



2 YEAR PAYMENT WITH NO INTEREST LOAN

APPLICABLE ONLY FOR TWO PAYMENT WHOLE LIFE INSURANCE POLICIES

Insured: _____

Policy #: _____

Amount: _____

Date: _____

I, _____ promise to pay to the order of the FCSU Financial®, at its Home Office in Independence, OH, the total sum of _____ dollars, which is to be applied as a loan on policy number _____ issued by said Society. I hereby authorize and empower the Society to deduct and retain the amount due hereunder in the settlement of any claim for benefits under the above policy.

If the loan is repaid within two (2) years from the date of issue of the policy there shall be no interest charge. If not paid in two (2) years, the policy loan provisions shall apply.

Any unpaid balance will be deducted from the face value of the policy.

Initial Amount Received: \$ _____

Balance Due: \$ _____

1st payment due _____ Amount: \$ _____

2nd payment due _____ Amount: \$ _____

Print Name: _____

Signature: _____