
| Address  |                                      |              |                             |  |  |  |
|  |                                      |              |                             |  |  |  |
| Signature of Irrevocable Beneficiary (if applicable) |                                      |              |                             |  |  |  |
| Signed at  | (Country)                            | Date         | (dd/mm/yyyy)                |  |  |  |
| Name   |                                      |              |                             |  |  |  |
| Phone Number   | Country Code Area Code               | Phone Number |                             |  |  |  |
| Signature (include Title, if C                       | orporation or Trust)                 |              | Х                           |  |  |  |
|  |                                      |              | Χ.                          |  |  |  |

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Note: To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative.

| Signatures (Continued)  |                             |           |              |   |  |  |
|---|-----------------------------|-----------|--------------|---|--|--|
| Signature of Witness to Irrevocable Beneficiary (if applicable) |                             |           |              |   |  |  |
| Signed at   | (Country)                   | Date      | (dd/mm/yyyy) |   |  |  |
| Name  | , , , , , , , , , , , , ,   |           |              |   |  |  |
| ID Number   |                             | Signature |              |   |  |  |
| Type INRIC  |                             |           |              | X |  |  |
| Address   |                             |           |              |   |  |  |
| Signature of Collateral As                                      | ssignee* (if any)           |           |              |   |  |  |
| Signed at   | (Country)                   | Date      | (dd/mm/yyyy) |   |  |  |
| Name  |                             |           |              |   |  |  |
| Phone Number Image: Country Code Image: Code Phone Number       |                             |           |              |   |  |  |
| Signature (include Title, if C                                  | orporation or Trust)        |           |              | x |  |  |
|   |                             |           |              | _ |  |  |
| Signature of Witness to C                                       | ollateral Assignee (if any) |           | 1            |   |  |  |
| Signed at   | (Country)                   | Date      | dd/mm/yyyy)  |   |  |  |
| Name  |                             |           |              |   |  |  |
|   | ID Number                   |           | Signature    |   |  |  |
| Type INRIC  |                             |           |              | X |  |  |
| Address   |                             |           |              |   |  |  |

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Note: To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative.

Select the box that applies

## **GENERAL NOTICES**

TLB makes no representation and assumes no liability for the tax implication, if any, of this transaction. TLB does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified advisor.

#### U.S. Income Tax Notice and Withholding Information

Under current U.S. tax law, loans under life insurance policies are generally not subject to U.S. income tax when taken. However, a loan from a Modified Endowment Contract ("MEC") Policy is taxable to the extent of any gain then in the policy. A life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-pay premium limit or when certain changes are made to policy benefits.

If you are a U.S. individual, U.S. entity or foreign entity with U.S. owners or beneficiaries and your Policy is a MEC, your loan may be currently taxable by the U.S. TLB will also report a taxable loan to the U.S. on Form 1099 and may withhold U.S. tax on the taxable portion of the loan unless we have received your correct U.S. Taxpayer ID Number (TIN) before paying out the loan amount.

TLB does not offer tax or legal advice. Tax laws are subject to change and different interpretations may apply. TLB recommends you seek counsel from a qualified advisor.