



- Normal Processing
- RUSH Processing (Additional \$60 Fee Required)

## REQUEST FOR LOAN

**Note:** Time sensitive material. Please complete this form carefully. Missing information will delay processing. The Request for Loan Instructions should be reviewed prior to completing this form.

**Plan/Company Name:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_  
Print or Type Complete Legal Name – First, MI, Last

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Participant Spouse:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
Print or Type Complete Legal Name – First, MI, Last

**U.S. Citizen** Yes No, Country of Citizenship \_\_\_\_\_

**U.S. Resident** Yes No, Country of Residence \_\_\_\_\_

**My benefits are subject to a court order dividing benefits as a result of a dissolution of marriage.** Yes  or No

**SECTION 1: AMOUNT AND TERM OF LOAN**  
 Completed by **PARTICIPANT** for **ALL** loan requests

**Loan Amount Requested \$** \_\_\_\_\_ **Reason for Loan** \_\_\_\_\_

**Note:** If the dollar amount you are requesting exceeds the amount available for a loan from your account, TRA will process for the maximum amount available.

The appropriate processing fee must be included with the loan request\*:

- A cashier's check or money order made payable to The Retirement Advantage, Inc. is enclosed.
- I wish to have the processing fee deducted from my account (if allowed – check with the Plan Administrator before making this election).

\*The Plan's investment manager may also apply a fee, reducing the participant's interest under the Plan or adding the fee to the loan amount.

**Term of Loan:** (may not exceed 5 years, unless the loan is for the purchase of a principal residence)

- 1 Year     2 Years     3 Years     4 Years     5 Years
- \_\_\_\_\_ Years for purchase of principal residence (maximum of 20 years)

The loan will be amortized and repaid through after-tax payroll deductions in accordance with the payroll schedule provided below.

**SECTION 2: PAYROLL SCHEDULE AND VESTING**  
 Completed by **PLAN ADMINISTRATOR** for **ALL** loan requests

**PAYROLL SCHEDULE:**

This participant is paid:  **Weekly**     **Bi-Weekly**     **Semi-Monthly**     **Monthly**

The next two payroll dates **at least 28 days away** are \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_. The minimum number of days prior to any payroll deduction date that the Plan Administrator needs to be notified is \_\_\_\_\_.

**PARTICIPANT VESTING:**

Number of hours worked from their original date of hire to the end of that **FIRST PLAN YEAR:** \_\_\_\_\_

Number of hours they worked during the **CURRENT PLAN YEAR** (first day of Plan Year through current date): \_\_\_\_\_

Other than the first and current years of employment, did they work **LESS** than 1000 hours in any **PLAN YEAR**? Yes  No   
 If "Yes", please specify the Plan Years in which the participant worked less than 1,000 hours:

\_\_\_\_\_

If participant ever terminated prior and was rehired please provide those dates and hours work in those years:

**SECTION 3: ELECTRONIC FUND TRANSFER**

Completed by **PARTICIPANT**

*Only offered for plans with Guardian (greater than \$5,000), ING, John Hancock and Nationwide*

*Please submit a copy of a voided check for all EFT requests*

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Exact name as it appears on bank account \_\_\_\_\_  
(Participant must be single or joint owner of account)

Bank Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**If this section is not fully completed, a check will be issued.**

**SECTION 4: REQUIRED SIGNATURES**

Completed for **ALL** loan requests

I request to borrow the loan amount listed above from the Plan, based on terms specified above. I understand that my request for a Plan loan is subject to review by the Plan Administrator and must meet the requirements outlined in the Plan Document and Participant Loan Program in order for a loan to be granted. I certify that the statements on this application are correct and complete. If any statement proves false, the Plan may declare my indebtedness immediately due.

I have read and understand the Request for Loan Instructions for this form. I understand that up to 50% of my vested interest under the Plan will be used as security for the loan and that I, and if required my spouse, will need to sign an irrevocable pledge and assignment of such interest under the Plan prior to any loan being granted. I understand that my failure to repay this loan when due or failure to pay any scheduled payment when due may result in the loan being in default. Should my employment terminate with the employer for any reason while this obligation is unpaid and under circumstances in which the Plan Administrator would ordinarily make a distribution from the Plan to me or to my named beneficiary, I authorize the reduction of the amount otherwise distributable to me, or to my named beneficiary, by this outstanding indebtedness, together with any accrued interest due on the indebtedness.

I understand that, in addition to the required processing fee, the Plan's investment manager may impose a charge to complete this loan request and/or may restrict the completion of all or a portion of this loan request.

\_\_\_\_\_  
Participant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator Signature \_\_\_\_\_  
Date

**If the Plan does not have annuity provisions and/or the participant is not married, please check here:**

SPOUSAL CONSENT IS NOT APPLICABLE

**If the plan has annuity provisions and the participant is married, spousal consent must be given below:**

**Spousal Consent:**

I hereby voluntarily and irrevocably consent to the loan amount requested above and to the above pledge of my spouse's vested interest under the Plan as security (or collateral) for the loan. I understand that by consenting to this loan, any benefit that may be payable to me as beneficiary (if I am the beneficiary) will be reduced by the outstanding balance (unpaid principal and accrued interest) on the loan.

\_\_\_\_\_  
Spouse Signature \_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_  
[ ] Notary Public Signature & Seal OR [ ] Plan Administrator Signature \_\_\_\_\_  
Date

**DID YOU REMEMBER TO...**

- Include the appropriate processing fee?
- Obtain Participant signature?
- Obtain Plan Administrator signature?
- Have the Plan Administrator complete Section 2?

**Completed forms can be sent to TRA by fax at (800)459-5815, email at [processing@tra401k.com](mailto:processing@tra401k.com), or mailed to 60600 S. Nicolet Rd., Appleton WI 54914-8233**