



# 3 YEAR PAYMENT WITH NO INTEREST LOAN

APPLICABLE ONLY FOR THREE 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 three (3) years from the date of issue of the policy there shall be no interest charge. If not paid in three (3) 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: \$ \_\_\_\_\_

3rd payment due \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_