

## **REQUEST FOR LOAN PROCESSING**

Completed forms may be scanned and emailed to [benefits@ebspension.com](mailto: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: \_\_\_\_\_