



Date of Transaction

Day	Month	Year

Policy Number

SECTION A - Policyowner Information

Full Legal Name of Policyowner

Title	Last Name	First Name	Middle Name	Maiden Name
<input type="text"/>				

Telephone Numbers

Residence	Business	Cell	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Should we use this information for all future correspondence?

Yes No

Do you have any nationality other than Bahamian or Turks Islander?

Yes No

Do you hold passports from a country other than The Bahamas or The Turks and Caicos Islands?

Yes No

Are you a permanent resident of any country other than The Bahamas or The Turks and Caicos Islands?

Yes No

Do you have a foreign telephone number?

Yes No

Do you have a foreign residence address?

Yes No

Have you been in the US for 31 days or more this calendar year or for 183 days in the past three years?

Yes No

SECTION B - Loan Request

I hereby request a policy loan, subject to the loan provisions of the policy for:

Maximum loan amount available

Amount \$

If the amount requested is not available, the maximum amount available should be provided to me. I authorize Colina to apply the \$20.00 fee for this transaction as an incremental loan against this policy.

REPAYMENT

I hereby acknowledge my indebtedness to Colina Insurance Limited ("the Company") for the amount approved. The loan will bear interest at a rate of 12% compounded annually, subject to change in accordance with the provisions of the policy.

I hereby agree to repay such indebtedness according to the repayment plan selected below:

Repayment Amount

\$

Repayment Frequency: Monthly Weekly Other

Payment Mode: Salary Deduction Post Dated Cheques Pre-Authorized Cheques Over the Counter Other

NOTE: Please return this form, along with a copy of your current driver's license, voter's card or passport to: policyrequest@colina.com.

SECTION C - Declarations

I authorize Colina Insurance Limited to carry out this policy transaction instruction submitted electronically and agree that Colina Insurance Limited shall not be liable for any losses arising from instructions lost in transmission.

I hereby confirm that the receipt of the noted funds do hereby, for myself, my heirs, my executors and assigns, release and forever discharge Colina Insurance Limited of and from all actions proceedings claims or demands whatsoever which I may now or at any time hereafter may have for or in respect of the funds I am about to receive from my interest in the said Policy with Colina Insurance Limited.

The loan and interest thereon constitute an indebtedness (obligation) to the Company and a lien (security) on the policy, deductible at surrender, maturity, or death of the insured. If the policy lapses, the Policyowner, upon reinstatement, along with the outstanding premium(s), agrees to repay any loan balance in part or whole as stipulated by the company.

I agree and consent that if the total loan plus the interest accrued thereon exceeds the cash surrender value of the policy, the Company reserves the right to automatically surrender the policy and all obligations thereto will cease.

Policyowner

Print Name	Signature
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Executed at

Location

Witness

Print Name	Signature
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Date

Day	Month	Year
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Beneficiary (if applicable)

Print Name	Signature
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Executed at

Location

Witness

Print Name	Signature
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Date

Day	Month	Year
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The Policyowner declares that except for that indicated below, there has not yet been any other assignment of the policy.

If assigned, Assignee must sign and date stamp below:

Assignee

Print Name	Signature
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Assignee Stamp

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Witness

Print Name	Signature
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Executed at

Location

Date

Day	Month	Year
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Note: Please return this form, along with a copy of your current driver's license, voter's card or passport to: policyrequest@colina.com

INTERNAL USE ONLY

Maximum Loan Available

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Total Dividends on Deposit

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Policy assigned

 Yes No

Beneficiary type

 None Revocable Irrevocable

Electronic Indemnity

 Yes No

Date validated

Day	Month	Year
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