

PARTICIPANT LOAN REQUEST FORM

Please Complete ALL Fields.

Plan Name: _____

Participant Name _____
First MI Last

Mailing Address of Participant (Address, Street, City, & Zip)

Phone Number

e-mail Address

Marital Status

Social Security Number

Purpose of Loan: Purchase of Primary Residence Mailing: E-mail
 Other Hardcopy Postal

Amount: \$ _____ Or Maximum Amount Available

Duration of Loan (Years): 1Year 2Year 3Years 4Years 5Years
 15 Years (Applicable ONLY for Purchases of Primary Residence)

(This Section is for Employer Representative to Complete)

Repayment Frequency (Based on your payroll schedule):

Weekly Bi-Weekly Semi-Monthly Monthly Quarterly

Hours Worked in Current Plan Year: Less Than 1000 Hours _____/_____/_____
 Greater Than 1000 Hours Date of Next Payroll

Approved By: _____
Authorized Plan Representative's Name Authorized Plan Representative's Signature Date _____/_____/_____

(This section is for TPA Administrative Purposes)

_____% _____ _____ _____%
Participant Vesting Age Loan Rate of Interest

_____/_____/_____
Date of First Payment _____/_____/_____
Date of Last Payment