

## **REQUEST FOR LOAN DISTRIBUTION**

Company 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 often are you paid? \_\_\_\_\_

**How would you like the loan paperwork delivered?**

- Mail to the address above
- Email to address on file with AMI. *Please login to your account at [www.amibenefit.com](http://www.amibenefit.com) to verify or change your email 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: \_\_\_\_/\_\_\_\_/\_\_\_\_