

Loan Transfer Form

Transfer an existing loan from one AAFMAA Value-Added Whole Life policy to another.

Please PRINT clearly in blue or black ink.

1. OWNER	
Name (Last, First MI)	Social Security Number
Address (Street, City, State, ZIP)	

2. POLICIES	
Policy number to transfer loan FROM	Policy number to transfer loan TO

3. SIGNATURE	
I, the owner of the AAFMAA Value-Added Whole Life policies listed above, hereby authorize AAFMAA to transfer the existing loan between the designated policies. I understand that this transfer has no effect on the terms of the loan, and that failure to pay annual interest due on a loan will cause the interest due to be added to the loan balance, which may eventually cause the loan to exceed the cash value of the policy, at which time the policy will lapse.	
Signature of Owner	Date (mm/dd/yyyy) / /