



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

3. a. Are either the Proposed Owner or Proposed Insured now financing or intending to finance any of the premium payments required to pay for and/or to maintain this policy through a financing or loan agreement? (If "Yes", submit a copy of the financing or loan agreement, detailed Personal Financial Statement signed by the preparer, and complete below.)

Loan _____ (% of premium) Identify Source of Loan _____

Loan Repayment Schedule (if the loan can be extended, include duration for which loan may be extended)

Describe the collateral used _____

Yes No

b. Is the Proposed Owner or Proposed Insured required to post a letter of credit or personal guarantee? (If "Yes", please describe details of asset(s) or financial institution offering the guarantee.)

Interest rate _____ % Frequency _____ Duration _____

Yes No

c. If interest may be accrued, give details _____

d. In addition to repayment of principal and interest, are there other fees, charges, or other consideration to be paid on maturity? (If "Yes", give details of additional fees, charges, or consideration)

Yes No



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4. Other Financing Agreement

If the Proposed Owner or Proposed Insured will be paying premiums funded by an individual and/or an entity other than the Proposed Insured(s), or the Proposed Insured's employer, provide details of the arrangement together with any documents relating to the arrangement

Description

Interest Rate _____ % Frequency _____ Duration _____

Additional fees, charges, or consideration

5. Are the Proposed Owner, Proposed Insured, or any person or entity, either being paid or offered: cash, services, or any other consideration, as an inducement (a) to enter into this transaction or (b) for the transfer of any beneficial interest in the proceeds of the policy? (If "Yes", describe in detail.)

Yes No

6. Will any entity, other than a life insurance company, be medically evaluating the Proposed Insured to determine the expectancy, or otherwise provide financing? (If "Yes", give details, including the name(s) of the entity(ies))

Yes No



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I represent that the statements and answers in this supplement, and in any supporting documentation provided by me for use in conjunction with this supplement, are true and complete to the best of my knowledge and belief.

Signature of Proposed Insured/Owner

Date

Signature of Owner

Date

Signature of Owner

Date