



LOAN REQUEST FORM

(If permitted by your plan document)

PLAN NAME: _____

PARTICIPANT'S NAME: _____

PARTICIPANT'S ADDRESS: _____

DOLLAR AMOUNT REQUESTED: _____ LOAN#: _____

DATE OF LOAN: _____ CONSOLIDATED: (YES) (NO)

FIRST PAYMENT BEGINS: _____

% RATE: _____ *(This rate is determined by your plan document. It is generally prime plus 1%. This will be completed by Pension Planners after review of the plan document.)*

NUMBER OF YEARS: _____ *(No greater than 5 years unless to purchase participant's principal residence.)*

- PAYMENT METHOD:
- Monthly: 12 Payments
 - Weekly: 52 Payments
 - Quarterly: 4 Payments
 - Bi-Weekly: 26 Payments
 - Twice a Month: 24 Payments

AMOUNT OF PAYMENT :\$ _____ (To be calculated by Pension Planners who will provide a loan amortization schedule.)

Employer Signature/Authorization)

Date

Please complete this form and return to Pension Planners, Inc. either by:
Fax: (239)790-0985
Mail: Pension Planners, Inc., 1045 Crosspointe Drive, Suite 2
Naples, FL 34110
Email: joanneraley@pensionplanners.net