

Financial Institution Form - Disability insurance based on a loan**Section A: To be completed by Claimant**

First Name: _____ Last Name: _____

Policy Number: _____ Date of Birth (DD/MM/YYYY): _____/_____/_____

Date total disability began (DD/MM/YYYY): _____/_____/_____

I hereby authorize the release of any information requested in regard to this claim to Assumption Life and its authorized representatives. A copy of this authorization shall be as valid as the original.

Claimant's Signature_____
Date (DD/MM/YYYY)**Section B: To be completed by Creditor**

Creditor's Name: _____

Loan/credit line number: _____ Date of disbursement: _____
(DD/MM/YYYY)Is the above-named claimant a debtor on this loan? Yes NoLoan Information:(a) Personal Mortgage Line of credit – if yes, please proceed directly to section (b) Other- please specify: _____

Initial loan amount: \$ _____

Amortization period: _____

Based on the minimum monthly payments, provide the number of remaining monthly loan payments: _____

Was this loan taken to reimburse an existing loan? Yes No

If yes, please provide name of initial financial institution: _____

Please confirm the regular monthly loan payment (**principal and interest only**) at time of disbursement. Penalties, arrears, interest bonuses, property tax payments, insurance premiums and any other amount added to the regular loan payment are excluded.

\$ _____

(b) Line of credit loans only:

Please provide a statement with all transactions made on this loan for the 6 months prior to the disability date as stated in Section A of this form.

Initial amount insured at time of disbursement: \$ _____

Name (in block letters)_____
Signature_____
Title_____
E-mail_____
Telephone/ Fax_____
Date (DD/MM/YYYY)