

LIFE INSURANCE FINANCING CREDIT APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 for you: When you open an account, we will ask you 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.

Please check the box that applies (one box must be checked):

I'm applying for a loan in my name only and will rely on my own income/assets to repay.

We intend to apply together for this loan. _____
(Borrower Signature) (Co-Borrower Signature)

SUBMITTER INFORMATION

SUBMITTING BROKER/AGENT			
Last name:	First name:	Middle name:	
Company name:			
Address:			
City:	State:	ZIP code:	
Mobile phone number:	<input type="checkbox"/> Primary phone	Business phone number:	<input type="checkbox"/> Primary phone
Email:			

WRITING AGENT'S INFORMATION			
Last name:	First name:	Middle name:	
Company name:			
Address:			
City:	State:	ZIP code:	
Mobile phone number:	<input type="checkbox"/> Primary phone	Business phone number:	<input type="checkbox"/> Primary phone
Email:			

BORROWER INFORMATION

(If an individual, complete "For Individual" section along with the questions. If a company or trust, complete "For Entity" and "For Authorized Signer of Entity" sections below, along with the questions.)

I am: Individual Company Trust

FOR INDIVIDUAL

Last name:

First name:

Middle name:

SSN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Home phone:

Primary phone

Mobile phone:

Primary phone

FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*

I am: Married Unmarried Legally Separated

FOR ENTITY

Entity Name:

State of Trust Formation (if applicable):

TIN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Business phone:

FOR AUTHORIZED SIGNER OF ENTITY

Title of Authorized Signer:

Last name:

First name:

Middle name:

SSN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Home phone:

Primary phone

Mobile phone:

Primary phone

QUESTIONNAIRE

1. Do you have any legal claims or judgments outstanding against you?
 YES NO If YES, please explain:
2. Have you or any firm of which you were a major owner ever declared bankruptcy?
 YES NO If YES, please explain:
3. Are you a defendant in any legal action or suit?
 YES NO If YES, please explain:
4. Do you anticipate any material changes to this statement within one year of this date?
 YES NO If YES, please explain:
5. Are you a citizen of the United States of America?
 YES NO
If NO, please indicate country of citizenship:

ADDITIONAL BORROWER INFORMATION

(If an individual, complete "For Individual" section along with the questions. If a company or trust, complete "For Entity" and "For Authorized Signer of Entity" sections below, along with the questions.)

I am: Individual Company Trust

FOR INDIVIDUAL

Last name:

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Primary phone

FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*

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FOR ENTITY

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Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Business phone:

FOR AUTHORIZED SIGNER OF ENTITY

Title of Authorized Signer:

Last name:

First name:

Middle name:

SSN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Home phone:

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Mobile phone:

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 YES NO If YES, please explain:
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 YES NO
If NO, please indicate country of citizenship:

GUARANTOR INFORMATION

(If an individual, complete "For Individual" section along with the questions. If a company or trust, complete "For Entity" and "For Authorized Signer of Entity" sections below, along with the questions.)

I am: Individual Company Trust

FOR INDIVIDUAL

Last name:

First name:

Middle name:

SSN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Home phone:

Primary phone

Mobile phone:

Primary phone

FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*

I am: Married Unmarried Legally Separated

FOR ENTITY

Entity Name:

State of Trust Formation (if applicable):

TIN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Business phone:

FOR AUTHORIZED SIGNER OF ENTITY

Title of Authorized Signer:

Last name:

First name:

Middle name:

SSN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Home phone:

Primary phone

Mobile phone:

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If NO, please indicate country of citizenship:

ADDITIONAL GUARANTOR INFORMATION

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FOR INDIVIDUAL

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Date of birth:

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FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*

I am: Married Unmarried Legally Separated

FOR ENTITY

Entity Name:

State of Trust Formation (if applicable):

TIN:

Date of birth:

Street address:

City:

State:

ZIP code:

Email:

Business phone:

FOR AUTHORIZED SIGNER OF ENTITY

Title of Authorized Signer:

Last name:

First name:

Middle name:

SSN:

Date of birth:

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 YES NO If YES, please explain:
5. Are you a citizen of the United States of America?
 YES NO
If NO, please indicate country of citizenship:

Only complete if not otherwise a Borrower or Guarantor

INSURED INFORMATION		
Last name:		
First name:	Middle name:	
SSN:	Date of birth:	
Email:		
Street address:		
City:	State:	ZIP code:
FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*		
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		
Home phone:	<input type="checkbox"/> Primary phone	
Mobile phone:	<input type="checkbox"/> Primary phone	

QUESTIONNAIRE
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Street address:		
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FOR RESIDENTS OF COMMUNITY PROPERTY STATES ONLY*		
I am: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		
Home phone:	<input type="checkbox"/> Primary phone	
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LAST UPDATED DECEMBER 2025

*Community property states: AZ, CA, ID, LA, NV, NM, TX, WA, WI. For married community property states resident, include asset and liability information for each spouse.

WAIVER AND VALIDITY OF INFORMATION

Upon submission of this application, Wintrust Life Finance (Wintrust) and/or its affiliates are authorized to check my credit and employment history and to receive information about employers' and creditors' experiences with me.

Unless 30 days prior notice is given by me, Wintrust and/or its affiliates are authorized to check my credit and employment history for each year that the loan is outstanding.

I authorize Wintrust and/or its affiliates to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s).

These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand that any FALSE statements may result in a forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. § 1001).

I hereby appoint the submitting broker/agent and writing agent above as my authorized agents and representatives to send and receive all correspondence and information related to this application and any loan made in connection therewith. Wintrust and/or its affiliates are authorized to release any and all information pertaining to my outstanding loans directly to the submitting broker/agent and writing agent set forth above. This appointment and authorization will remain in effect until Wintrust is notified in writing to the contrary.

Section 1014 of Title 18 of the United States Code was amended to make it a federal crime for any person to knowingly make any false statement or report, or wilfully overvalue any land, property or security for the purpose of influencing in any way the action of any bank the deposits of which are insured by the Federal Deposit Insurance Corporation.

This application, agreements ancillary to it, and related documents executed or entered into in connection with this application are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.

NOTICES**CONSUMER PRIVACY POLICY**

For information about Wintrust Life Finance's privacy policy, please visit wintrustlife.com/privacy-policy.

NOTICE OF RIGHT TO REASONS FOR ACTIONS TAKEN

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Wintrust Life Finance (One Newark Center, Ste. 2200, 1085 Raymond Blvd., Newark, NJ 07102 | 888-747-4762) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE TO MARRIED WISCONSIN APPLICANTS

No provision of any marital property agreement, unilateral statement under s.766.59, Wis. Stats., or court decree under s.766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement, or decree or has actual knowledge of the adverse provision.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit application on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency Customer Assistance Group, P.O. Box 53570, Houston, TX 77052

ACKNOWLEDGEMENT AND SIGNATURES

Borrower's Signature:

Print Borrower's Name:

Date:

Authorized Signer Name (if applicable):

Title (if applicable):

Additional Borrower's Signature (if applicable):

Print Additional Borrower's Name (if applicable):

Date:

Authorized Signer Name (if applicable):

Title (if applicable):

Guarantor's Signature:

Print Guarantor's Name:

Date:

Authorized Signer Name (if applicable):

Title (if applicable):

Additional Guarantor's Signature (if applicable):

Print Additional Guarantor's Name:

Date:

Authorized Signer Name (if applicable):

Title (if applicable):

Insured's Signature (if not Borrower or Guarantor):

Print Insured's Name:

Date:

Additional Insured's Signature (if applicable):

Print Additional Insured's Name:

Date: