



Participant Loan Application

Please Print Clearly

Name of Employer/Plan: _____ Calpac Acct#: _____

Participant Name: _____

Social Security No.: _____ Phone No.: _____

Street Address: _____

City, State Zip: _____

Loan Amount: \$ _____ Number of Years Requested: _____
(\$1,000 minimum) (5 years maximum*)

The above loan proceeds will be used for the following purpose (please check one):

- ' Acquisition of the principal residence of the participant (*see Loan Program for maximum number of years allowable)
- ' Other

Retirement Plan Loan Agreement

I promise to repay the loan in accordance with the amortization schedule. As collateral for the loan, I hereby pledge the assets of my Retirement Plan account. All monies received in repayment of this loan will be credited to my account within the Retirement Plan. Payments will continue until the loan is paid in full. Each payment will be credited first to any interest due or past due, and the balance, if any, to reduce the principal. Deviation from the amortization schedule may require reamortization and service fees will be charged. The loan may be paid in full at any time without penalty or additional service fees.

If I should terminate my employment prior to the repayment of this loan, it is understood that this note will constitute part of my distribution. If I should transfer my account balance to another Qualified Retirement Plan or Individual Retirement Account, this note will become due and payable upon notification to the Plan Administrator of such transfer.

I understand that there will be a one-time set-up fee of \$50.00 for this loan. There is a \$50.00 annual loan administration fee which will be charged to my account annually, at the beginning of each calendar year and is not prorated. The first year's annual fee and the set-up fee will be charged against the proceeds of the loan.

I have read the agreement and agree to be bound by all of the above terms. Further, I have read the current Loan Program governing my current employer-sponsored Retirement Plan and agree to be bound by the procedures stated therein and as may be changed from time to time.

My signature on this form constitutes my instruction and authorization to have funds liquidated from my retirement account.

Date

Participant Name (Please Print)

Plan Sponsor Approval

Participant Signature

If the participant is married, please have spouse complete the following: I have read the above and understand and agree that there may be a reduction in accrued benefits.

Date

Spousal Signature (Must be notarized)

If the participant is married, please attach notarization statement to this form. This form will not be accepted from married participants without a copy of the notarization statement attached. The Plan Sponsor should retain the original.