



**Consumer Loan Department**  
 1445 Valley Road, Wayne, NJ 07470  
 Phone: 800-522-4100, ext. 3291  
 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 \_\_\_\_\_ Middle 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 \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

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  Separated  Unmarried (including single, divorced and widowed)

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

## INFORMATION REGARDING POLICY SECURING LINE

Life Insurance Company \_\_\_\_\_

Name of Life Insurance Agent \_\_\_\_\_ Agent Phone # ( ) \_\_\_\_\_

## DECLARATIONS

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

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you a defendant in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## IMPORTANT INFORMATION - PLEASE READ AND MANUALLY SIGN AND DATE BELOW

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 MANUALLY SIGN AND DATE 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

### After completing the application:

Once your application is completed, please call one of our representatives at 973-305-8800, ext. 3291, to proceed with the next steps regarding this unique borrowing opportunity.

### **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.

