

LOAN APPLICATION FORM

1. PARTICIPANT INFORMATION

Plan Name _____

Participant's Name (Last, First, Middle Initial) _____

Social Security Number _____

E-Mail Address _____

Street Address _____

Apt/Box _____

City, State and Zip Code _____

2. LOAN INFORMATION

Amount Requested* \$ _____

(The maximum loan amount is the lesser of \$50,000 or 50% of your vested account balance)

*Florida imposes a documentary stamp tax on loans from pension and 401(k) plans (Section 201.08(1), F.S.). The tax is \$.35 for each \$100 borrowed. If you are a Florida resident, documents will be automatically forwarded to you by mail.

Purpose of Loan _____

Length of Loan _____ years

(The maximum length of loan is five years, unless it is being taken to purchase your primary residence, in which case you will need to provide the plan administrator with proof of purchase. It is at the Trustees' discretion the length of the loan that will be approved for the purchase of your primary residence. The maximum is 30 years.)

Payroll Frequency (check one):

____ Weekly (52/year) ____ Bi-Weekly (26/year) ____ Semi-Monthly (24/year) ____ Monthly (12/year)

Next Payroll End Date _____

3. PAYMENT INSTRUCTIONS

I would like my benefits issued as a:

Check

Wire Transfer (Please complete each section below):

Name of Financial Institute _____

Address of Financial Institute _____

Account Number _____

ABA Number _____

Note: Not all financial institutes will allow or accept wire transfers. Please consult the financial institute you would like to wire transfer your benefits to and the Plan Administrator to find out if a wire transfer is an available option to you.

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4. PARTICIPANT CERTIFICATION

I certify that there is no Qualified Domestic Relation Order (QDRO) in affect that prohibits me from borrowing money from the above referenced plan due to assets owed to any alternate payee. I understand that if my employer is in the State of Florida, that I will be responsible for paying the required Document Stamp Tax to the State of Florida in the amount of \$.35 per each \$100 that I borrow, and that the required paperwork will be forwarded to me for submission to the State along with the tax payment paid by me. I further understand that I am responsible for payment of the \$100 loan application fee (Please contact the Plan Administrator if you have any questions regarding the loan application fee).

Participant Signature

Date

5. EMPLOYER AUTHORIZATION

I, hereby () authorize () do not authorize this loan request to the above named Participant. I certify that this decision has been rendered in a consistent and uniform manner to all like requests.

Plan Administrator Signature

Date