

# Loan Request Form



This loan request does not constitute a promissory note or loan agreement.

Group Number		Plan Name		
Participant's Full Name (Last, First, M.I.)		Date of Birth	Social Security Number	
Participant's Full Address (Number, Street, City, State and Zip Code)				
ER Match / Vesting %	Profit Sharing / Vesting %	Other Source / Vesting %	Date of Hire	TPA Initials

## A. Amount of Loan and Loan Withdrawal Order

AMOUNT OF LOAN	\$
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Loan will be withdrawn in accordance with Hartford Life's standard withdrawal order, or specify below if different:

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

## B. Terms of Loan

AMOUNT OF PAYMENT PER PERIOD	\$
REPAYMENT PERIOD (check one)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly
ANNUAL INTEREST RATE	%
TERM OF LOAN (years)	
CONVENTIONAL OR RESIDENTIAL (specify)	

Loan payments will be made by payroll deduction in accordance with the Terms stated above beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and every month thereafter until and including the last month of \_\_\_\_/\_\_\_\_/\_\_\_\_.

## C. Signatures

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

I approve this loan as shown and certify that the above data in regard to the participant is true and accurate to the best of my knowledge and that I have obtained any Spousal Waiver Consent Forms required by the Retirement Equity Act (REA) or any subsequent regulations.

\_\_\_\_\_  
Authorized Signature / Signature of Plan Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date