

AMERICAN SAVINGS LIFE INSURANCE COMPANY 935 E. Main Street, Mesa, Arizona 85203-8849 (480) 835-5000 | (800) 880-2112 www.AmericanSavingsLife.com

Life Insurance Policy Loan Request

Policy Number:	Policy Owner(s):
Mailing Address:	
Phone:	Email Address:
	an advance under the policy loan clause for an amount not to exceed the olicy, subject to the terms and conditions of the policy and to bear interest at y.
exceeds the cash value of the policy. Policy loans, including	tentially terminate the policy if the principal, plus accrued interest equals or e policy. Outstanding loan balances will be charged interest as stated in the any accrued interest, must be repaid in cash or from the policy values upon be death of the insured. Repayment of loans from policy values (other than lly trigger a tax liability.
accumulations and all moneys	s and conditions and for the purposes therein provided, said policy and its snow or hereafter due by virtue thereof are hereby assigned to American ny as security for the amount of this loan and interest thereon, and any other y on account of said policy.
	o bankruptcy proceedings filed by or against me/us are now pending and that nst this policy. Said policy is in the possession and control of the undersigned, act to any vested interests.
MODIFIED ENDOWMENT (CONTRACT (MEC) DISCLOSURE & ACKNOWLEDGEMENT:
	ns, from a Modified Endowment Contract (MEC) are taxable as income at the y the taxpayer. Distributions are taxable as income first, and recovery of d.
	is imposed by the IRS on all amounts received by the taxpayer unless the taxpayer has attained age 59 $\%$.
•	with their tax advisor about the potential impact of any loan. Neither epresentatives may provide tax or legal advice.
Is this life insurance policy a N	Nodified Endowment Contract (MEC)?
☐ Yes ☐ No	
POLICY LOAN INTEREST RA	TE:%.
POLICY LOAN AMOUNT (ch	noose one):
☐ In the amount of \$	•
☐ The maximum amoun	t available, approximately \$

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METHOD OF PAYMENT (choose	one):				
☐ Check sent by regular mail to the above indicated owner's mailing address.					
Direct deposit to a bank account by Electronic Fund Transfer (The Bank Direct Deposit Pre-Authorization Form must be completed as well).					
☐ Other:					
TAXPAYER IDENTIFICATION NU	MBER:				
Policy Owner's Social Security Number:			Date of Birth:		
Certification – Under penalties of	perjury, I certify	that:			
1. The number shown on this form is my correct taxpayer identification number.					
been notified by the Interna	l Revenue Servic	e that I am subject t	from backup withholding, or (b) I have not o backup withholding as a result of a failure to t I am no longer subject to backup withholding.		
Policy Owner Signature:			Date:		
Joint Owner Signature (if applicable):			Date:		
SIGNATURE NOTARIZATION					
State of	This instrument above was acknowledged before me				
County of	this	day of	, 20		
By (name of Signer):			_whose identity was		
proved to me on the basis of satisfand who acknowledged that they			ose name is subscribed to this document,		
In witness whereof, I acknowledge	and apply my off	ficial seal.			
Notary Public					

Neither American Savings Life Insurance Company nor any of its representatives may provide tax or legal advice. Individuals should consult their tax advisor or legal counsel for specific advice and information regarding their individual situation. Modified Endowment Contract (MEC) loans, withdrawals and surrenders are subject to ordinary income taxes and if taken prior to age 59 ½ may incur an additional 10% federal penalty. This is not an IRC Section 1035 exchange.

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