



## CORONAVIRUS-RELATED LOAN APPLICATION

**NOTES:**

- This form is used to request a Participant loan. If the loan is approved, you will be provided loan origination paperwork for your records.
- Unless otherwise requested, your loan processing fees will be withheld from your plan account balance when the loan is processed.
- **The Coronavirus-related loan request must be processed prior to September 22, 2020.**

### Section 1: PARTICIPANT INFORMATION

Plan Name \_\_\_\_\_

Last Name                      First Name                      MI                      Employee ID Number

Address - Number and Street                      City                      State                      Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Marital Status:    Single                      Married

(\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_   
Email Address

### Section 2: SELF-CERTIFICATION

By signing below, I certify that this coronavirus-related loan is being requested due to one of the following reasons:

- I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention.
- My spouse or a dependent is diagnosed with COVID-19.
- I have experienced adverse financial consequences as a result of being quarantined, furloughed, laid off, or having work hours reduced.
- I am unable to work due to lack of child care as a result of COVID-19.
- I have experienced adverse effects due to closure or reduced work hours of a business owned or operated by an individual diagnosed with COVID-19; or
- I have met other factors as determined by the Secretary of the Treasury.



**Section 3: LOAN APPLICATION ELECTIONS**

1. Loan Amount requested: \$ \_\_\_\_\_. (may not be more than the lesser of \$100,000 or 100% of your vested account balance)
2. Term of loan: \_\_\_\_\_ years. (Must not be greater than five years)
3. Payroll frequency: pay period. Requested pay date for first deduction: \_\_\_\_\_. The first deduction will be taken on the later of (i) the date listed in this item 4, or (ii) the first pay date for the pay period that starts after the loan application is approved.
4. Other loans. Please provide the following information on all other plan loans that you have received from any qualified Plan sponsored by the Plan Sponsor.

Date of Loan	Loan Balance	Loan in Default(Y/N)	# of remaining payments

**Section 4: PAYMENT**

Unless otherwise requested by providing details below, your loan proceeds will be paid to you in the form of a check and mailed to the address provided in Section 1.

If you would like Electronic Funds Transfer for your loan proceeds, if available, please complete the information below (contact Plan Administrator for any terms or conditions):

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

ABA Routing # (nine digits) \_\_\_\_\_

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

Type of account (checking or savings) \_\_\_\_\_

**Section 5: SIGNATURES AND AUTHORIZATION**

I hereby certify that my benefit is not subject to a qualified domestic relations order and that the information above has been examined by me and that the information contained on this form is, to the best of my knowledge, accurate. I agree to provide any additional information that may be necessary to process my request.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Participant

As Plan Administrator, I hereby authorize the above loan

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Signature of Plan Administrator

\_\_\_\_\_  
Print Name & Title of Plan Administrator

Completed forms can be sent to TRA by fax at 800.459.5815, via secure email at [processing@tra401k.com](mailto:processing@tra401k.com), or mailed to 600 S. Nicolet Rd., Appleton, WI 54914-8233



**SPOUSE'S CONSENT TO LOAN  
REQUIRED IF APPLICABLE**

**I. NOTICE OF RIGHT TO SURVIVING SPOUSE'S BENEFIT AND IMPACT OF LOAN SECURED BY PARTICIPANT'S ACCOUNT BALANCE**

Under this Plan, the surviving spouse of a deceased, married Participant is generally entitled to a legally-mandated "surviving spouse's benefit".

A married Participant cannot borrow from the Plan unless his or her spouse consents to the loan because a default on the loan would reduce the Participant's account balance and, therefore, the benefit payable on account of the Participant's death. This consent form is not required if the participant is not married at the time the loan is made.

**II. SPOUSE'S CONSENT TO LOAN TO PARTICIPANT**

I hereby consent to my spouse's obtaining a loan in the amount set for the above. I further acknowledge my understanding that: (1) the loan is secured by my spouse's account balance, (2) the effect of my consent may be to forfeit benefits to which I may otherwise be entitled upon my spouse's death, and (3) my consent is irrevocable unless my spouse repays this loan.

Dated at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 2020.  
[City, State]

\_\_\_\_\_  
Signature of Participant's Spouse

\_\_\_\_\_  
Name of Participant's Spouse  
(print or type)

Witnessed by:  
Notary Public, State of \_\_\_\_\_  
My Commission (is permanent/expires)

\_\_\_\_\_  
Authorized Representative of Plan Administrator

Completed forms can be sent to TRA by fax at 800.459.5815, via secure email at [processing@tra401k.com](mailto:processing@tra401k.com), or mailed to 600 S. Nicolet Rd., Appleton, WI 54914-8233