

## QR Code by Account

Date: 09-04-2019 12:26:20

Page: 1 of 1

Country	ST MAARTEN
Branch	1270
Account Number	102727427
Account Title	ANCHIA FREDERICK
Contract Date	27-JUN-2018
Status	ACTIVE



American Bankers Life Assurance Company of Florida

A Stock Insurance Company

Administrative Office: 11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

SINGLE TERM LIFE AND/OR JOINT TERM LIFE- TOTAL AND PERMANENT DISABILITY

I hereby apply for Group Life Insurance and/or Total and Permanent Disability in accordance with the provisions of the Group Policy issued by American Bankers Life Assurance Company of Florida.

SCHEDULE

FIRST NAMED INSURED DEBTOR ANCHIA FREDERICK	DATE OF BIRTH 05/21/85	AGE 33	JOINT NAMED INSURED (LIFE INSURANCE ONLY) XXXXX	DATE OF BIRTH XXXXX	AGE XXXXX
FIRST INSURED DEBTOR'S ADDRESS ALMOND GROVE ESTATE 6 ST. MAARTEN SM	COLE BAY		JOINT INSURED DEBTOR'S ADDRESS (LIFE INSURANCE ONLY) XXXXX XXXXX XXXXX XXXXX		
FOR A TERM OF 48 MONTHS COMMENCING ON EXPIRATION DATE			GROUP MASTER POLICY NUMBER GMP6936		
MONTH/DAY/YEAR June 27 2018			MONTH/DAY/YEAR 06/27/2022		
COVERAGES			LIMITS OF LIABILITY		PREMIUM
GROSS DECREASING TERM LIFE INSURANCE			ORIGINAL AMOUNT OF INSURANCE	\$ 21,076.32	\$ 716.60
SINGLE DISABILITY COVERAGE			MONTHLY DISABILITY BENEFITS		\$ 0.00
WAITING PERIOD 14 days- RETROACTIVE			MONTHLY DISABILITY BENEFITS		\$ N/A
CANCELLATION			MONTHLY DISABILITY BENEFITS		\$ N/A
THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE ABOVE COVERAGES AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE OR CHARGES.				TOTAL PREMIUM \$ 716.60	

FIRST BENEFICIARY ISLAND FINANCE - ST. MAARTEN

SECOND BENEFICIARY JEFFERSON GEORGE

I authorize to deduct from the proceeds of my note the aforesaid amount of my premium and to pay same to the insurer or authorize agent.

IT IS UNDERSTOOD THAT THIS PURCHASE IS VOLUNTARY ON MY PART AND HAS NOT BEEN MADE COMPULSORY BY THE CREDITOR.

WITNESS 

APPLICANT 

FOR YOUR OFFICE FILE

AA2186CB-0413  
AA2186(IF)-0513

American Bankers Life Assurance Company of Florida

A Stock Insurance Company

Administrative Office: 11222 Quail Roost Drive, Miami, FL 33157-6596 • 305 253 2244

SINGLE TERM LIFE AND/OR JOINT TERM LIFE- TOTAL AND PERMANENT DISABILITY

I hereby apply for Group Life Insurance and/or Total and Permanent Disability in accordance with the provisions of the Group Policy issued by American Bankers Life Assurance Company of Florida.

SCHEDULE

FIRST NAMED INSURED DEBTOR		DATE OF BIRTH		AGE	JOINT NAMED INSURED (LIFE INSURANCE ONLY)		DATE OF BIRTH		AGE
ANCHIA FREDERICK		05/21/85		33	XXXXX				
FIRST INSURED DEBTOR'S ADDRESS					JOINT INSURED DEBTOR'S ADDRESS (LIFE INSURANCE ONLY)				
ALMOND GROVE ESTATE 6					XXXXX				
ST. MAARTEN					XXXXX				
SM					XXXXX				
MONTH/DAY/YEAR					GROUP MASTER POLICY NUMBER				
FOR A TERM OF 48 MONTHS COMMENCING ON June 27 2018					GMP6936				
MONTH/DAY/YEAR									
EXPIRATION DATE 06/27/2022									
COVERAGES					LIMITS OF LIABILITY			PREMIUM	
GROSS DECREASING TERM LIFE INSURANCE					ORIGINAL AMOUNT OF INSURANCE		\$ 21,076.32		\$ 716.60
SINGLE DISABILITY COVERAGE									
WAITING PERIOD 14 days- RETROACTIVE					MONTHLY DISABILITY BENEFITS		\$ 439.09		\$ 0.00
CANCELLATION					MONTHLY DISABILITY BENEFITS		\$ N/A		\$ N/A
THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE ABOVE COVERAGES AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE OR CHARGES.							TOTAL PREMIUM \$ 716.60		

FIRST BENEFICIARY

ISLAND FINANCE - ST. MAARTEN


SECOND BENEFICIARY

JEFFERSON GEORGE


I authorize to deduct from the proceeds of my note the aforesaid amount of my premium and to pay same to the insurer or authorize agent.

IT IS UNDERSTOOD THAT THIS PURCHASE IS VOLUNTARY ON MY PART AND HAS NOT BEEN MADE COMPULSORY BY THE CREDITOR.

WITNESS



APPLICANT



THIS COPY TO INSURANCE COMPANY



Original

Loan Number: 102727427

LOAN VOUCHER

Lender, Island Finance N.V. ST MAARTEN BRANCH 1270

Borrower(s): ANCHIA FREDERICK XXXXX  
(Names and Addresses) ALMOND GROVE ESTATE 6 COLE BAY  
ST. MAARTEN SM

DESCRIPTION OF THE MAIN CHARACTERISTICS OF THE CREDIT PRODUCT						
Amount Of Customer Credit	Borrowing Rate	APR	Installments	Duration	Administrative Fee o f the Amount of Customer Credit	Total Amount to Be Paid By The Consumer on Consumer Credit
13,434.81	23.56	27.00	439.09	48	1%	21,076.32

Date of Loan: 06/27/18 Monthly Installment Due Date: 27 Default Charge: 0.00  
(mo/day/yr)

The total amount of this loan is repayable in 48 consecutive monthly installments of 439.09 each, the first payment due 07/27/2018 and the final payment due 06/27/2022 which shall be the unpaid balance plus any unpaid charges. The last installment may vary from the monthly installments. (mo/day/yr)

Also, I approve that Island Finance may send me any marketing promotions or special offers in any media such as text messages, emails and correspondence among others.

LOAN VOUCHER - LOAN REGISTER

1. Principal Amount of Loan	13,434.81
2. Checks To:	
	0.00
	0.00
	0.00
	0.00
3. Total Checks (Subtract from Line 1)	0.00
4. Total Cash	13,434.81
5. Net Pay-off Balance Due on Current Account	8,118.21
6. Credit Life Insurance Premium	716.60
7. Credit Accident and Health Insurance Premium	0.00
8. Filing or Recording Fees	
9. Total Paid to Cashier - Lines 5, 6, 7 and 8 (Subtract from Line 4)	8,834.81
10. Amount Disbursed to Customer	4,600.00

From time to time, Island Finance Curacao may be asked to furnish other responsible parties, such as banks and financial institutions, with personal (credit) data it may have in its possession related to the "status" (amount financed, remaining balance, monthly payment, payment history, and/or delinquency) of my/our account. As is the practice with several banks and financial institutions in St. Maarten, some or all of said data may be furnished by Island Finance Curacao in order to give information related to my/our credit behavior to other banks and/or financial institutions to provide my/our total credit exposure to prevent my/our over-crediting by lenders and to keep me/us out of credit repayment problems. To that effect, I/we approve with my/our signature in the present agreement that Island Finance can share such information for such purposes.

TO CASHIER:  
Pay amount shown as "AMOUNT DISBURSED TO CUSTOMER" to the borrower.

(Signed)

Verified A.R. (Cashier's Initials)

I (we) hereby authorize the disbursement of the proceeds of loan as set forth above and acknowledge receipt of the amount shown as "AMOUNT DISBURSED TO CUSTOMER."

Primary Borrower

Spouse

Cosigner

**CONTRACT OF LOAN FOR CONSUMPTION  
And  
Acknowledgment of Debt**

Original


The undersigned ANCHIA FREDERICK 102727427  
residing in (Saint Maarten) ALMOND GROVE ESTATE 6 COLE BAY ST. MAARTEN SM

hereafter called debtor, declares to enter by these presents with Island Finance (Saint Maarten) N.V., co-undersigned into a contract of loan for consumption on the following terms and conditions:

1. Debtor receives on loan from Island Finance (Saint Maarten) N.V. an amount of N.A. FLS. 13,434.81
2. This amount shall be repaid by debtor increased by the agreed upon interest and expenses, thus totaling N.A. FLS. 21,076.32
3. Debtor undertakes to pay back to Island Finance (Saint Maarten) N.V. this total amount of N.A. FLS. 21,076.32  
in 48 monthly installments, each of N.A. FLS. 439.09 the first of which shall fall  
due on 07/27/2018 and the last on 06/27/2022. The last installment may vary from the monthly installments.  
(mo/day/yr) (mo/day/yr)
4. APR 27.00 % Borrowing Rate 23.56 % Administrative Fee 134.35
5. Each payment shall always be deemed to have been made in settlement of the installment which has already been due for payment for the longest period of time.
6. If an installment which became due for payment is left entirely or partly unpaid by debtor for 15 days after such separate installment's due date, debtor shall owe to Island Finance (Saint Maarten) N.V. a non recurrent interest fine of 5% on such unpaid installment or on the unpaid part of such installment, whichever applies.
7. On debtor's bankruptcy or death or if a guardian is appointed over debtor or if debtor applies for an official moratorium or fails to pay the compulsory installments or fails to observe one or more of debtor's obligations arising from this contract, the principal sum, interest, interest fine and anything else owed by debtor to Island Finance (Saint Maarten) N.V. under this contract shall be forthwith due and demandable, without any warning or notice of default.
8. All costs reasonably incurred by Island Finance (Saint Maarten) N.V. in respect of a dispute between the debtors and Island Finance (Saint Maarten) N.V. or in case Island Finance (Saint Maarten) N.V. should be involved in proceedings or disputes between the debtor and a third party, including but not limited to postage, stamp, telegram, telephone, telex, telefax charges and agency fees, shall be borne by the debtor. As regards the extrajudicial costs, these are agreed on at 15% of the amount owed. All judicial costs, including but not limited to attorney fees, bailiff costs and Court costs, shall be borne entirely by the debtor.
9. Debtor declares having received from Island Finance (Saint Maarten) N.V. the amount mentioned in Article 1 hereof and in acknowledgment of the total amount owed debtor adds hereunder a corresponding affirmation.
10. The Borrower acknowledges and accepts that the Lender may assign or sell this Loan Agreement, its rights and /or obligations at any time without obtaining the consent of the Borrower. Borrower also agrees to renounce his/her right to notification regarding any sale or transfer of the Loan Agreement, or its rights and/or obligations.

Thus agreed, in Saint Maarten, on 06/27/18  
(mo/day/yr)

Debtor ANCHIA FREDERICK

  
Island Finance (Saint Maarten) N.V.

Debtor's spouse XXXXX

Good for TWENTY ONE THOUSAND SEVENTY SIX 32/100

and cents, increased by the agreed upon interest and expenses.

Debtor 

**CONTRACT OF SURETYSHIP**

The undersigned XXXXX  
residing at XXXXX XXXXX XXXXX XXXXX

hereafter called surety, declares that for the benefit of the corporation Island Finance (Saint Maarten) N.V. he/she does hereby become surety for debtor residing in Saint Maarten ANCHIA FREDERICK

thereby binding himself/herself as surety for all debts which the debtor may owe or may come to owe under a Contract of Loan for Consumption, in which the above-mentioned text thereof are listed on this date the debtor, the total amount of the sum to be repaid, the number of installments to be paid and the amount of each installment to be paid are mentioned, who enters into this contract of suretyship on the following terms and conditions:

1. The surety renounces the right of excussion and the benefit of division.
2. The expenses which shall be charged to the surety shall also include all the interest, collection and legal expenses which Island Finance (Saint Maarten) N.V. is entitled to charge to the debtor as agreed upon in article 8.
3. Island Finance (Saint Maarten) N.V. is hereby irrevocably authorized by the surety to enter into agreements, compromises or arrangements with the debtor or others and which shall then also be binding upon the surety.

As suretyship good for \_\_\_\_\_ guilders  
and cents, increased by interest and expenses.

The above agreement has been entered into in Saint Maarten on 06/27/18  
(mo/day/yr)

The surety. Island Finance (Saint Maarten) N.V.

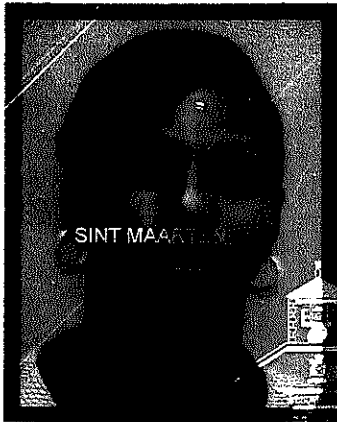
The undersigned XXXXX

married to XXXXX

does hereby consent to the entering into the contract of suretyship set forth above.

The surety's spouse.

Island Finance (Saint Maarten) N.V.



Surname / Naam  
**FREDERICK**

Given Names / Voornamen  
**ANCHIA**

Sex / Geslacht  
**F**

Residence Permit / Verblijfsvergunning  
**201519364 PERM**

Nationality / Nationaliteit  
**LCA**

ID No.  
**1985052172**

Place of Birth / Geboorteplaats  
**VIEUX FORT**

DOB / GEB  
**21 MAY 1985**

Issued / Afgiftedatum  
**17 JUN 2015**

Expiry / Geldig Tot  
**10 JUL 2018**

ORIGINAL

*[Handwritten signature]*

Unambiguous consent for the processing of (personal) data loan agreement

Name: ANCHIA FREDERICK Id Number: 1985052172

Name: XXXXX Id Number: XXXXX

Name: XXXXX Id Number: XXXXX

Processing of (personal) data

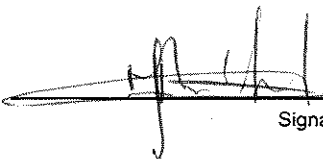
Island Finance (Sint Maarten) N.V., hereinafter to be referred to as 'Island Finance', will process the personal data of the debtor and the debtor's representatives, as well as data regarding the loan agreement in accordance with the applicable laws. Island Finance may exchange the personal data within the group to which Island Finance belongs and with any successor in title and any service provider of Island Finance or of its successors in title in connection with (i) the proper performance of the loan agreement or (ii) the transfer of title from Island Finance to the loan agreement and to any existing or future receivables against the debtor to any of Island Finance successors in title. (Personal) data can also be exchanged with third parties that Island Finance or its successors in title make use of in their business operations or in providing their services.

Statement

I, ANCHIA FREDERICK<sup>1</sup>, hereby acknowledge that I have read and understood the above mentioned and grant my unambiguous consent for the processing of that (personal) data.

I, XXXXX<sup>2</sup>, hereby acknowledge that I have read and understood the above mentioned and grant my unambiguous consent for the processing of that (personal) data.

I, XXXXX<sup>3</sup>, hereby acknowledge that I have read and understood the above mentioned and grant my unambiguous consent for the processing of that (personal) data.

  
Signature<sup>4</sup>

27-6-18.  
Date

\_\_\_\_\_  
Signature<sup>5</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature<sup>6</sup>

\_\_\_\_\_  
Date

  
Island Finance representative

27 June 2018  
Date

- 1. Fill in the first name that is mentioned at the beginning of this form.
- 2. Fill in the second name that is mentioned at the beginning of this form.
- 3. Fill in the third name that is mentioned at the beginning of this form.
- 4. Fill in the first name that is mentioned at the beginning of this form.
- 5. Fill in the second name that is mentioned at the beginning of this form.
- 6. Fill in the third name that is mentioned at the beginning of this form.



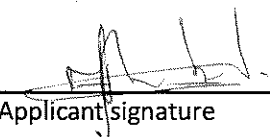
## Customer Credit Disclosure

### List Total Amount of Credit

	Bank	Type of Loan	Monthly Payment
1		none	
2			
3			
4			
5			
6			
7			
8			

**Privacy Disclosure:** As an applicant, co-applicant and/or cosigner who is applying for a loan with Island Finance Curacao or Island Finance St. Maarten, I/we hereby acknowledge that, as a component of this loan application process and only for the sole purpose of the potential execution of a credit agreement contract to which I/we may become party to, Island Finance Curacao or Island Finance St. Maarten may solicit personal (credit) data from other banks and/or financial institutions which has been deemed necessary for determining a conclusion of the stated contract(s).

**Central Bank POC provisions:** In accordance with the Provisions on Preventing Overextension of Credit, lenders should obtain sufficient information on a consumer's financial condition in order to assess the consumer's creditworthiness. Approved credits must be well documented and clearly substantiate the consumers' creditworthiness. Truthfully and accurately completing this form will ensure compliance with regulatory requirements. Omitting information regarding your debts could be considered as an act of fraud to our institution.



Applicant signature

Date

18 June 2018

Applicant signature

Date

Applicant signature

Date





**Customer Disclosure Form**  
(Summary of type of credit, terms, and conditions offered)

Date: 06/27/18

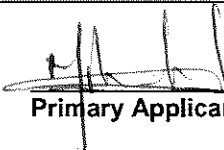
Application Number: 102727427

Applicant Name: ANCHIA FREDERICK

Applicant Spouse Name: XXXXX

Type of credit: Personal Loan (Consumer)

DESCRIPTION OF THE MAIN CHARACTERISTICS OF THE CREDIT PRODUCT						
Amount Of Customer Credit	Borrowing Rate	APR	Installments	Duration	Administrative Fee of the Amount of Customer Credit	Total Amount to Be Paid By The Consumer on Consumer Credit
13,434.81	23.56	27.00	439.09	48	1%	21,076.32

  
Primary Applicant's Signature

27-6-18  
Date

\_\_\_\_\_  
Spouse Applicant's Signature


\_\_\_\_\_  
Date

\_\_\_\_\_  
Cosigner's Signature

\_\_\_\_\_  
Date

**Amortization table:**

With your signatures below, you certify you have received an Amortization Table in connection with this document. The amortization table assumes that each payment will be made on or before the Payment Date stated and that previous payments have been made on time. Failure to make any payment by the Payment Date stated will result in the accrual of additional interest, and/or the imposition of late fees in accordance with the Loan Agreement.

  
Primary Applicant's Signature

27-06-18  
Date

\_\_\_\_\_  
Spouse Applicant's Signature

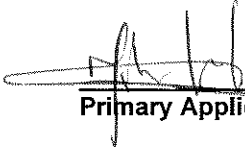
\_\_\_\_\_  
Date

\_\_\_\_\_  
Cosigner's Signature

\_\_\_\_\_  
Date

**Terms and Conditions:**

1. Debtor will remit payment to Island Finance in monthly installments. The last installment may vary from the monthly installments.
2. Each payment shall always be deemed to have been made in settlement of the installment which has already been due for payment for the longest period of time.
3. If an installment which became due for payment is left entirely or partly unpaid by the debtor for 15 days after such separate installment's due date, the debtor may owe to Island Finance a non-recurrent interest fine of 5% on such unpaid installment or on the unpaid part of such installment, whichever applies.
4. On debtor's bankruptcy if a guardian is appointed over debtor or if debtor applies for an official moratorium or fails to pay the compulsory installments or fails to observe one or more of debtor's obligations arising from this contract, the principal sum, interest, interest fine and anything else owed by debtor to Island Finance under this contract shall be forthwith due and demandable, without any warning or notice of default.
5. All costs reasonably incurred by Island Finance with respect to a dispute between the debtor(s) and Island Finance or in case Island Finance should be involved in proceedings or disputes between the debtor and a third party, including but not limited to postage, stamp, telegram, telephone, telex, telefax charges and agency fees, shall be borne by the debtor. With regards to the extrajudicial costs, these are agreed on at 15% of the amount owed. All judicial costs, including but not limited to attorney fees, bailiff costs and Court costs, shall be borne entirely by the debtor.
6. Debtor declares having received from Island Finance the amount mentioned in Article 1 hereof and in acknowledgment of the total amount owed debtor adds hereunder a corresponding affirmation.

  
\_\_\_\_\_  
Primary Applicant's Signature

27-06-18.  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cosigner's Signature

\_\_\_\_\_  
Date

**American Bankers Life Assurance Company of Florida**  
[A Stock Insurance Company]  
Administrative Office: [11222 Quail Roost Drive, Miami, FL 33157-6596 L 305.253.2244]

**DISCLOSURE**

**Date:** 06/27/18 **Application Number:** 102727427  
**Customer Name** ANCHIA FREDERICK **Customer Spouse Name:** XXXXX

American Bankers Life Assurance Company of Florida (ABLAC) is an insurance provider offering life insurance products. ABLAC is a legal entity incorporated under the laws of the **State of Florida, U.S.A.** and is licensed with/by the Florida Department of Insurance. ABLAC offers insurance products in Curacao, Sint Maarten and the BES-islands via its branch locally represented by Assurantie-en Adviesburo Suares & Thodé N.V. in Curacao. In Curacao and Sint Maarten, ABLAC is supervised by Centrale Bank van Curacao en Sint Maarten.

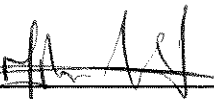
The following disclosure has been provided prior to the execution of a loan agreement in accordance with Article 5.2 of the Annual Percentage Rate Provisions ("APR").

**THE PURCHASE OF CREDIT LIFE INSURANCE IS COMPLETELY VOLUNTARY AND NOT A REQUIREMENT FOR LOAN PURCHASE.**

**Life and Disability Insurance Pre-contractual Information**

- a. **Amount of Insurance:** 21,076.32
- b. **Term of Insurance:** 48 **months**
- c. **Insurance premium amount:** 716.60 (premium is paid in a single payment)
- d. **The creditor has a financial interest in the sale of this insurance and is receiving**
- e. **20% commission of the insurance premium amount.**
- f. **Insurance Company contact information :**  
American Bankers Life Assurance Company of Florida  
11222 Quail Roost Drive, Miami, FL 33157-6596  
1-800-852-2244
- g. **Branch Office:**  
Assurantie-en Adviesburo Suares & Thodé N.V.  
Mr. Oswald Jose Suares  
Sta. Rosaweg 107  
P.O. Box 3130  
Willemstad, Curacao
- h. **Law applicable to the Certificate:**  
The laws of the state of Florida govern the Life Insurance Certificate issued by American Bankers Life Assurance Company of Florida.
- i. **Island Finance serves as an intermediary of ABLAC in the sale of credit life insurance products in Sint Maarten .**

**Island Finance**  
[address details]

**Applicant Signature**  **Date** 27-06-18  
**Applicant Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_