

DEFINED CONTRIBUTION SERVICE LOAN FORM

Please Type or Print Clearly

Plan Name

Participant's Name

Social Security Number

Street

City

State

Zip Code

Complete the section below indicating the Fund Names and the amount to be withdrawn from each fund.

AMOUNT OF LOAN \$ _____

OF YEARS OF LOAN _____ (Max 5 yrs)

OF PAY PERIODS/YR _____

<u>Fund Name</u>	<u>Amount</u>	<u>Fund Name</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

PARTICIPANT AGREEMENT

I agree to make interest and principal payments when due. I understand that failure to make such payments when due could jeopardize the status of this loan as a non-taxable transaction and could possibly result in the IRS treating these loan proceeds as a taxable distribution to me. I also understand that failure to repay this loan will reduce the benefits available to me from the retirement plan (by the amount of the outstanding loan balance plus accrued interest).

Participant's Signature

Date

I certify that the information contained herein is correct. I certify that the Participant has been provided with the notices where required and that the Participant's waiver of these rights and witnessed spousal consent have been obtained as needed. I direct the payment in accordance with the information provided on this form.

Signature of Authorized Plan Representative

Date

A. Marital Status and Spousal Information

1. Marital Status (Check one.)

Note: If you are in the process of divorce, you are still considered married.

a. I am single. (Stop here. Return form to employer.)

b. I am married. (Continue below.)

2. Spousal Information (Married participants check one.)

a. My spouse consents to this loan. (If you checked this option, your spouse must complete Sections B & C.)

b. My spouse cannot be located. I agree to inform the Plan Administrator if the location of my spouse becomes known. (Stop here. Return form to employer.)

c. My spouse and I are legally separated and I have a court order to that effect.

Note: A qualified domestic relations order may require you to obtain your spouse's consent. (Stop here. Return form to employer.)

d. My spouse has abandoned me and I have a court order to that effect. (Stop here. Return form to employer.)

Spouse MUST Sign Consent and Have Signature Witnessed Below.

B. Spousal Consent

I have been informed that this loan is secured by my spouse's vested accrued benefit under the plan. I realize that a failure to repay the loan may reduce the benefits available to my spouse and me upon my spouse's retirement or other termination of employment. Knowing this, I voluntarily consent to the loan of plan assets to my spouse according to the terms of this Loan Application.

I agree to release and discharge the Trustee, Plan Administrator and Company from all liability for acting pursuant to this consent.

Signature of Spouse

Date

C. Witness of Spousal Consent

Spousal consent must be witnessed by a Notary Public **OR** an Authorized Company Representative.

Witnessed by a Notary Public

-OR- Witnessed by Authorized Company Representative

Subscribed and sworn before me this

_____ day of _____, 19____

Notary Public _____

State of _____

My commission expires _____

Signature of Authorized Company Representative

Date

D. Loan Authorization

The Trustee is hereby authorized to make the loan as requested to the participant.

Authorized Company Representative

Date