**_____ RETIREMENT PLAN**

**APPLICATION FOR PARTICIPANT LOAN**

I hereby apply for a loan from the Plan due to:

IMMEDIATE AND HEAVY FINANCIAL NEED (as allowed by current Plan Loan Program)

( ) Medical expenses incurred by the participant, spouse, or dependent of the participant.
( ) Purchase of the participant's principal residence (excluding mortgage payments)
( ) Payment of tuition for the next semester or quarter of post-secondary education for the participant or the participant's spouse, children, or dependents.
( ) Payment of amounts necessary to prevent the eviction of the participant from the participant's principal residence or foreclosure on the mortgage of the participant's principal residence.

OTHER LOAN REQUEST

( ) Please describe:_____

In support of this loan application, I will provide the Plan Administrator with such information upon request that may be required to determine whether I qualify for the loan, including financial statements and tax returns. 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 been furnished with a copy of the Plan's Summary Plan Description and Participant Loan Program, and I understand that I may not borrow more than 50% of my vested account balance, or $50,000, if less. I further acknowledge that I have been advised of any Federal or State Tax implications associated with this loan, that loan payments will be deducted from my salary on a payroll deduction basis, and that I may be assessed a Loan Origination charge, of which I confirm having been notified of prior to this request, from the Employer/ Plan Administrator and/or Plan Investment Custodian. It is also acknowledged that final Loan Approval is at the discretion of the Plan Trustee.

Amount Requested: $_____ Gross OR net of loan fee (please circle one option)
*(Maximum loan is 50% of vested account balance or $50,000 if less, subject to reduction by any loan balance in last 12 months, if applicable.)*

Length of loan: _____ *(Not to exceed 5 years for non-home loans and not to exceed 15 years for home loans)*

_____ _____ _____
Name of Participant (Print) Signature of Participant Date Signed

_____ _____
Social Security Number Address

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**TO BE COMPLETED BY EMPLOYER REPRESENTATIVE:**

Please complete the following:

Payroll is processed: ___ Weekly ___ Biweekly *(every 2 weeks)* ___ Semi-Monthly *(2x per month)* ___ Monthly

Loan payments will commence with the payroll period ending _____.

Approved by: _____ _____
Plan Representative Date Signed