POLICY LOAN AGREEMENT

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

Policy number(s)		
Owner first name Middle	nitial Last name last or legal name of corporation/entity	
Life Insured first name Middle	nitial Last name last or legal name of corporation/entity	
I request Empire Life to grant a loan under the Loan Value provision		r the
lesser of \$ or the present loan value of this p	olicy.	
As consideration for granting the policy loan, I agree that:		
1. The policy is hereby assigned to Empire Life as security for the p	olicy loan and interest under the terms of this agreement.	
Interest will be due and payable on the day of Any overdue interest will be added to the loan and bear interest		oaid.
3. The interest rate will be % per annum. Interest will be co	mputed as accruing from day to day and will be compounde	ed
on the date stated in 2 above and annually thereafter. On any an thereafter applicable to the loan but not to more than	·	: rate
4. If the loan and interest thereon, together with all other indebted all liability of Empire Life under the policy will terminate.	less under the policy, at any time exceeds the policy cash val	lue,
5. The policy is to be delivered to Empire Life for examination and	ndorsement, if requested.	
6. I certify that all parties joining with the policyowner in the comp	•	
If you reside outside of Canada, complete the following:		
Where do you reside for tax purposes? (check all that apply) Canada U.S. (resident or citizen) – Tax Identification Numl If you do not have a TIN from the U.S. have you applied for one		
Other – specify country TIN		
If you do not have a TIN, specify the reason: I will apply or have applied for a TIN but have not yet receive. My jurisdiction of tax residence does not issue TINs to its resion. Other – specify reason.		
Note: you must provide a photocopy of a government issued doc corporation or other entity, complete form C-0044.	ment to verify your residency status. If owner/joint owner	is a
Special Instructions		
Signature of Owner	Signature of witness	
X	X	
Signature of irrevocable beneficiary X	Signature of witness X	
Signature of assignee X	Signature of witness X	
Signed at (city and province)	Date	у у

[®] Registered trademark of **The Empire Life Insurance Company**. Policies are issued by The Empire Life Insurance Company.

