



LOAN APPLICATION

Name of Employer/Plan _____

Participant _____

SSN _____

Your retirement plan allows loans against your vested account balance. Please refer to your Summary Plan Description for further details on your plan loan policy.

1. Amount Requested: \$ _____ (minimum \$1,000.00)

2. Term: _____ months (maximum 60 unless it is for a primary residence)

3. Purpose: _____

4. Repayment: (regular payroll withdrawal) Frequency: Weekly Bi-weekly Semi-monthly Monthly
 Next Pay Date _____ Other explanation _____

5. References

If married, provide Spouse's name
 (include wife's maiden name)

SSN _____

Nearest relative not living with you: Name _____

Relationship _____

Address _____

Phone _____

Local personal reference: Name _____

Years known _____

Address _____

Phone _____

6. Acknowledgements

1. If loans are restricted to hardship purposes only, **I must submit proof of financial need** to support the amount requested.
2. I understand that the Administrator will consider my request within a reasonable amount of time and I agree to provide any additional information which the Administrator may require.
3. The Trustee of the Plan will hold the portion of my account balance that I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon my termination of employment.
4. I offer as security for this loan, by pledge and irrevocable assignment, my vested account balance.
5. I authorize the plan trustee to verify the information provided in this application and to obtain additional information as required. I understand the Trustee will offer this loan in reliance on the statements provided herein, which I certify are correct and complete. If any statement proves false, the Trustee may declare the loan immediately due and payable.
6. I understand that a loan processing fee of \$100.00 to \$185.00 is payable to the Trustee and may be deducted directly from my account balance.

7. Authorization

 Participant's Signature

 Date

 E-mail Address

 Address

 City

 State

 Zip

 Date of Birth

 Home Number

 Work Number

FAX or MAIL completed form to: (417) 522-7527 Qualified Pension Services, Inc. 4050 S. Fairview Ave. | Springfield, MO 65807