

LOAN APPLICATION FORM

(Plan Name)

NAME: _____

HOME ADDRESS: _____
Street City State Zip Code

PHONE #: _____ DOB: _____

SOCIAL SECURITY #: _____ CHECK ONE MARRIED UNMARRIED

Amount of Loan

I hereby apply for a loan from my accounts within this plan in the amount of:

\$ _____ (minimum \$1,000) or _____ Maximum amount permitted

General Conditions

1. The amount you may borrow may not exceed the lesser of \$50,000 or 50% of your vested account balances.
2. You must sign a note providing for repayment of loan principal with interest at a rate fixed on the date your loan request is approved.
3. You must pledge your vested account balances as security for repayment.
4. You must agree to payroll deductions sufficient to pay loan principal and interest.
5. Loans are subject to other rules which the Plan Administrator may establish from time to time and which are explained in the Plan's Loan Policy.
6. There is a loan processing fee please refer to the Plan's Loan Policy.

Repayment Terms

The maximum repayment period will be five years, unless the purpose of the loan is for the purchase of your primary residence; then it can be extended to as much as 10 years. If the repayment period elected is greater than five years, a copy of the purchase agreement on your primary residence must be attached to this application.

THIS SECTION MUST BE COMPLETED

I hereby elect my repayment period to be:

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years

Residential loan in excess of five years:

- 6 years
- 7 years
- 8 years
- 9 years
- 10 years

Next payroll date: _____

How are you paid? (Please select one):

- Biweekly (26 Biweekly/year)
- Half-monthly (24 half-months/year)
- Monthly (12 months/year)
- Quarterly (4 quarters/year)

I acknowledge that I have read the Summary Plan Description and Loan Policy and understand the Plan provisions and rules applicable to this loan.

Signature of Participant

Date

Action by Plan Administrator

This application is hereby ACCEPTED:

This application is hereby DENIED:

Year to Date Hours Worked: _____

Year to Date 401(k) Contributions: _____

Signature of Plan Administrator

Date

You can return this form by mailing to the address below or via fax.

Return to: Moran Knobel
10900 NE 8th St., Suite 1310
Bellevue, WA 98004
Phone (425) 451-9389 Fax (425) 451-1668