



United Home Life Insurance Company
P.O. Box 7192
Indianapolis, IN 46207-7192
1-800-428-3001

MORTGAGE CERTIFICATION FORM

Name: _____

Social Security Number: _____ Phone: _____ - _____ - _____

Address: _____, _____, _____
(street/apt no.) (state) (zip)

Name of Mortgage Institution: _____

Mortgage Amount: \$ _____

Mortgage Origination Date: _____ / _____ / _____

I understand that I am applying for a life insurance policy that is available in amounts over \$100,000 (not to exceed the current balance of the mortgage or \$150,000 – whichever is less) to homeowners who have secured a mortgage loan in the last 48 months. This program is available on United Home Life's term products and to applicants no older than age 45. I hereby certify that the above information is true and correct.

Applicant Signature: _____

Applicant Printed Name: _____

Agent Signature: _____

Agent Printed Name: _____

Date: _____ / _____ / _____

All information must be completed.