

REQUEST FOR LOAN PROCESSING

Completed forms may be scanned and emailed to benefits@ebspension.com, faxed to (570) 223-6815, or mailed to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609. IRS Rev. Rul. 2004-10 and DOL Field Bulletin 2003-3 state that a plan may charge a member's account those fees that are specific to that account. Creation of a benefit election/application package will result in chargeable fees. The value of fees will be impacted by the type of payment requested, investments charged, and the payment amount being requested. For this request the fee of EBS will not exceed \$150. We note that EBS does not charge an on-going loan fee. Please note that fees of other parties may apply, including an on-going loan fee.

Employer's Name: _____

Plan Name: _____

Participant Name: _____

Social Security Number: _____ Date of Birth: _____

Participant's Home Address: _____

(If Address Includes a PO Box, a Street Address Must Also Be Provided).

Home Telephone: _____ Work Telephone: _____

Terms of Loan

Loan Amount Desired - \$ _____ Purpose of Loan - _____

Requested length of desired repayment period in months? _____

How often do you receive your paycheck from your Employer? _____

Have you ever had a loan under this Plan which you failed to properly repay? If so, provide explanation _____

Required Signature

Printed entries MUST be legible. Failure to provide email address shall result in higher fees.

Print Name of Person making this request: _____

Email of person making request: _____

Signature of Person making this request: _____