



SLOVAK CATHOLIC SOKOL

P.O. BOX 899 • 205 MADISON STREET
PASSAIC, NEW JERSEY 07055
Telephone: (973) 777-2605

LOAN APPLICATION

Assembly/Wreath No. _____ Cash Value \$ _____
Certificate No. _____ Loan Limit \$ _____
Certificate Date _____ Check No. _____
Amount of Cert. _____ Amount _____

I, _____ hereby apply for a loan on my Slovak Catholic Sokol
Certificate, in accordance with the By-laws of the organization, in the sum of \$ _____
(_____)
(print or type)

IT IS UNDERSTOOD AND AGREED THAT:

1. Interest on the loan will be charged semi-annually at _____ per cent compound interest.
2. I assign this certificate to the Slovak Catholic Sokol. Should I fail to repay the loan, the amount of the loan, or any outstanding balance, together with accrued interest, shall be deducted from the amount of my death benefit.
3. Should the outstanding loan and accrued interest exceed the cash surrender value of my certificate, said certificate shall terminate.

Witness

Member's signature

Address

City/State/Zip code

S.S. Number

Dated _____

Telephone () _____