## Life Insurance Line Of Credit Application

Welcome, and thank you for choosing us for your financing needs.

Please fill out form completely and return to one of our offices, or mail directly to:

Village Bank & Trust 234 W. Northwest Hwy. Arlington Heights, IL 60004



IMPORTANT! Before submitting this application, please attach a co	py of your	most recei	nt insurano	ce policy statement.						
Please check the box that applies (one box must be checked):		Loan Purpose								
O I am applying for a loan in my name only and will rely on my own income/assets to repay.										
O We intend to apply for joint credit.										
O I am applying for this loan in my name only but will rely on the income or assets of another person to repay.			Requested Loan Amount							
IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.										
If the Applicant is married, he or she may apply for individual credit. For Marital Status, check on if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.										
APPLICANT										
First Name	M.I.		Last Name							
					1					
Home Address		City			State/ZIP					
O Own O Rent		How long there?								
Name of Present Landlord/Mortgage Holder										
Prior Address (only if present address is less than 2 years)										
Primary Phone			Secondary Phone							
Email Address										
Social Security No.			Date of Birth							
O Married O Separated O Unmarried (including single, divorced, widowed)			Are you a party to a civil union entered in IL or similar relationship legally entered in another state?  O Yes O No							
U.S. Citizen? O Yes O No			Permanent Resident Alien? O Yes O No							
Driver's License No.		State Date Issued				Expiration				
Other ID (State, Military, Tribal, etc.)		State/Agcy. Date Issued				Expiration				
Employer		1			How long t	here?				
Address					Phone					
Type of Business?			Occupation/Title							
Are there any outstanding judgements against you? O Yes O No			Have you ever declared bankruptcy in the last 7 years? O Yes O No							
Explanation and amount if any:	and amount if any:				Explanation and amount if any:					

CO-APPLICANT									
First Name		M.I.		Last Name					
Home Address			City				State/ZIP		
O Own			How long th	How long there?					
Name of Present Landlord/Mortgage Holder									
Prior Address (only if present address is less than 2 years)									
Primary Phone		Secondary Phone							
Email Address									
Social Security No.			Date of Birth						
O Married O Separated O Unmarried (including single, divorce	red, widowed)		Are you a party to a civil union entered in IL or similar relationship legally entered in another start O Yes O No					hip legally entered in another state?	
U.S. Citizen? O Yes O No			Permanent Resident Alien? O Yes O No						
Driver's License No.			State		Date Issue	d		Expiration	
Other ID (State, Military, Tribal, etc.)			State/ Agcy	<i>t</i> .	Date Issue	d		Expiration	
Employer							How long tl	here?	
Address			-				Phone		
Type of Business?		•	Occupation/Title						
Are there any outstanding judgements against you? O Yes O No Explanation and amount if any:			Have you ever declared bankruptcy in the last 7 years? O Yes O No Explanation and amount if any:						
APPLICANT INSURANCE POLICY INFORMATION	JN		Premium Pa	yment Frequ	ency? O I	Monthly OC	Quarterly O	Annually	
Whole life policy? O Yes O No			Face Amount of Policy (Death Benefit) \$						
Policy Issue Date			Policy Prem	ium Payment	t Amount		\$		
Policy Number			Cash Surrer	nder Value (CS	SV)		\$		
Insurance Agent Name			Date of Cas	Date of Cash Surrender Value (CSV)			<u>:</u>		
Insurance Agent Email			Policy Owner						
Insurance Agent Phone			→ Attach most recent insurance policy statement or current insurance policy illustration.						
Agreement: I/We certify that everything stated in this application and on any a 18 United States Code 1014, prescribes criminal penalties for false statements in lo my/our eligibility for credit. I/We agree that this statement shall remain your pro herein, and to determine my/our credit worthiness, including, but not limited to, credit, references, present and former employers, merchants, landlords and credit reporting agency on any application, you may disclose the information to all appl payments, or other defaults on your account may be reflected in your credit bure	an application to Feder perty, whether or not to procuring consumer creaters. Fors. Each applicant colicants in any notification	rally insured bar the application edit reports fro nsents that, up	nks. I/We certing is accepted. You consumer re on denial of this	fy that the fore ou are authorize porting agencie s application ba	egoing statemed ed to make all es and credit i ased on consu	ents are true and l inquiries you de nformation from mer report or inf	complete and em necessary t banks and othe ormation recei	made for the purpose of determining o verify the accuracy of the statements er financial institutions and extenders of ved from a person other than a consumer	
Applicant's Signature	Date		Co-Applicant's Signature Date				Date		
FOR INTERNAL USE ONLY									
Date Application Received	VMLS #				H	ow Applicatio	ı vvas Receiv	ea	