Transamerica Life (Bermuda) Ltd.
(Incorporated in Bermuda with limited liability)

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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 Available ☐ Partial Loan Amount ☐ USD_____

2. Reason for applying the loan:

   _____

3. Payment Instruction
   I/we, hereby, authorise TLB to arrange proceeds as follows (if no option is selected, proceeds will be paid by cheque to policy owner):

   ☐ Pay Out

Payment Method	☐ By Cheque (applicable to amount less than USD500,000 or equivalent. For USD cheque, a local clearing USD cheque will be issued.)	☐ By Telegraphic Transfer (Please complete below Telegraphic Transfer Details Section.)
Pay to: (if the policy is subject to collateral assignment)	☐ Policy Owner	☐ Collateral Assignee

   ☐ Pay Premium Due to This Policy

   ☐ Apply to Policy Number: _____

   ☐ Loan Repayment ☐ Pay Premium
   ☐ Other _____ (subject to review and approval)

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☑ Select the box that applies

4. Telegraphic Transfer Details

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 policy owner/collateral assignee only.

5. Declaration by Policy Owner and/or Collateral Assignee (if applicable)

I/We confirm that I/we am/are not an undischarged bankrupt, subject to any winding up, receivership or judicial management proceedings, and that there are no pending or threatened bankruptcy or winding up, receivership or judicial management proceedings against me/us. For the avoidance of doubt, where the Collateral Assignee is a bank, licensed financial institution or other regulated lending institution, the declaration set out in this paragraph shall not apply to the Collateral Assignee.

☑ Select the box that applies

Signatures

Signature of Policy Owner*

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number			
Signature (include Title, if Corporation or Trust)	X		

Signature of Witness to Policy Owner

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
ID Number		Signature	
Type ☐ NRIC ☐ Passport ☐ Other _____		X	
Address			

Signature of Irrevocable Beneficiary (if applicable)

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number			
Signature (include Title, if Corporation or Trust)	X		

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

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☑ Select the box that applies

Signatures (Continued)

Signature of Witness to Irrevocable Beneficiary (if applicable)

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
ID Number		Signature	
Type ☐ NRIC ☐ Passport ☐ Other _____		X	
Address			

Signature of Collateral Assignee* (if any)

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number			
Signature (include Title, if Corporation or Trust)		X	

Signature of Witness to Collateral Assignee (if any)

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
ID Number		Signature	
Type ☐ NRIC ☐ Passport ☐ Other _____		X	
Address			

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

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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.