

STUDENT LOAN INFORMATION FORM

Supplement to Application

AVMA LIFE Trust



Group Supplemental Disability Insurance

Must be completed if applying for Student Loan Disability (Supplemental Disability) Insurance plan.

If applying for the 10-Year plan – you **must** attach a financial statement for each loan. This requirement is waived if you are applying for the 5-Year Plan during the initial open enrollment period, of the Graduate Guarantee Acceptance offer, which ends 60 days after your graduation date.

If you have any questions please call 1-800-621-6360, 7am-7pm Central Time, or consult with your agent.

PRINT APPLICANT'S FULL NAME: _____

GROUP POLICY NUMBER: G-14884-7 **Number of Pages** (including this sheet) _____

Name of Financial Institution: _____ Date Loan Initiated: _____ Length of Loan Repayment: _____ <i>months</i> Required Monthly Payment: \$ _____ <input type="checkbox"/> please check to acknowledge financial statement attached*
Name of Financial Institution: _____ Date Loan Initiated: _____ Length of Loan Repayment: _____ <i>months</i> Required Monthly Payment: \$ _____ <input type="checkbox"/> please check to acknowledge financial statement attached*
Name of Financial Institution: _____ Date Loan Initiated: _____ Length of Loan Repayment: _____ <i>months</i> Required Monthly Payment: \$ _____ <input type="checkbox"/> please check to acknowledge financial statement attached*
Name of Financial Institution: _____ Date Loan Initiated: _____ Length of Loan Repayment: _____ <i>months</i> Required Monthly Payment: \$ _____ <input type="checkbox"/> please check to acknowledge financial statement attached*
Name of Financial Institution: _____ Date Loan Initiated: _____ Length of Loan Repayment: _____ <i>months</i> Required Monthly Payment: \$ _____ <input type="checkbox"/> please check to acknowledge financial statement attached*

Member Signature: _____ **Date:** _____