

Name of Plan: _____

Name of Participant: _____

Social Security Number: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Are you legally married? Yes No

Amount of Loan Desired: \$ _____

Years of Amortization Desired: _____

(Note: Under federal law, amortization period cannot exceed five (5) years, unless loan proceeds are used to purchase new principle residence.)

Payment Frequency Desired: Weekly Bi-Weekly Semi-Monthly
 Monthly Quarterly

(Please keep in mind your payroll frequency since your loan payment will be processed as an automatic after tax payroll deduction.)

**Please complete the following bank information OR attach a voided check:
(Complete part A or B)**

Part A: Name of Financial Institution: _____

City: _____ State: _____

ABA Number: _____ Account Number: _____

Name on Account: _____

Checking Savings

(Note: ACH transfers may not be available for all types of plans. Please contact RL Billings for verification.)

Part B: I do not wish to have my funds transferred to my account via ACH. I wish to receive a check.

I hereby apply for a Plan loan. In support of this loan application, I attach such information which the Plan Administrator may require to determine whether I qualify for the loan, including financial statements and tax returns. I also authorize the Plan Administrator to secure any credit reports to determine my credit worthiness and ability to repay 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 a copy of the Participant Loan Program established by the Plan.

In return for this loan, I will be charged a one time loan application fee of \$100. I also understand that I may be charged an annual administrative fee of \$50 per loan. Further, if I fail to make payments on a timely basis, which causes the Plan Administrator to incur additional time in reconciling my investment account, I agree to pay additional reasonable charges, as applicable.

I understand that if my loan is approved, the interest rate I must pay will be based upon an independent financial institution and the rate will be comparable to that rate that I would pay if I were to receive a similar loan outside the Plan.

Participant Signature

Date

Plan Sponsor Signature

Date