

## **Borrowers Verification Form**

	wer:			Date:
Guarai	ntor:			Insured:
1.	Please provid	le the last fou	r digits of your s	social security number for identification purposes. (Ask to Guarantor/Persons of Wealth)
	YES	NO	∏ N∕A	SSN:
	YES		 N/A	SSN:
				55i v
1a.	Is the truste	e on the call? I	Please verify the	e trustee(s) name(s) below.
	YES	NO	N/A	COMMENTS:
2.	Have vou had	the opportu	nity to consult w	vith counsel, or other advisors on this loan? (Provide the name of attorney)
	YES			COMMENTS:
3.				old you the insurance is not employed by or represents Wintrust?
	YES	NO	N/A	COMMENTS:
4.	Are you aware that future premiums are due on the policy and whether or not Wintrust funds these future premiums, it is your responsibility to			
		remiums paid?		
	YES	NO	N/A	COMMENTS:
5.		e that collater	al will be require	ed in order to fund the policy today and possibly future premiums as well?
	YES			COMMENTS:
				red initially to Wintrust with a copy for our review? nouse and/or carrier that will hold the collateral?
	What is the r	name of the ba	ank, brokerage h ollateral? If it is a	nouse and/or carrier that will hold the collateral? a trust have you provided Wintrust with a copy for our review?
6.	What is the r Who is the c Do you unde	name of the ba wner of the co rstand that th	ank, brokerage h ollateral? If it is a	nouse and/or carrier that will hold the collateral? a trust have you provided Wintrust with a copy for our review? of your loan may be less than one year from the original funding date, and that additional collateral
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(Print Name)

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