



**MUTUAL TRUST**<sup>SM</sup>  
LIFE INSURANCE COMPANY

A Pan-American Life Insurance Group Stock Company

1200 JORIE BOULEVARD  
OAK BROOK, ILLINOIS 60523-2269  
1-800-323-7320  
WWW.MUTUALTRUST.COM

### Automatic Loan Repayment Request

Policy Number \_\_\_\_\_

Insured Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

As the Owner of this policy, I want to arrange for the **Automatic Loan Repayment Plan ("Repayment Plan")**. I instruct Mutual Trust Life Insurance Company, A Pan-American Life Insurance Group Stock Company ("Company"), to deduct a total of \$\_\_\_\_\_ each month from the account I have specified below and to apply those funds so as to reduce any outstanding policy loan under the above captioned policy. I understand that unless I instruct otherwise, this amount will be automatically drafted each month from the specified account below until any outstanding loan is repaid in full.

Make the deduction on the \_\_\_\_\_ of each month, beginning \_\_\_\_\_

(Month/Year)

**Please note: The withdrawal day of the month must be from the 1<sup>st</sup> through the 28<sup>th</sup> only.**

Name of Financial Institution:

Address:

Routing Number:

Account Number:

I understand that:

1. This Repayment Plan may be stopped or modified by the Owner (s) of the policy or the Account Holder, if other than the Owner(s). The Company may terminate this Repayment Plan upon notice to the Owner.
2. If the monthly payment exceeds the amount needed to repay the loan completely, the deduction will be adjusted to the payoff amount, after which the Repayment Plan will end.
3. The Company is not responsible for any fees or overdraft charges resulting from the Company's withdrawal from my account pursuant to this authorization. The Company shall not be responsible for confirming the accuracy of any information, including the bank and account information disclosed on this form. By signing this form, the Account Holder and Policy Owner (if different than the Account Holder), attest to the accuracy of all information disclosed on this form.
4. This authorization shall remain in effect unless revoked.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Owner (if other than Account Holder)

**A voided check must be included with your request.** If you do not have a check, please send a copy of your statement with Account Name and Bank Account Number. Deposit forms cannot be accepted. Please include policy numbers (if possible) on checks.

**Please send request via Fax to 1-800-522-0449 or Email at [polycypayments@mutualtrust.com](mailto:polycypayments@mutualtrust.com).**