

LOAN APPLICATION

Plan Name: _____

Participant's Name: _____

Participant's Address _____

Social Security # _____

Purpose of Loan: _____

Amount of Loan Requested: \$ _____

Balance of Unpaid Loan(s) on this Date (if any): \$ _____

Number of Months to Repay this Loan (maximum 60): _____ Months

Payroll withholding is authorized for repayment

Next Pay Date _____ Payroll Frequency _____

NOTE: You may not borrow against amounts set aside for other payees under a Qualified Domestic Relations Order. Also, your Spouse's signature must be notarized unless he or she has consented to a different beneficiary on your Survivor Benefit Election form. By signing this application, your Spouse consents to a possible reduction in the benefit which would otherwise be payable in the event of your death prior to retirement.

Participant's Certification

I hereby certify that I am **NOT** married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.

I hereby certify that I am not now married, however, there may be a reduction in my benefits as a result of a qualified domestic relations order.

I hereby certify that I am currently married and my spouse has consented to this loan on the reverse side of this form.

The amount of the participant loan requested on this form has been:

Approved

Disapproved

Signature of Plan Representative

Name of Plan Representative

Date

Signature of Participant

Signature of Spouse (if applicable)

Date

Sworn to, and witnessed by me, this _____ day of _____ (month), _____ (year).

Name of Notary Public: _____

Signature of Notary Public: _____