



LIFE FINANCE

wintrustlife.com

# LIFE INSURANCE FINANCING CREDIT APPLICATION

## LOAN INFORMATION

Type of collateral to be used:

Certificate of deposit    Letter of credit    CSV of other life insurance policy(ies)    Money market    Brokerage account

### SUBMITTING BROKER/AGENT

Last name:	First:	Middle:
Company name:		
Address:		
City:	State:	ZIP code:
Phone number:	Fax number:	
Email:		

### WRITING AGENT'S INFORMATION

Last name:	First:	Middle:
Company name:		Phone number:
Address:		
City:	State:	ZIP code:

## BORROWER INFORMATION

Last name:	First:	Middle:
SSN or TIN:	Date of birth:	Age:
Address:		
City:	State:	ZIP code:
Contact's last name:	First:	Middle:
Phone number:	Work phone number:	Years at the address:
Prior address (if less than five years):		
City:	State:	ZIP code:
State of trust formation: (if applicable)		
Current income (from tax return):		Current net worth (from financial statement):

## INSURED INFORMATION *(To be completed if insured is not borrower)*

Last name:	First:	Middle:
SSN or TIN:	Date of birth:	Age:
Additional insured's last name:	First:	Middle:
SSN or TIN:	Date of birth:	Age:
Address:		
City:	State:	ZIP code:
Phone number:	Work phone number:	Years at this address:
Prior address (if less than five years):		
City:	State:	ZIP code:
Current income (from tax return):		Current net worth (from financial statement):

**GUARANTOR INFORMATION** *(To be completed if guarantor is not insured)*

Last name:		First:	Middle:
SSN or TIN:		Date of birth:	Age:
Current address:			
City:		State:	ZIP code:
Phone number:		Work phone number:	Years at this address:
Prior address (if less than 5 years):			
City:		State:	ZIP code:
State of trust formation (if applicable):			
Current income (from tax return):		Current net worth (from financial statement):	

**PERSONAL FINANCIAL STATEMENT** *(To be completed by the person of wealth, the borrower, and any guarantor)*

IMPORTANT: This must be filled out completely. Read these directions before completing:

- If you are applying for individual credit in your own name or are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit request, complete only Individual Information and Statement of Financial Condition with accompanied schedules.
- If you are applying for joint credit with another person, complete Individual Information, Other Party Information, and Statement of Financial Condition with accompanied schedules.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all sections and provide information in Other Party Information about the person whose alimony, support, or maintenance payments or income or assets you are relying on.
- If this statement relates to your guaranty of the indebtedness of another person(s), firm(s), or corporation(s), complete Individual Information and Statement of Financial Condition with accompanied schedules.

TO: WINTRUST LIFE FINANCE

**INDIVIDUAL INFORMATION**

Last name:		First:	Middle:
Residence address:			
City:		State:	ZIP code:
Phone number:		Number of dependants:	
Position/occupation:		Business name:	Years with company:
Business address:			
City:		State:	ZIP code:
Business phone number:			
1. Do you have any legal claims or judgments outstanding against you? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____			
2. Have you or any firm of which you were a major owner ever declare bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____			
3. Are you a defendant in any legal action or suit? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____			
4. Do you anticipate any material changes to this statement within one year of this date? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____			
5. Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate country of citizenship: _____			

**OTHER PARTY INFORMATION**

Last name:		First:	Middle:
Residence address:			
City:		State:	ZIP code:
Phone number:		Number of dependants:	
Position/occupation:		Business name:	Years with company:
Business address:			
City:		State:	ZIP code:
Business phone number:			

**STATEMENT OF FINANCIAL CONDITION AS OF \_\_\_\_\_**

<b>ASSETS</b> <i>(Do not include assets of doubtful value)</i>	<b>IN DOLLARS</b> <i>(Omit cents)</i>	<b>LIABILITIES</b>	<b>IN DOLLARS</b> <i>(Omit cents)</i>
Cash on hand and in banks <i>See Schedule 1</i>		Real estate mortgage payable <i>See Schedule 6</i>	
Marketable securities (stocks, bonds, etc.) <i>See Schedule 2</i>		Notes payable	
Primary residence <i>See Schedule 6</i>		Margin/debt due to brokers	
Other real estate <i>See Schedule 6</i>		Partnership related debt <i>See Schedule 4</i>	
Investments in partnerships <i>See Schedule 4</i>		Taxes payable	
Closely held corporations <i>See Schedule 3</i>		Credit card debt	
Cash value life insurance <i>See Schedule 5</i>		Other liabilities <i>Please list</i>	
Automobiles			
Personal property			
Retirement accounts (IRAs, Keoghs, and other qualified plans)			
Accounts and notes receivable			
Other assets <i>Please list</i>			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	
		CONTINGENT LIABILITIES <i>See schedule 7</i>	

**SCHEDULE 1 - CASH** *(Please provide copies of most recent bank statements.)*

ACCOUNT NAME	BANK/BRANCH NAME AND ADDRESS	BALANCE	ACCOUNT TYPE AND NUMBER	PLEGGED?
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO

**SCHEDULE 2 - MARKETABLE SECURITIES** *(Please provide copies of most recent brokerage statements.)*

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	PLEGGED?	CURRENT MARKET VALUE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

**SCHEDULE 3 - NON-MARKETABLE SECURITIES**

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	PLEGGED?	CURRENT MARKET VALUE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

**SCHEDULE 4 - INVESTMENTS IN PARTNERSHIPS** *(Please provide audited financial statements.)*

PARTNERSHIP NAME	GENERAL, LIMITED, OTHER	% OWNED	COST	CURRENT MARKET VALUE
		%	\$	\$
		%	\$	\$
		%	\$	\$

**SCHEDULE 5 - LIFE INSURANCE** *(Please provide copies of most recent policy summary.)*

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT	TOTAL POLICY LOAN AMOUNT	CASH SURRENDER VALUE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**SCHEDULE 6 - REAL ESTATE** (Include primary residence as Property A.)

	PROPERTY A	PROPERTY B	PROPERTY C
ADDRESS			
TYPE OF PROPERTY			
IN NAME OF			
% OF OWNERSHIP			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME OF MORTGAGE HOLDER			
MORTGAGE BALANCE			
MONTHLY PAYMENT			
STATUS OF MORTGAGE			
	PROPERTY D	PROPERTY E	PROPERTY F
ADDRESS			
TYPE OF PROPERTY			
IN NAME OF			
% OF OWNERSHIP			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME OF MORTGAGE HOLDER			
MORTGAGE BALANCE			
MONTHLY PAYMENT			
STATUS OF MORTGAGE			

**SCHEDULE 7 - CONTINGENT LIABILITIES** (If none, write none.)

TYPE OF CONTINGENCY	STATE TOTAL AMOUNT AND TYPE OF LIABILITY
AS GUARANTOR OR ENDORSER	
ON LEASES OR CONTRACTS	
FOR LEGAL CLAIMS OR JUDGMENTS	
INCOME TAX CLAIM OR DISPUTE	

**POLICY INFORMATION** *(Attach additional sheets if necessary.)*

Policy holder's last name:	First:	Middle:
Address:		
City:	State:	ZIP code:

**POLICY 1**

Life insurance carrier:	Policy number:
Face amount:	Initial premium:
Beneficiary:	Relationship:
Beneficiary:	Relationship:

**POLICY 2**

Life insurance carrier:	Policy number:
Face amount:	Initial premium:
Beneficiary:	Relationship:
Beneficiary:	Relationship:

**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 willfully 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.

**WAIVER AND VALIDITY OF INFORMATION (CONTINUED)**

Borrower's signature:

SSN:

Date:

Print borrower's name:

Borrower's government issued ID or passport number:

Additional borrower/guarantor signature (if applicable):

SSN:

Date:

Print additional borrower/guarantor name:

Additional borrower/guarantor government issued ID or passport number:

Insured's signature (if not borrower):

SSN:

Date:

Print insured's name:

Insured's government issued ID or passport number:

Additional insured's signature (if applicable):

SSN:

Date:

Print additional insured's name:

Additional insured's government issued ID or passport number:

**NOTICES**

**CONSUMER PRIVACY POLICY**

For information about Wintrust Life Finance's privacy policy, please visit [privacy.wintrust.us/wintrustlife](http://privacy.wintrust.us/wintrustlife).

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, federal law 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 for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.