

EMPLOYER NAME _____

APPLICATION FOR PARTICIPANT LOAN

I hereby apply for a loan from the Plan. In support of this loan application, I attach such information which the Plan Administrator may require to determine whether I qualify for the loan. I also authorize the Plan Administrator to secure any credit reports to determine my creditworthiness and ability to repay the loan.

In applying for this loan, I acknowledge that I have read the section of the Summary Plan Description governing Plan loans and have been furnished with a copy of the Participant Loan Program established by the Plan.

Loans carry a document preparation fee of \$125 and are payable pursuant to the terms of the plan. There may be other processing and annual administrative fees associated with your loan. You should check with your Plan Administrator to determine if any other fees apply.

The amount of the loan is \$ _____ for a period of _____ months (not longer than 60 months).

Name: _____ Age: _____

() Married () Unmarried

I understand the Administrator will make any loan in reliance on the statements on this APPLICATION FOR PARTICIPANT LOAN which I certify are correct and complete. If any statement proves false, then the Plan may declare my indebtedness immediately due.

I hereby authorize the Administrator to verify the statements in this application and to obtain any information the Plan or its authorized representative may require in connection with this application.

EXECUTED this _____ day of _____, 20 _____.

Print Name of Participant

Signature of Participant

Street Address (include apartment no.)

Social Security Number

City State Zip Code