

Life Loan Application

GSL-CSR-00033 (01/26)



Phone: 816.908.3000 • Email: forms@greatsouthern.com
 Administrative Office: PO Box 410249, Kansas City, MO 64141-0249

Name of Owner	Policy Number
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The undersigned hereby authorizes "the Company" to issue a net policy loan check to the Participant for:
 the amount of \$ _____ or the maximum amount available.

Distribution Method:

- Regular Mail
- EFT (**please provide voided check**)
- Overnight \$20.00 Fee (**physical address required**)

I understand the following:

1. Current Company practice is to require that a minimum net of \$100 be borrowed per request.
2. Current Company practice is to allow a maximum of 90% of the cash surrender value to be borrowed.
3. The policy is assigned to the Company to secure the repayment of the loan. Should the total indebtedness against the policy equal or exceed the then cash surrender value, such cash surrender value shall be applied to the payment of the indebtedness and the contract shall automatically terminate if we have not received sufficient funds to keep the contract in force, and all liability of the Company in respect of this policy ceases. The loan shall be subject to the policy loan provisions of the policy contract.
4. The loan interest rate and calculation method are defined by the policy contract provisions.
5. If any amount is owed to the Company upon the Insured's death, or when a settlement option is elected, such amount owed will be deducted from the policy proceeds.

TAXPAYER IDENTIFICATION CERTIFICATION

1. Under penalties of perjury, I certify that I am a US citizen or other US person, and that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me.)
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 as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
3. I am exempt from FATCA (Foreign Account Tax Compliance Act) reporting.

***You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest or dividends on your tax return.**

By my signature below, I acknowledge that I have read and understand the above loan disclosure information and that the information I have provided is accurate to the best of my knowledge.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ Signature of Owner	_____ Date	_____ Tax Identification Number of Owner
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_____ Signature of Notary Public (If Required)	_____ Stamp/Seal of Notary Public
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NOTE: The release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the policy from which the values are released. The policy owner(s) has the right to receive information regarding the existing policy or contract values including, if available, an in-force illustration or policy summary.

POLICYOWNER'S ADDRESS

Street Address			
City	State	ZIP Code	Daytime Telephone Number