APPLICATION FOR PARTICIPANT LOAN

Plan Name _____

Participant's Name _____
First MI Last

Participant Address _____

Participant's SSN # _____ Date of Birth _____

Amount Requested $_____* Interest Rate to be Used _____%

Payroll Date Payments to Start _____ **

Payroll Frequency: ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly

Desired Loan Term _____ (if longer than 60 months, the purpose of the loan must be to acquire your principal residence).

*If married and loan is over $5,000, spousal consent will be required on loan documents.

**Loan payments will be made by payroll withholding in equal amounts over the term of the loan.

In applying for this loan, I acknowledge that I have read the section of the Summary Plan Description governing Plan loans and have been furnished with a copy of the Participant Loan Program established by the Plan.

I understand the Administrator will make any loan in reliance on the statements on this APPLICATION FOR PARTICIPANT LOAN that I certify are correct and complete. If any statement proves false, then the Plan may declare my indebtedness immediately due.

I hereby authorize the Administrator to verify the statements in this application and to obtain any information the Plan or its authorized representative may require in connection with this application.

_____ _____
Participant Signature Date

TRUSTEE AUTHORIZATION

Loan granted in amount of $_____

Interest Rate _____%

_____ _____
Trustee Authorization Date

Note: Please return to Valley Pension Services, Inc. for processing. Our fax # is (209) 572-7411.