

APPLICATION FOR PLAN LOAN

SECTION ONE – COMPLETED BY THE EMPLOYER

Employer / Plan Name			
Participant's Name			Social Security Number
Street Address		City	State ZIP
Date of Birth	Date of Hire	Did the participant work at least 1,000 hours in the current plan year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest Rate	Number of Payments Per Year	First Payment Date	Consolidate outstanding loans? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION TWO – COMPLETED BY THE PARTICIPANT

Amount Requested:

Enter the amount of the loan you are requesting: \$ _____

I would like to repay this loan over a period of _____ years.

Purpose of Loan:

Purchase of Principal Residence

Other _____

NOTE: Principal and interest must be repaid at least quarterly. The term of the loan is a maximum period of 5 years unless used for the purchase of a principal residence. Payment will be made through payroll deduction.

SECTION THREE – SPOUSAL CONSENT AND WAIVER (Select One)

No Spouse I hereby consent to the distribution from my spouse's qualified plan as indicated above.

Name of Spouse	Spouse's Signature	Date
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SECTION FOUR – PARTICIPANT AUTHORIZATION

I understand that by signing below I am requesting a loan in accordance with the selections I have made on this form.

Name of Participant	Participant's Signature	Date
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SECTION FIVE – PLAN SPONSOR AUTHORIZATION (Completed by Employer)

The Committee has reviewed the above loan application and this loan application has been approved. Disbursement may be made to the participant in accordance with the promissory note and loan agreement relative to this application upon execution by the participant (and execution of consent and waiver of spouse, if married) of such note and agreement.

Name of Trustee / Plan Representative	Trustee / Plan Representative's Signature	Date
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Send check to: Plan Sponsor (Employer) Participant (Employee)

Name			
Street Address	City	State	ZIP

NOTE: The original must be kept by your Employer. All signatures are necessary for this form to be valid. Copies of completed forms should be mailed to: THE STOLLER COMPANY 190 North Wiget Lane, Suite 110, Walnut Creek, CA 94598-2476