



Consumer Loan Department
 1445 Valley Road, Wayne, NJ 07470
 Phone: 800-522-4100, ext. 3402
 Fax: 973-694-2943

Cash Value Line of Credit Application

For Whole Life Insurance Policies

New Credit Line Account \$ _____ How did you hear about this program? _____

Increase My Credit Line To \$ _____ _____

Account # _____ _____

PURPOSE: Business/Commercial Personal BRANCH/OFFICE: _____

INFORMATION REGARDING APPLICANT

First Name _____ Initial _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

How Long? _____ Home Phone () _____ Cell Phone () _____

Own Rent Monthly \$ _____ Date of Birth: Month _____ Day _____ Year _____ Social Security # _____

Best # to contact you at () _____ E-mail address _____

Name of Current Employer _____ Years Employed _____ Business Phone () _____

Employer Address _____ City _____ State _____ Zip _____

Position/Occupation _____ Do you own the business? Yes No

Previous Employer (If at Current Employer Less Than 2 Years) _____

Name and Address of the Nearest Relative Not Living With You _____

Relationship _____ Phone () _____

INFORMATION REGARDING JOINT APPLICANT

First Name _____ Initial _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

How Long? _____ Home Phone () _____

Own Rent Date of Birth: Month _____ Day _____ Year _____ Social Security # _____

Name of Current Employer _____ Years Employed _____ Business Phone () _____

Employer Address _____ City _____ State _____ Zip _____

Position/Occupation _____

Previous Employer (If at Current Employer Less Than 2 Years) _____

INFORMATION REGARDING INCOME

Applicant's Annual Salary \$ _____	Joint Applicant's Annual Salary \$ _____
Bonus & Commission \$ _____	Bonus & Commission \$ _____
Rental Income \$ _____	Rental Income \$ _____
Other Income (List Source)*	Other Income (List Source)*
(a) _____ \$ _____	(a) _____ \$ _____
(b) _____ \$ _____	(b) _____ \$ _____
Total Annual Income \$ _____	Total Annual Income \$ _____

*NOTE: ALIMONY, CHILD SUPPORT AND/OR SEPARATE MAINTENANCE PAYMENTS DO NOT NEED TO BE REVEALED, UNLESS YOU WISH TO CONSIDER SUCH INCOME AS A BASIS OF REPAYMENT OF CREDIT. IF YOU DO LIST OTHER INCOME, THE SOURCE OF THAT INCOME MUST BE DISCLOSED.

MARITAL STATUS

Applicant: Married Separate Unmarried (including single, divorced and widowed)

Other party: Married Separate Unmarried (including single, divorced and widowed)

INFORMATION REGARDING POLICY SECURING LINE

Life Insurance Company _____

Policy # _____ Cash Surrender Value \$ _____

Face Amount of Policy \$ _____ Year Policy Issued _____

Name of Policy Owner _____ Name of Insured _____

Name of Joint Owner (if applicable) _____

Name of Life Insurance Agent _____ Agent Phone # () _____

Is Policy Currently Pledged or Assigned? Yes No

If Yes, Name of Pledgee/Assignee _____

DECLARATIONS

Please answer the following questions. If you answer "Yes" to a, b or c, also include a written explanation.

- a. Are there any outstanding judgements against you?
- b. Have you been declared bankrupt within the past 7 years?
- c. Are you a defendant in a lawsuit?
- d. Are you a U.S. citizen?
- e. Are you a permanent resident alien?

Applicant		Co-Applicant	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT INFORMATION

CASH VALUE LINES OF CREDIT MUST BE SECURED BY A VALID ASSIGNMENT OF LIFE INSURANCE POLICY AS COLLATERAL. EVERYTHING I/WE HAVE STATED IN THIS APPLICATION IS TRUE AND CORRECT. YOU MAY RETAIN THIS APPLICATION WHETHER OR NOT THIS APPLICATION IS APPROVED. I/WE AUTHORIZE YOU TO OBTAIN MY/OUR CREDIT AND EMPLOYMENT HISTORY AND ALSO TO OBTAIN CREDIT REPORTS FOR THE PURPOSES OF REVIEWING AND MAINTAINING MY/OUR ACCOUNT, CONDUCTING ANY COLLECTION ACTIVITIES AND TO REPORT TO OTHERS YOUR CREDIT EXPERIENCE WITH ME/US. I/WE FURTHER AUTHORIZE YOU TO CONTACT MY/OUR INSURANCE AGENT AND/OR LIFE INSURANCE COMPANY LISTED ABOVE TO OBTAIN INFORMATION ABOUT MY/OUR POLICY, DISCUSS THIS APPLICATION, AND OBTAIN INFORMATION ABOUT AN ASSIGNMENT OF MY/OUR POLICY.

Applicant's Signature

Date

Joint Applicant's Signature

Date

CHECK APPROPRIATE BOX AND SIGN BELOW

- Individual: I am applying for individual credit in my own name and I am relying on my own income.

Applicant's Signature

Date

- Joint: We intend to apply for joint credit.

Co-Applicant's Signature

Date

Important information about procedures for opening a new account:

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we must ask for your name, address, date of birth and other information that will allow us to identify you. We may also request your driver's license or other identifying documents, even if you currently maintain a banking relationship with us. Strict adherence to these regulations helps to protect both financial institutions and bank customers from criminal activity. Your understanding and cooperation are greatly appreciated.

