

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  No

Loan 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)