

QP Loan Request Form

This form may be used if you wish to request a loan from the plan. If your loan is approved, a loan fee will be deducted from your account (if applicable). Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact your plan administrator if you have any questions.

PARTICIPANT INFORMATION	Social Security Number _____ First Name _____ Last Name _____ Email Address _____ Phone Number _____ <input type="checkbox"/> Married <input type="checkbox"/> Not Married NOTE: Your loan will be paid to you by check and sent via regular mail to your current address on file. If your address has changed, please contact your plan administrator.
AMOUNT OF LOAN	Amount Requested \$ _____ (Specify an amount not less than \$ _____).
LENGTH OF LOAN	If your loan is for the purchase of a primary residence, please check here: <input type="checkbox"/> Number of months _____ (May not exceed _____).
AUTHORIZATION	By signing and dating this form I and if applicable, my spouse, agree to the following: we have read, understand and agree with the Amortization Schedule, Federal Truth in Lending Statement and Promissory Note. Name of Participant _____ Signature of Participant _____ Date _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Authorized Plan Representative Use Only</p> <p>My signature acknowledges that I, acting as a named and authorized representative of the plan, confirm the information on this form is complete and accurate and the request is in accordance with this plan. I have reviewed the plan and determined whether or not the spousal consent rules and applicable waivers apply to this plan. I acknowledge that if the participant is married and the spousal consent rules and applicable waivers apply to the plan, I have reviewed the completed the <i>QP/403(b) Participant Loan or Distribution Consent of Spouse Form</i> that was provided to me with this form and found it to be in good order.</p> <p>If the promissory note is being submitted with this loan request, please check here: <input type="checkbox"/></p> <p>Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly</p> <p>Total Number of Payments _____ Interest Rate _____</p> <p>Loan Payment Amount Per Payroll _____ Date of First Loan Payment _____</p> <p>Name of Authorized Plan Representative _____</p> <p>Signature of Authorized Plan Representative _____ Date _____</p> </div>
FORM SUBMISSION INSTRUCTIONS	Please forward the completed <i>QP Loan Request Form</i> to your Plan Administrator for approval. Once approved, please email the fully executed form to: request@ascensus.com. All forms are processed in the order received. Incomplete or inconsistent information on the form may delay processing of your request.