

REQUEST FOR LOAN DISTRIBUTION – PENSION PLAN

Employer Name _____		
Employee Name _____		
Employee Address _____		
Street		
_____	_____	_____
City	State	Zip

DOH ____/____/____ DOB ____/____/____ Marital Status M____ S____
 SS# _____ Phone number (____) _____
 Number of hours employee has worked since the beginning of the plan year: _____

How would you like the loan paperwork delivered?

- Mail to the address above
- Email to this address _____

Reason for loan request:

- Purchase of a primary residence
- Other

****Minimum loan amount is \$1,000.00****

- Check box for "Maximum" Amount Available
- Check box for "Fixed" Amount Requested \$ _____
- Check box for Loan requested \$ _____ (OR) Maximum amount available if less.

Desired term of loan # _____ months or # _____ years (1 to 5 years)

Plan must have approved loan provision. Limits apply.

Notes: _____

Prepared by _____ Date: ____/____/____