

APPLICATION FOR PARTICIPANT LOAN

PARTICIPANT INFORMATION					
Plan Name:					
Participant Name:		Social Security Number:			
Date of Birth:		Date of Hire:			
Current Mailing Address:					
City:		State:		Zip:	
LOAN REQUEST QUESTIONNAIRE					
<p>Loans may be made to plan participants with the Plan Administrator's approval. To submit a loan request, please complete the following:</p>					
<p><u>Amount of loan requested:</u> (Minimum loan request is \$1,000; maximum loan request is generally limited to the lesser of \$50,000 or ½ of your vested account balance. Your Plan's third-party administrator will verify your maximum loan amount.)</p>					
					\$ _____
<p><u>Repayment period requested:</u> (Maximum repayment period may not exceed 5 years unless loan proceeds are used to finance purchase of primary residence.) _____ years</p>					
<p><u>Proceeds use to purchase primary residence:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p><u>Loan date requested:</u> <input type="checkbox"/> Immediate <input type="checkbox"/> Other date: _____</p>					
EXECUTION					
<p>I understand that I must execute the applicable forms in order to process this loan request, and must agree to the applicable processing fees, if any, that may be deducted from my Plan account. Processing fees will be detailed on formal loan documentation provided by the Plan Administrator. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer has properly begun payroll deductions for my loan repayments. If loan repayments have not been withheld, I am responsible for notifying the Employer and arranging for make-up loan payment(s) by the end of the loan grace period. The end of the loan grace period is the last day of the calendar quarter following the calendar quarter in which the first missed payment was due. I understand that if I do not make-up the missed loan payment(s) by the end of the grace period, the loan will be in default and I will be subject to income tax consequences and penalties.</p>					
<p>I understand that the Plan Administrator will consider my request within a reasonable period of time, and I agree to provide any additional information which the Plan Administrator may require.</p>					
Participant's Signature _____					Date _____
(Participant, please submit form to Employer)					