

Phone: (800) 225-3859 **Fax:** (847) 615-4943

Hours: Monday – Thursday 7:00am to 7:00pm CST

Friday 7:00am to 6:00pm CST

Email: CustomerCare@ulaflac.com **Website:** www.Aflacgroupinsurance.com

LOAN REQUEST

Please print or type except where signatures are requested.

| Policy Number: | | | |
|--|------|--------|------|
| Insured's Name: | | | |
| Owner's Address (including City, State, Zi | | | |
| Owner's Phone Number: () | | | |
| I would like to take a loan for the: | | | |
| ☐ Maximum Amount Available | | | |
| □ Amount: \$ | | | |
| I (we) request that the transaction marked below are of legal age. The changes requ | | | |
| Dated at City and State | this | day of | , 20 |
| Name of Current Owner(s): | | | |
| Signature of Current Owner(s): | | | |