

**New Credit Line Request**

How did you hear about this program? \_\_\_\_\_ Referral Source: \_\_\_\_\_

<b>Loan Request</b>	<input type="checkbox"/> Amount Requested \$ _____ OR <input type="checkbox"/> Maximum Eligible Amount as Determined by Lender <small>(Minimum \$75,000.00)</small>
	Purpose of Line: How will the proceeds be used? _____

<b>Trust Information</b>	Name of Trust (Borrower): _____ Tax ID Number: _____
	Physical Address: _____ City: _____ State: _____ Zip Code: _____ <small>(Street address only, no P.O. Box)</small>
	Mailing Address: _____ City: _____ State: _____ Zip Code: _____ <small>(if different from above)</small>
	Primary Telephone Number: _____

<b>Trustee Information</b>	Trustee Name: _____ Date of Birth: _____ SSN: _____
	Address: _____ City: _____ State: _____ Zip Code: _____ <small>(Street address only, no P.O.Box)</small>
	Email Address: _____ Phone Number: _____ Occupation: _____
	Trustee Name: _____ Date of Birth: _____ SSN: _____
	Address: _____ City: _____ State: _____ Zip Code: _____ <small>(Street address only, no P.O.Box)</small>
	Email Address: _____ Phone Number: _____ Occupation: _____
	Trustee Name: _____ Date of Birth: _____ SSN: _____
	Address: _____ City: _____ State: _____ Zip Code: _____ <small>(Street address only, no P.O.Box)</small>
	Email Address: _____ Phone Number: _____ Occupation: _____
	Trustee Name: _____ Date of Birth: _____ SSN: _____
	Address: _____ City: _____ State: _____ Zip Code: _____ <small>(Street address only, no P.O.Box)</small>
	Email Address: _____ Phone Number: _____ Occupation: _____
	Trustee Name: _____ Date of Birth: _____ SSN: _____
	Address: _____ City: _____ State: _____ Zip Code: _____ <small>(Street address only, no P.O.Box)</small>
	Email Address: _____ Phone Number: _____ Occupation: _____

**COLLATERAL**

**INFORMATION REGARDING WHOLE LIFE INSURANCE POLICY(S) BEING PLEDGED**

Insurance Line of Credit must be secured by a valid assignment of life insurance policy(s).

Name of Life Insurance Company(s)

Policy Number(s)

Owner of Policy(s)

Name of Life Insurance Agent

Phone Number of Life Insurance Agent

Email of Life Insurance Agent



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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.

Signature(s)

You authorize anyone mentioned herein to furnish us such information as we may require in connection with this application and agree that the application shall remain our property whether or not the loan is granted. You agree to notify us immediately upon any material change in the above statement.

You affirm that each of the answers given to the foregoing questions is true and correct and that the foregoing is a true and correct statement of your financial condition. It is a crime to intentionally falsify information on this application or to willfully overvalue any property for the purpose of influencing the bank to act on this application.

By signing below, each Signer declares that he/she has read and understands the statements above.

**Please read the following before signing:** *Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.*

Print Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lakeland Bank**  
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